



Giant and metastatic basal cell carcinoma

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Abstract

Basal cell carcinoma (BCC) is the most common human cancer. Giant basal cell carcinoma is a rare variant of BCC, It represents only 0.4 - 1% of all BCC and is defined as a lesion greater than 5 cm at its largest diameter, most often occurring on the trunk. Giant BCC arising on the scalp is extremely rare. It presents some common epidemiological factors that include large tumor size, multiplicity of tumors, development on high-risk areas, neglect and tumor chronicity. Giant BCC can develop aggressive behavior resulting in deep local invasion, recurrence, potential regional and distant metastasis. The incidence of metastasis in basal cell carcinomas is rare and is calculated to be approximately 0.1%, most notably giant BCC, which has greater metastatic potential due to its large size. A giant basal cell carcinoma on the scalp is in some cases treated with a combination of surgery and radiation therapy, resulting in local control, a satisfactory long-term cosmetic and functional result. We report the case with a neglected basal cell scalp carcinoma, treated with wide excision of the tumor with flap placement. The cosmetic result is acceptable and there is no sign of recurrence 6 months postoperatively.

Keywords: cell carcinoma, basal; giant; metastatic; scalp

Introduction

Basal cell carcinoma (BCC) is the most common human cancer [1]. Giant BCC is a rare variant of BCC [1]. It may develop an aggressive behavior resulting in deep local invasion, recurrence or regional and distant metastasis [1]. We report the case of an ulcerative, giant and metastatic BCC of the scalp.

Case report

A 59-year-old man, with chronic sun exposure, was admitted in our University Hospital for a huge scalp injury. This painful lesion had been evolving for 10 years and was gradually increasing in size. It was a huge ulcero-budding tumor of the scalp measuring 12 * 7 cm (Figure 1) with a hard occipital lymphadenopathy adhering to both planes and making 1 cm in diameter. Cutaneous biopsy revealed nodular and infiltrating basal cell carcinoma (Figure 2). The extension assessment revealed round, hypodense, necrotic center, and suspicious cervical and jugulo-carotid adenopathies and two pulmonary nodules at the right upper lobe and the middle lobe, making respectively 3 and 15mm of long axis, with irregular and spiculated contours and metastatic tissue density (Figure 3). The patient underwent exeresis of the tumor with flap placement and spinal lymph node dissection. The histological study of the operative specimen confirmed the diagnosis of BCC with healthy margins. The lymph node histological study revealed lymph node metastasis. The operative follow-up was simple with complete healing (Figure 4). Post operative radiotherapy was proposed but

refused by the patient. Vismodegib treatment was proposed for the patient but could not be provided.



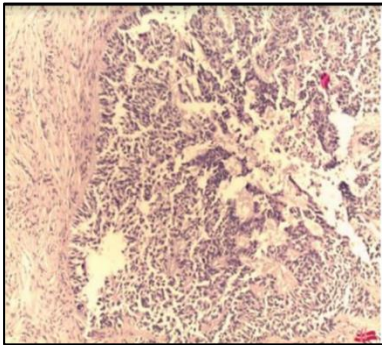
Chest CT scan Showing Pulmonary Nodules



Clinical appearance after the removal of the tumor



Clinical aspect of giant basal cell carcinoma



HES Staining G x 100 -> Invasive Basaloid Proliferation

Discussion

BCC is the most common skin cancer. Giant BCC is a rare variant of BCC, accounting for only 0.4 - 1% of all BCCs [2]. It is defined by a lesion larger than 5 cm in diameter [2]. It sits most often on the trunk and its localization on the level of the scalp is rare. Some risk factors for giant BCC have been reported in the literature, including the large initial size of the tumor, the multiplicity of tumors, the development on high-risk areas, neglect and chronicity of the tumor. Giant BCC may develop aggressive behavior resulting in deep local invasion, recurrence or regional and distant metastases [1]. Metastatic BCC is rare. 172 cases have been described in the literature [4], which represents an incidence of 0.1%, particularly for giant BCC which has a greater metastatic potential because of its large size [3]. Surgery is the gold standard for the treatment of these large tumors. The vismodegib remains an alternative therapy.

Conclusion

Although basal cell carcinoma is a common malignant tumor, we should be aware of its metastatic potential in the presence of a large lesion. We report a particular form of giant and ulcerobudding BCC, localised in the scalp and with both ganglionic and pulmonary metastatic character.

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