



Therapeutic approach to a patient with nodular supralabial basal cell carcinoma: case report

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ABSTRACT

Background: Currently available therapeutic arsenal for the treatment of basal cell carcinoma is very broad. The most effective are surgical treatment and radiotherapy, the first being with the lowest rate of recurrence. **Case report:** Female patient, 97 years old, without significant morbid history, referred a story of a year of evolution characterized by the appearance of supralabial nodular lesion, 1.4 cm in diameter. It was proposed as a diagnostic hypothesis : nodular basal cell carcinoma. Biopsy of the lesion was performed, which confirmed the existence of basal cell carcinoma, nodular and adenoid type, exophytic, skin infiltrative variant committed to reticular dermis. Patient course without recurrence. **Discussion:** In the case of this patient, the lesion was in a region of aesthetic importance, which made more complex surgical approach. Still, it was possible to completely remove the tumor with lower margin of 5 mm.

KEYWORDS : Basal Cell carcinoma, Treatment, Surgery

Background

Basal Cell Carcinoma (BCC) is the most common skin cancer worldwide, which appears over sun-exposed skin as slow-growing, locally invasive lesion that rarely metastasizes. Are more common in males and tend to occur in older people. Majority is found on the head and neck. It is commonly diagnosed in front of a papule or nodule of the face. Many histopathological subtypes have been defined including nodular, micronodular, cystic, superficial, pigmented, adenoid, infiltrating, sclerosing, keratotic, infundibulocystic, metatypical, basosquamous and fibroepitheliomatous.¹⁻⁴

Currently available therapeutic arsenal for the treatment of basal cell carcinoma is very broad. The most effective are surgical treatment and radiotherapy, the first being with the lowest rate of recurrence.^{5,6}

Purpose

Describe the therapeutic approach to a patient with nodular supralabial basal cell carcinoma.

Case report

Female patient, 97 years old, without significant morbid history, referred a story of a year of evolution characterized by the appearance of supralabial nodular lesion, 1.4 cm in diameter.

It was proposed as a diagnostic hypothesis :nodular basal cell carcinoma. Biopsy of the lesion was performed, which confirmed the existence of basal cell carcinoma, nodular and adenoid type, exophytic, skin infiltrative variant committed to reticular dermis.

Patient course without recurrence.

Discussion:

The surgical management is the treatment of choice for basal cell carcinoma, it allows for the highest percentages of cures and facilitates histological control of margins tumor. Respect to the resection margins have been proposed various measures where the primary CBC, of well-defined borders, less than 2 cm, with no aggressive histological pattern have negative margins in 95% of cases if shrivel it with 5mm safety margin. Griffiths and colleagues analyzed 1,539 primary CBC, unspecified histological subtype, concluding that more than 70% of CBC located in areas of aesthetic importance, like periorbital region, nose, cheeks, lips, chin and neck were completely removed with lower margins 5 mm.⁷

In the case of this patient, the lesion was in a region of aesthetic importance, which made more complex surgical approach. Still, it was possible to completely remove the tumor with lower margin of 5 mm.

Picture 1: Nodular tumor before treatment Dermatoscopy image



Picture 2: Nodular tumor in supralabial region before treatment



Picture 3: Nodular tumor in supralabial region before treatment



Picture 4: Nodular tumor in supralabial region after treatment**References**

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