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PIGMENTED BASAL CELL CARCINOMA: A CASE REPORT

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ABSTRACT Basal cell carcinoma is the most common skin malignancy in the world, which arises from the basal layer of the epidermis. It develops on the sun-exposed sites of lighter-skinned individuals. Pigmented basal cell carcinoma (PBCC) is a rare clinical variant of BCC that exhibits increased melanization histologically.
Herein, we report a case of pigmented basal cell carcinoma which is a rare occurrence

KEYWORDS : Basal cell carcinoma, Pigmented basal cell carcinoma, Skin neoplasms, Non-melanoma cancer

INTRODUCTION

Basal cell carcinoma (BCC) is the commonest malignant skin tumor accounting for 80% of the non-melanoma carcinomas. [1] They grow indolently and are locally invasive tumor originating from the stratum basale of epidermis, usually occurring on the sun-exposed sites of lighter skinned individuals. The term "rodent ulcer" coined by Jacob Arthur was used to describe BCC in the past. [2] Pathologically, basal cell epithelioma is the more appropriate description of BCC. [3] Intermittent sun exposure is the most important and common predisposing factor. Pigmented basal cell carcinoma (PBCC) is a clinical variant of BCC that exhibits increased melanization histologically. It is a rare variant but its frequency can go up to 6% of total BCCs in Hispanics. [1]

Here we present a case of pigmented basal cell carcinoma which is a rare occurrence.

Case report:

Pigmented Basal Cell carcinoma (PBCC) is a fairly rare entity known in clinical practice. A 29 year old male teacher came to our outpatient department with brown-black coloured lesions present on his back since 2 years with mild itching and burning sensation. There was an increase in size and number of lesions since last 5-6 months. There was history of applying some unknown medication for the same with no relief. He was otherwise healthy with no history of prolonged sun exposure or radiation. There was no positive history of skin cancer in family members.

On clinical examination, few, well-defined, hyperpigmented plaques with mildly elevated borders, approximately 2-7 cms in diameter were present over the back. [Figure 1] The lesions were non tender, with no ulcerations and adjacent skin was normal. No regional lymphadenopathy was present and systemic examination was normal. The routine investigations (CBC, LFT, RFT, and HHH) were within normal limits.

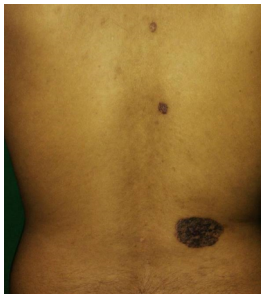

Figure 1: Few, well-defined, hyperpigmented plaques with mildly elevated borders, approximately 0.5 - 3.5 cms in diameter were present over the back.

On histopathological examination, the epidermis was flattened and atrophic. The superficial dermis showed multiple nests of basaloid cells. In each nest there was peripheral palisading of the cells arranged haphazardly and their nucleus:cytoplasmic ratio was reversed with marked pleomorphism. These cells had scanty cytoplasm and prominent hyperchromatic nucleus. The apoptotic cells and melanin deposition was present within most nests, with few nests connected to the overlying epidermis. The stroma in- between the nests was cellular with multiple fibroblasts and mucin. There was extravasation of RBC seen in upper and mid dermis. Retraction cleft between the nest and stroma was seen at few places. [Figure 2] Thus, on the basis of clinical and histopathological findings the final diagnosis of pigmented basal cell carcinoma was established.

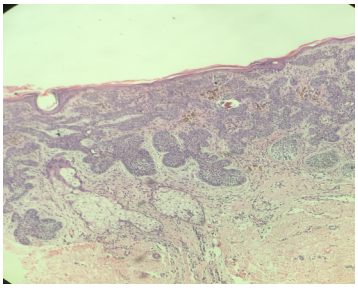

Figure 2: The superficial dermis showed multiple nests of basaloid cells arranged peripherally in palisading pattern.

DISCUSSION:

BCC, also known as the "rodent ulcer" or "basal cell epithelioma" is the most common malignant skin tumor. It is typically seen on the sun-damaged sites of the body with head and neck being the common site in nearly 85% cases. [5] Elderly fair-skinned males are commonly affected. There are various subtypes of BCC. Nodular, noduloulcerative and superficial types of BCC constitutes approximately 80% of all the BCCs.

PBCC is a clinical variant of BCC that exhibits increased pigmentation histologically. It is a rare variant, but its frequency can go up to 6% of total BCC in Hispanics. [1] PBCC is generally reported in literature as hyperpigmented, nodular lesions. However, it can rarely appear as broad superficial plaque as seen in our case. [5]. Bsoul et al in 2004 [6] and Dourmishev et al in 2013 [7] mentioned that BCC most frequently occurs later in life with male preponderance (3:2). Interestingly, our patient was a male in his late 20's. The patient was treated with topical 5

-flourouracil ointment every night for 3 weeks. The small lesions resolved in 3 weeks while the larger ones were surgically excised.

REFERENCES:

1. Deepadarshan K, Mallikarjun M, Noshin N. Abdu. Pigmented Basal Cell Carcinoma: A Clinical Variant, Report of Two Cases. J Clin Diagn Res 2013 Dec; 7(12): 3010-3011.
2. Janjua OS, Qureshi SM. Basal cell carcinoma of the head and neck region: An analysis of 171 cases. J of Skin Cancer 2012; 2012:943472.
3. Zabbia G, Gulotta E, Clemente D, Napoli P, Tripoli M, Corradino B, et al. Basal Cell Carcinoma Arisen on Rhinophyma: Report of Four Cases. Journal of Case Reports 2013; 3(2):299-303.
4. Saldanha P, Shantala PR, Upadhaya K. Cutaneous basal cell carcinoma: A morphological spectrum. Arch Med Health Sci. 2015; l3:24-8.
5. Lee JW, Hur J, Yeo KY, Yu HJ, Kim JS. A Case of Pigmented Bowen's Disease. Ann Dermatol 2009 May; 21(2): 197-9.
6. Bsoul SA, Terezhai GT, Moore WS. Basal cell carcinoma. Quintessence Int 2004; 3: 251-252.
7. Dourmishev LA, Rusinowa D, Botev I. Clinical variants, stages, and management of basal cell carcinoma. Indian Dermatol Online J 2013; 4: 12-7.