



ATYPICAL PRESENTATION OF A CASE OF PIGMENTED BASAL CELL CARCINOMA

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ABSTRACT

A 55 year old farmer belonging to rural Maharashtra(INDIA) presented to the ENT out patient clinic in Military Hospital Devlali with complaint of a hyper pigmented patch over right dorsum of nose since one year. He had multiple consultations with GP and was initially diagnosed as a patch of eczema. Topical steroid was given but no improvement was seen. Skin biopsy was taken and sent to the Pathology lab at Military Hospital Devlali, where a diagnosis of Pigmented Basal cell Carcinoma was made. BCCs account for 75% of all skin cancers; they very rarely metastasise, but can spread to invade local structures. Intermittent exposure to ultraviolet radiation is an important risk factor. Pigmented basal cell carcinoma is a clinical and histological rare variant of basal cell carcinoma that exhibits increased pigmentation. Treated with surgical excision. Atypical presentation can lead to delayed or misdiagnosis and further progression of disease in case of delayed treatment.

KEYWORDS

INTRODUCTION

Jacob Arthur in Dublin in 1827 first coined the term "rodent ulcer" to describe what we now know as basal cell carcinoma [1]. It is the most common carcinoma of the skin [2,3]. Technically, the lesion is not a true carcinoma. A more correct pathologic description would be basal cell epithelioma [2]. Ultraviolet radiation is the most important and common cause of BCC. Syndromes like xeroderma pigmentosum and nevoid BCC syndrome are characterized by multiple basal cell carcinomas occurring in early age [3,4]. BCC arises from the basal cell layer of the skin. Advanced lesions may ulcerate and extensive local invasion of bone or facial sinuses may occur after many years of neglect or in unusually aggressive tumors explaining the past designation rodent ulcers [5]. Our case is of a 55 year old farmer diagnosed with pigmented basal cell carcinoma on histopathology. Clinically the lesion was confined to dorsum of nose on right side.

CASE PRESENTATION:

55 year old farmer belonging to rural Maharashtra presented to the ENT outpatient clinic in Military Hospital Devlali, with complaint of a hyper pigmented patch over right dorsum of nose since one year. He was apparently well one year back when developed hyper pigmented patch over dorsum of nose. Initially it was 0.5* .05 cm in size and it gradually increased to present size of 1.5* 1 cm.

He had no other positive history/ family history.

He had multiple consultations with GP and was initially diagnosed as a patch of eczema. Topical steroid was given but no improvement was seen despite two months of treatment.

On examination pinkish pigmented patch 1.5* 1 cm in size present over right dorsum of nose. Skin surrounding patch was normal. Rest systemic examination was within normal limits.

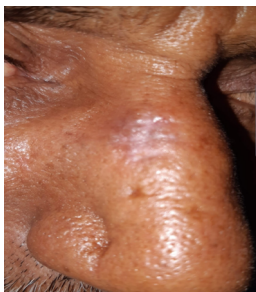


Figure 1 Hyper pigmented patch over Right Dorsum of Nose

INVESTIGATION:

A skin biopsy confirmed that this patient had Pigmented Basal Cell Carcinoma.

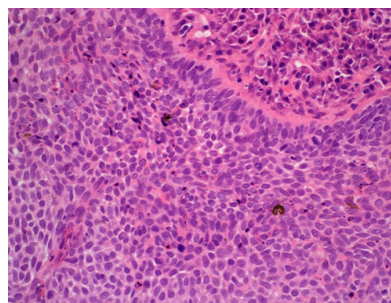


Figure 2 Histology of pigmented basal cell carcinoma at high power

TREATMENT:

Excision with 0.5cm margin was done under local anaesthesia followed by primary suturing. On follow up after 6 months no recurrence was seen.



Figure 3 Six month Follow up

DISCUSSION

BCC may arise in skin damaged by sunlight, ionizing radiation, burn scars or vaccination scars. The risk of skin cancer is related to the amount of sun exposure and pigmentation in the skin [6]. In our case the patient was a farmer and used to spend most of his time in the open field.

BCC is believed by many to arise from pluripotential cells within the basal layer of the epidermis of follicular structures [1,4]. BCC occurs

most frequently in the fourth decade of life or later but it has also been reported as occurring in younger persons. Male to female ratio is approximately 3:2 [4]. BCC is most frequently seen in the middle third of the face. Our patient was in his 5th decade with a hyper pigmented patch on right dorsum of nose.

The subtypes of basal cell carcinoma are nodular basal cell carcinoma, pigmented basal cell carcinoma, cystic basal cell carcinoma, superficial basal cell carcinoma, micro-nodular basal cell carcinoma, morpheaform and infiltrating basal cell carcinoma. Nodular basal cell carcinoma is the most common variety of basal cell carcinoma. It begins as a small, slightly elevated papule with central depression. Pigmented basal cell carcinoma in addition to features seen in lesions of nodular BCC, contains increased brown or black pigment. Our case appeared as a hyper pigmented patch. Cystic BCC lesions are translucent blue-gray cystic nodules that may mimic benign cystic lesions. Superficial BCC presents as scaly patches or papules that are pink to red-brown in color often with central clearing. Superficial BCC is often found on the trunk and extremities, although 40% still occurs on the head and neck [7]. Micro-nodular BCC appears as yellow-white when stretched, whereas morpheaform and infiltrating basal cell carcinoma present as sclerotic plaques or papules. Ulceration, bleeding and crusting are uncommon. Both micro-nodular and morpheaform subtypes are aggressive in nature.

H and E stained sections of the biopsy specimen reveals an increase in melanocytes and melanin deposition in the basal layer, apart from the islands of basaloid cell proliferation, with peripheral palisading. Melanocytes proliferate within the tumor and the melanin that they produce causes the tumor to be pigmented.

Surgical excision is the treatment of choice for most primary BCCs. Mohs micrographic surgery (MMS) is recommended for larger BCCs of the face and those with more aggressive growth patterns. Intralesional injection of interferon alpha (IFN alpha) has also been shown to provide a safe and effective treatment alternative [2,8]. Our patient was treated with Excision followed by primary suturing as size of lesion was small.

CONCLUSION

This report describes an atypical presentation of Pigmented BCC, diagnosed by histopathology. Differential diagnosis of BCC should be considered even in atypical presentation with a long standing history such as this case.

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