

## Unusual Basal Cell Carcinoma

### Case Report

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### Abstract

Basal cell carcinoma (BCC) is the most common cancer with a strictly cutaneous and never mucosal localization. He has local malignancy and his metastatic risk is exceptional. It has the lowest mortality. However, in the absence of early diagnosis and surgery, BCC has a local invasive potential which can lead to significant tissue destruction. The BCC can ulcerate and have an extensive and destructive evolution: we speak of boring forms which can reach the muscular and bone structures.

**Keywords:** basal cell carcinoma, face, terebrant, local malignancy.

Dear publisher,

Let me share with you an observation from a patient aged 70 yearold, with no notion of tuberculous contagion, presenting an ulceration of the face evolving for 20 years, initially appeared as an infiltrated lesion of skin color of the right cheek gradually increasing in size, manipulated become ulcerated with issue of pus and bleeding for 5 years , a similar lesion appeared on the level of the right forearm of the same aspect. In addition, the patient has a pallor of the skin and weight loss.

The dermatological examination found a well limited ulcerated tumor of irregular contours with raised border, ulcerated bottom, surmounted by hemorrhagic and yellowish crusts with painless infiltrated base of the right cheek, with infiltration of the right endo-jugal mucosa without invasion with limitation of the mouth opening. [Figure 1]

At the level of the right forearm there is a well limited patch of regular contours not infiltrated surmounted by

melicericand hemorrhagic crusts, with pigmentation at the periphery of the lesion [Figure 2]. The cervical



**Figure 1:** ulcerated tumor of the right cheek

examination found a swelling of the right parotid gland, without lymphadenopathy and in particular no sign in favor of damage to the facial nerve on the right side.



**Figure 2:** right forearm patch

In front of the clinical aspect and the anamnesis we suspected mixed or metatypic basal cell carcinoma or squamous cell carcinoma and the infectious pathology like tuberculosis vorax, leishmaniasis or deep mycosis.

Two skin biopsies were performed, one on the face and the second on the forearm.

Histology was in favor of a mixed type basal cell carcinoma: nodular and infiltrating and partially keratinizing and metatypical on the face and a nodular basal cell carcinoma and infiltrating on the forearm.

The patient has had a CT scan, having shown an infiltration of the right parotid gland with invasion of the right masseter muscle without bone involvement. After a multidisciplinary meeting, surgery was proposed, vismodegib is not marketed in our country.

The patient refused the surgical procedure due to possible post-operative complications.

Basal cell carcinomas (BCCs) are common skin cancers that are localized and usually treated with standard surgical excision or Mohs micrographic surgery, electrodesiccation and curettage, imiquimod, or 5-fluorouracil. [1] According to the American Cancer Society, more than 2 million people were treated in 2006 for non-melanoma skin cancer (NMSC), mainly BCC. Its incidence is growing rapidly [2].

Their growth is driven by mutations that lead to inappropriate Hedgehog signaling pathway [3].

Under the pretext that the evolution is slow and local, basal cell carcinoma is taken for a tumor with reduced malignancy. However, certain forms can be very mutilating especially since at the level of the face, the thickness of the soft parts covering the skeleton is small, consequently the functional and aesthetic damage can be considerable [4].

Surgical treatment of basal cell carcinomas is the only guarantee of recovery. Any malignant tumor removal should only be guided by carcinological imperatives [5]. Basal cell carcinoma of the face, being an element of poor prognosis for recurrence, exposes to heavy aesthetic and functional damages. Improving results requires: prevention, early detection of lesions, thus offering the patient greater chances of recovery with the minimum of after-effects; the development of technical platforms in pathology centers; the creation of multidisciplinary concertation committees bringing together: dermatologists, plastic surgeons, pathologists and oncologists to take charge of difficult cases.

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