Case Report

Basal Cell Carcinoma: A Case Report

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Abstract

Basal cell carcinoma (BCC) is one of the most common skin cancers, which causes disfigurement and destruction by invasion in surrounding tissue. However, it rarely metastasizes to distant tissue and cause death. It is a locally invasive tumor. The present case is of a BCC in a 62-year-old female presenting with non-healing ulcer above right eyelid. The patient had no history of arsenic intake, irradiation, herb medication, or exposure to chemical gases. No significant past, personal and family history were observed. Histopathology revealed BCC. The patient was managed with wide excision of the lesion and then full thickness skin graft. At present, the patient is stable.

Keywords: Basal cell, Carcinoma, Grafting, Skin

INTRODUCTION

Basal cell carcinoma (BCC), a skin cancer, is the one of the most common cancer. It causes the disfigurement and destruction by invading the surrounding tissues, due to this property it is considered as malignant.¹ It rarely metastasizes to distant tissues or causes death. It is locally spreading disease.

This study describes a case that we encountered in our setup.

CASE REPORT

A 62-year-old female patient, farmer by occupation came with complaints of ulcer above eyelid on the right side since 2 years (Figure 1). She had not taken any treatment for same. There was gradual increasing in size of the ulcer. No history of bleeding or discharge from an ulcer.

On examination, a single ulcer over left upper “eyelid” 4 cm × 3 cm with rolled out edge without bleeding or discharge and ulcer was not fixed to the underlying structure (Figure 1). Investigations revealed, hemoglobin 12 g%, total leukocyte counts 6700/cu.mm, platelets 2.04 lac/cu.mm, random blood sugar 105 mg/dl, blood urea nitrogen 28 mg/dl, and serum creatinine 0.6 mg/dl. Wedge biopsy of the lesion confirmed the diagnosis of BCC (Figure 2).

Once confirmed, wide excision with full thickness skin grafting was performed. Graft harvested was from forehead and later the donor site was covered with a rotational flap (Figure 1). Patient was discharged on seventh post-operative day after suture removal. Post-operative follow-up on 14th day after operation showed that, uptake of graft was 100% and wound was healthy on 14th post-operative day.

DISCUSSION

BCC is reported as one of the most common skin cancer, and it is seen most commonly in the humans. Of ten skin cancers, eight patients have BCC.² It is also called as basal cell cancers. Microscopically, these lesions look like cells arranged in the lowermost layer of the epidermis, so-called as the basal cell layer.

BCC usually develops on sun-exposed areas, especially the head and neck region. BCC was most commonly seen in the middle-aged or older people.² However, Now-a-days increasing trends in incidences of BCC have been noted in the younger population, which might reflect the amount of hours spent in the sun.

BCC, tends to grow slowly. It’s a very rare for a basal cell cancer to metastasize to a distant organ. But if, in case, it is left untreated, it can invade the nearby tissue and could invade even deeper tissue including muscles and bone.
After treatment, BCC can recur at the same site. The only peculiarity of it is its recurrence in new places in previously affected individual. Once the patient has diagnosed of having BCC 50% patient develop a new skin cancer within 5 years.\(^2,3\)

BCC tends to occur as a single lesion in sun-exposed areas that included, the angle of the eye below Ohngren’s line. It may also be associated with predisposing conditions such as Bowen's disease, leukoplakia, erythroplasia of queyrat, keratoacanthoma, radiation dermatitis\(^2\) and xeroderma pigmentosum.\(^3\)

BCC, can also occur as a feature of variety of hereditary conditions like nevoid BCC syndrome also known as Gorlin’s syndrome,\(^4,5\) or Bazex's syndrome, Rombo syndrome and unilateral basal cell nevus syndrome. Nevoid BCC syndrome is an inheritant autosomal dominant condition, characterized by a range of developmental anomalies and a predisposing condition to various tumors. Patient with this condition usually presents with a broad nasal root, low intelligence, multiple jaw cysts, palmar pits, bilamellar clarification in faix cerebri and multiple skeletal abnormalities along with multiple BCCs.\(^5\)

In this patient, which pointed towards BCC, we had ruled out the possibility of all the syndrome on history, clinical examination and investigations and then was operated and managed with wide excision and full thickness skin graft.

**CONCLUSION**

BCC tend to occur in a syndrome complex, associated with a number of autosomal dominant inherited disorders and hence prior to the management of the same, the presence of the syndrome must be ruled out.

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**REFERENCES**


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