



Extra facial basal cell carcinoma

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Abstract

BCC is the most common malignancy. It have low mortality but can cause significant morbidity primarily through local destruction. The appearance on non-exposed areas to UV radiation is infrequent and would indicate the participation of other etiologic factors. We report a case of 45-years-old man that presents a rough reddish plaque on the thigh. The histology confirm the diagnosis of BCC.

Keywords: bcc, extra facial, non-exposed areas

Introduction

Basal cell carcinoma (BCC) is the most common malignancy and the incidence is rising ^[1]. BCCs have low mortality but can cause significant morbidity primarily through local destruction ^[2].

UV radiation exposure is the most important environmental risk factor. Nodular BCC appears mostly in head and neck regions, while its occurrence in legs is extremely rare.

Unfortunately, most published studies on BCC were conducted in Caucasian populations, and analytic data on extra-facial BCC in African patients, in particular, are not readily available.

We report a case of basal cell carcinoma in the thigh.

Case report

Mr. H.B is 45-years-old man that presents a rough reddish plaque on the thigh since more than 3 years. Recently it becomes slightly itchy. Clinically: A 6 cm reddish oval plaque on the thigh. On dermoscopy screening blue-gray nests, gray-blue globules, pink white area seen. We removed the lesion with 5 mm of margin. The histopathology Histopathological examination showed a typical nodular basal cell carcinoma, with no angiolymphatic or neural invasion with healthy margin. The patient was advised to apply photo protection measures and a follow-up once a year.

Discussion

BCC is the most common malignancy and the incidence is increasing by 4% to 8% annually, which is heavily influenced by cumulative sun exposure and an aging population ^[3,4].

Despite the high incidence rate, the metastasis and age-adjusted mortality rates are estimated at only 0.0028% to 0.5% and 0.12 per 100,000, respectively ^[5,6].

UV radiation exposure is the most important environmental risk factor. Other risk factors include childhood sunburns, family history of skin cancer, tanning bed use, chronic immunosuppression, photosensitizing drugs, ionizing radiation, and exposure to carcinogenic chemicals, especially arsenic ^[7,8].

The appearance on non-exposed areas to UV radiation is infrequent and would indicate the participation of other etiologic

factors.

Basal cell carcinoma is a slow-growing and locally destructive tumor arising from a subset of the basal cells in the epidermis. Initially it presents as a reddish, dome-shaped nodule that later expands to develop a central area of ulceration. This leaves a raised, rolled border, often mistaken for over-granulation, and this rarely involves deeper tissue, except at sites of chronic inflammation. It is characterized by a translucent pearly appearance, and the lesions tend not to be scaly as they do not produce keratin; however, occasionally there may be mild crusting and oozing. Variants of basal cell carcinoma include nodular carcinoma, cystic carcinoma, pigmented basal cell carcinoma, rodent ulcers, and sclerosing carcinoma, which have different appearances ^[9,10]. Differential diagnoses for this case were squamous cell carcinoma, and malignant melanoma. The nodular subtype found here is reported to be the most common on extra-facial locations, although various authors have previously reported superficial BCC as the most common subtype in lower extremities.

Surgery and radiotherapy appear to be the most effective treatment modalities, with surgery showing the lowest failure rates. Recurrent BCC is more difficult to cure than primary lesions, and surgical excision is the first line of treatment ^[11,12].



Fig 1: Reddish oval plaque on the thigh



Fig 2: Blue-gray nests, gray-blue globules, pink white

Conclusion

We described this case because of its rarity and the limited reports of BCC on this area.

Further to this finding, these regions should be thoroughly examined during skin examinations, and further large-scale studies on extra-facial BCC in African populations are warranted.

References

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