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RESEARCH ARTICLE

PIGMENTED BASAL CELL CARCINOMA OF FACE: A CASE REPORT

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ABSTRACT

Basal cell carcinoma is common cutaneous malignancy and pigmented BCC is rare variant of it.Herein, we are reporting a case of 52 years old lady presented with long standing mole over face for 30 years duration which got deformed afterrepeated applicationof caustic soda in past 6 months Patient was worked up and wide local excision with local cheek rotation flap was done.

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INTRODUCTION

Basal cell carcinoma is common cancer, it is slow growing yet locally aggressive and with negligible metastatic potential. Pigmented BCC variant is rare (6% of all BCC,s) but demands differentiation from melanomas (1). In literature 26 different subtypes of BCC appear the one's with distinctive clinic pathologic types include: nodular, micronodular, superficial, morphea form, infiltrative and fibro epithelial. The majority of BCC are amelanotic, but variable amount of melanin may be present in some of them (2).

CASE REPORT

We are reporting a case of 52 years old lady who presented to our surgical outdoor with history of black mole over her left cheek for past 30 years .This mole was slowly growing till patient applied caustic soda over it in past 6 months thrice in an attempt to get rid of it. After that mole got flattened and started spreading in surroundings rapidly and when patient reported to OPD there was a 4.5X 3.5 cm black, flattened lesion over left cheek with medial margin near left ala of nose. There was no discharge from lesion, or associated pain, itching or redness there was no regional lymphadenopathy noted and systemic examination was essentially normal .All routine investigations were in normal range and for confirmation of diagnosis Edge biopsy was taken from lesion which showed nests of basaloid cells and melanin deposits .Patient was planned for wide local excision and cheek flap under GA . Detailed HPE revealed superficial Pigmented BCC with all margins free of tumor cells. Patient is doing well after 3 years of follow up.

DISCUSSION

Basal cell carcinomas have predilection for head &neck region especially inner canthus, philtrum, nasolabial groove, preauricular areas, retroauricular sulcus and arises on sundamaged skin more The mechanism of BCC formation via UV rays is direct DNA damage, indirect damage through reactive oxygen species and immunosuppression .Although it is rarely fatal but BCC can be highly destructive and disfigure local tissues when treatment is inadequate or delayed, in our case it was difficult to establish relation between caustic soda application and rapid growth of lesion of it got deformed, after

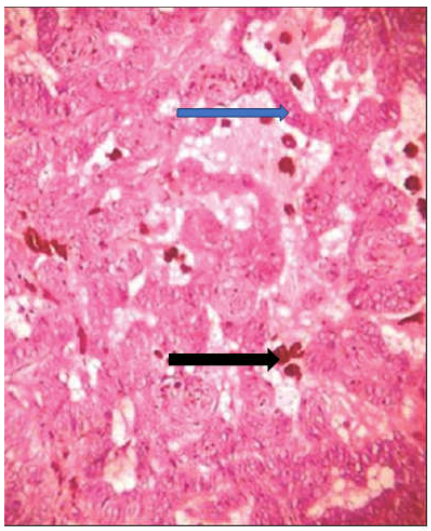

Figure 1. Blue arrow-nests of atypical basaloid cell. Black arrow- melanin deposition

Figure 2. Pre-operative image

Figure 3. Post-operative image (POD-7)

non treatment for a long duration (2) However caustic soda for which chemical name is sodium hydroxide it can cause severe skin burns ,as per reports of The Department of Health and Human Services ,Agency for Research on Cancer (IARC) and the US Environmental Protection Agency (EPA) have not classified sodium hydroxide for carcinogenicity in humans Patients with lighter skin, blue eyes, red hair and early freckling are predisposed to BCC formation(3). Pigmented BCC is commoner in dark skinned people with dark brown eyes (4).

The main goals of BCC treatment are 1) to ensure recurrence free excision. 2)To avoid any functional impairment and 3) Acceptable cosmetic results as most of them are on face. Treatment available are Mohs micrographic surgery (MMS) standard surgical excision, EDC radiation, photodynamic therapy, cryosurgery, topical therapies. Therapy selection depends on age of patient, gender as well as, the site, size and type of lesion. BCC are best managed when diagnosed early and treated with multidisciplinary team of dermatologist, Mohssurgeon, plastic surgeon, dermato-pathologist, nursepractitioner, primary care provider (2). In our case we included plastic surgeon as the lesion was big, we took 5mm margins all around and cheek flap provided best cosmetic outcome. In a study done by Ro KW pigmented BCC shows lesser infiltration than nonpigmented BCC so can be related with better outcome (5)

Conclusion

Pigmented BCC's are common in Black, Hispanic, Asians and to obtain best results it is prudent to have an early diagnosis, and selection of appropriate therapy option after detailed discussion among multidisciplinary team members.

REFERENCES

1) Pigmented Basal Cell Carcinoma: A clinical variant, report of two cases. *J Clin Diag Res*., 2013Dec;7(12):3010-3011
2) McDaniel B, Badri T, Steele RB.Basal cell carcinoma .(updated 2021 Sep 20).In Stat Pearls (Internet).Treasure Island (FL) *Stat Pearls Publishing* ;2022 Jan
3) Crowson AN. Basal cell cancer, biology, morphology and clinical implication. *Mod Pathol*.2006;19(2)S127-47
4) Pigmented BCC uncommon presentation in blue eyed patients. JAMA Dermatol. 2013; 149(8):995-996doi: 10.1001 /jamadermatol.2013.49
5) Ro KW, Seo HS, Son WS, Kim HI. Subclinical infiltration of Basal Cell Carcinoma in Asian patients: Assessment after Mohs micrographic surgery. *Ann Dermatol*. 2011;23(3):276-81

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