

Case Report

BASAL CELL CARCINOMA OF EYELID – A CASE REPORTDr. Shruti Chandrakar*¹, Dr. Ashok Kumar Chandrakar²^{*1}Department of Pathology, Pt. JNM Medical college, Raipur, Chhattisgarh, India²Department of Ophthalmology, Pt. JNM Medical college, Raipur, Chhattisgarh, India.**ARTICLE INFO****Corresponding Author:**

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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 57-year-old male presenting with non-healing ulcer below right eyelid. No significant past, personal and family history were observed. Histopathology revealed basal cell carcinoma. The patient was managed with wide excision of the lesion and then full thickness skin graft. At present, the patient is stable

Key words: basal cell carcinoma, eyelid

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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.

EXPERIMENT WORKA

57-year-old male patient, farmer by occupation came with complaints of ulcer above eyelid on the left side since 2 years. There was gradual increasing in size of the ulcer. On examination, a single ulcer over right lower "eyelid" 2 cm × 1.5 cm with rolled out edge without bleeding or discharge and ulcer was not fixed to the underlying structure. Investigations revealed, hemoglobin 13.5 g%, total leukocyte counts 8700/cu.mm, platelets 3.5 lac/cu.mm.

RESULTS

Grossly, the tumor appears as a papule or a nodule, sometimes pigmented or with teleangiectases on its surface. The neoplasm is often ulcerated and characterized by a infiltrative and destroying growth Microscopically, all variants of basal cell carcinoma are composed of basaloid cells with a large, oval or elongated nucleus and scant cytoplasm. Such cells resemble to the cells of the epidermal basal layer, but lack of intercellular bridges. Using routine stains, the neoplastic tissue stains deeply with hematoxylin and only slightly with eosin, assuming a characteristic blue color. Wedge biopsy of the lesion confirmed the diagnosis of BCC. BER-EP4 and smooth muscle actin on immunohistochemistry are positive. 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.

Patient was discharged on 10th postoperative day after suture removal. Post-operative followup 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 xerodermapigmentosum.[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 infalxcerebri 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

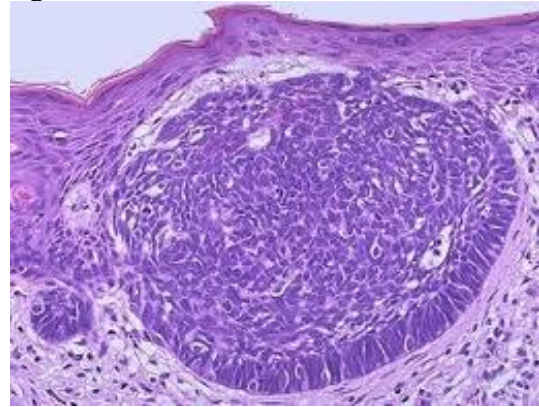
BCC tend to occur in a syndrome complex, associated with a number of autosomal dominant inherited disorders and hence prior to the management of the same, the presence of the syndrome must be ruled out.

FIGURES AND OTHER ILLUSTRATIONS

Figure 1:



Figure 2 :



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