

Basal Cell Carcinoma at the Tip of the Nose – A Case Report

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Abstract

Skin cancers contribute very less to the total number of carcinomas. Particularly when on the face or exposed parts affect cosmetically more than functionally. Basal Cell Carcinoma over face is a locally destructive malignancy of the skin which rarely metastasizes. Basal cell carcinomas are the most common type of cancer in Europe, Australia, and the USA. A case of basal cell carcinoma is reported here in an adult female living in a rural area, who came for cosmetic purpose in the Department of Dermatology & Venereology, Community Based Medical College, Bangladesh (CBMC,B) Hospital, Mymensingh, Bangladesh and was transferred to the Department of Otolaryngology & Neck-Head Surgery of the same institution for better management. She was treated with best of the modalities available, i.e., wide local excision with local Nasolabial flap reconstruction with follow up.

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Introduction

Basal cell carcinoma is a cancer of skin especially of non-melanocytic origin may be epithelial tumor that arises from basal cells which are small, round cells found in the lower layer of the epidermis.¹⁻³ Most common sites for basal cell carcinoma are face, head mainly scalp, neck and hand. BCC is the commonest skin cancer in human beings, which accounts for less than 0.1% of death in cancer. These tumors are predominant in sun-exposed skin with its slow growing nature, it metastasizes rarely (less than 0.55%).^{4,5} On appearance, basal cell carcinoma is small in size, raised above skin, pink or red, translucent, shiny or waxy lesion and the area may bleed with minor trauma. 65% to 70% of basal cell carcinomas occur in the head (most frequently on the face), 20-25% on the trunk, and 5% on the penis, vulva or peri-anal skin. Other organs may get affected, but very unusual.^{4,5}

Case Report

Presenting a case of 60 years normotensive, non-diabetic female, housewife hailing from Mohonganj Upazila of Netrokona District in Bangladesh, with the complaints of lesion over the tip of the nose for 2 years, gradually increasing in size, associated with itching (Fig. 1).

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Figure 1: The patient with the nasal lesion (Pre-operative)

No history of preceding trauma. No history of loss of appetite and weight. There was no history of similar lesion over other parts of the body, no past surgical history and no alteration of bowel and bladder habit, sleep, and diet. No history of backache, cough, fever, headache, vision abnormalities, history of some Kobiraji (local quack) treatment. On general examination, patient was of average built with stable vital signs. On local examination, the lesion was found about 2cm x 2cm over the tip of the nose, which was roughly oval, black in colour with minimal surrounding induration. No palpable lymph nodes on clinical examination. The patient was evaluated, investigated to detect basal cell carcinoma of the tip of the nose. Patient and relatives were counseled about the nature of disease. After written and verbal consent, patient underwent wide local excision with local Nasolabial flap reconstruction over the area (Fig. 2 & 3). Postoperative period was uneventful and successful acceptance of nasolabial flap (Fig. 4). Histopathology reports were suggestive of basal cell carcinoma with clear margin. She was discharged and taken follow up after 2 months and found no recurrence (Fig. 5).



Fig. 2 & 3: Raising the nasolabial flap.



Fig. 4: Post-operative view

Fig. 5: Patient during follow-up after 2 months

Discussion

Primary aim of treatment is elimination of the tumor with maximum preservation of function and physical appearance. In all cases of Basal Cell Carcinoma, surgery is the recommended treatment modality. Techniques used include Topical Immune Therapy with Imiquimod (IMQ), Curettage and Cautery (C&C, also known as Electro desiccation and curettage), Excisional surgery, Cryosurgery (Liquid Nitrogen Cryosurgery for the destruction of BCC uses the effects of extreme cold -50°C to -60°C), Mohs micrographic surgery (pioneered as chemosurgery by Frederic Mohs in 1940 and

later refined into the modern technique of MMS), CO₂ Laser Surgery, Photodynamic Therapy (PDT), Radio Therapy (RT). Recurrence of these cases shows that the distance to the closest resection margin is an important predictor.^{6,7}

The prognosis for patients with BCC is 100% survival rate for cases that have not spread to other sites.⁸ If basal cell carcinoma is allowed to progress, it can result in significant morbidity and cosmetic disfigurement may occur. Though Basal Cell Carcinoma is a malignant neoplasm, metastasize is rare. The incidence of metastasis BCC is estimated to be less than 0.1%. After treatment BCC may develop in new sites after primary curative treatment. Patients and relatives were counseled for further prevention of recurrence and spread of basal cell carcinoma. Patients should avoid possible potentiating factors like sun exposure, ionizing radiation, arsenic ingestion, tanning bed.

Conclusion

Many treatments are known to be effective in handling basal cell carcinomas, ranging from topical therapy (e.g. IMQ) and minimally invasive procedure (e.g. PDT), through destructive modalities (e.g. C&C; Cryosurgery) to more specialized treatments such as RT, Wide surgical excision with nasolabial flap cover and MMS. Wide local excision with Nasolabial flap reconstruction can be considered for local basal cell carcinoma over the tip of the Nose which gives excellent cosmetic results.

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