



GIANT NEGLECTED BASAL CELL CARCINOMA OF THE FACE -A CASE REPORT.

Surgery

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ABSTRACT

Although tumors of the face are considered to be easily recognizable, neglected cases are still encountered even in 21st century. The reasons for the delay in reporting to a surgeon are, old age, a low social economical status, becoming used to a slow growing tumor, fear of diagnosis and treatment. When reported, the treatment of such advanced tumors is usually challenging. The management of such cases demands multidisciplinary approach and teamwork. Basal Cell Carcinoma (BCC) is the most common skin cancer of the face in the elderly and is often neglected by the patient. A 72-year-old female presented to the department of General Surgery Mahatma Gandhi Medical College and Research Institute with a Giant BCC on the right side of the face with involvement of right eye. She underwent wide local excision and reconstruction.

KEYWORDS

Giant neglected basal cell carcinoma

INTRODUCTION

Basal cell carcinoma is the commonest skin tumor originating from basal cells of follicular origin. Exposure to ultraviolet light, genetic predisposition and old age are the significant factors in the etiology¹. It commonly occurs in the head and neck region, usually on the face above the line joining the ear lobe and the angle of the mouth.

Tumors of the skin especially over the face are easily recognized by the patient, still there are numerous cases which gets delayed medical care. Some of the factors for the delay include becoming accustomed to a slow growing tumor, old age, poor socio-economic status, lack of awareness of complications etc. The neglected BCC may attain very large size and BCC which measures more than 5 cm in diameter is called giant BCC and which accounts for less than 1 percent of all BCC's². The management of such advanced diseases is challenging and needs a multidisciplinary approach.

CASE HISTORY

A 72-year-old female farmer who was hailing from a remote village, belonging to low socio economic status, presented to us with a slow growing ulcer over the right side of the face associated with loss of vision of the right eye for 6 months.

Clinical examination revealed a large ulcer, measuring 7x 5 cm on the right side of the face, extending from the right eyebrow above to the lateral border of the upperlip and from the nose to the righttemporal region. Edges were raised and beaded and some areas were black. The right eye ball was not visible. The ulcer was tender and immobile (fig.1).

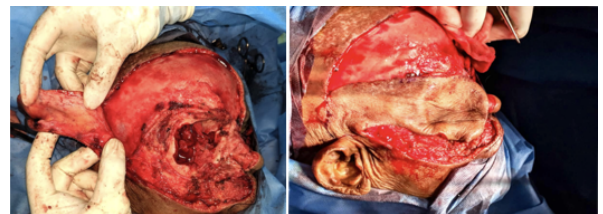


(Fig.1). Basal cell carcinoma, right side of face involving the eye, right side of nose and right temporal region.

CT and MRI showed infiltration to deeper muscles, infiltration of the lower and lateral margin of the orbit and right eyeball. After biopsy confirmation as Basal cell carcinoma, excision of the ulcer with 3mm margin including involved bony margins and exenteration of right eye were carried out. The defect was reconstructed with a forehead flap (fig.2,3,4).



(Fig.2). wide excision of the tumour with exenteration of the right eye.



(Fig.3). Mobilised forehead flap based on superficial temporal artery for reconstruction.



(Fig.4). Reconstruction of the face and orbit with forehead flap and Split skin graft from the thigh for the frontal raw area

Histopathology of the specimen revealed infiltrative basal cell carcinoma and resected margins were free of tumor.

DISCUSSION

Basal cell carcinoma is the most common cutaneous tumor seen in the head and neck region. It grows very slowly particularly in the elderly people. The metastatic potential is very low. With these features tumor often attains large size and gets neglected³. In 0.5 % of cases, BCC may grow larger than 5 cm in diameter and they are termed as "Giant Basal cell carcinoma". Giant BCC invariably invades the deeper structures such as the fascia, muscle, bone or any nearby organ depending on the site of the tumor. Patient's neglect is seen in one third of the cases and is one of the reasons for attaining large size as seen in our patient who had the tumor for more than 2 years. Tumor neglect of up to 20 years has been reported in the literature⁴. Poor social milieu, inadequate hygiene, poverty and poor knowledge about the disease are some of the causes in neglected cases. Old age and a slow growing painless neoplasm delay in seeking medical advice⁵. It is usually the complications such as severe pain, bleeding, sudden increase in size or deep local invasion forces the patient to come to hospital.

Surgical excision by Mohs microsurgery is the first choice in the treatment of BCC with a cure rate of 90%⁶. Major tissue defects resulting after excision can be covered by skin graft, local and distant pedicle flaps and free flaps. The frequently used flaps in head and neck reconstruction are, free or pedicle latissimus dorsi, pectoralis major, radial forearm, antero-lateral thigh flaps, forehead flap and rectus abdominus muscle flap. The choice of flap depends on the location of the tumor, size of the defect and the bulk of tissue necessary for reconstruction⁷⁻⁹.

In the present case, the defect was reconstructed with the forehead flap providing good contour and acceptable cosmetic result. Since margins were negative microscopically radiotherapy was withheld.

Wang et al recommended post operative radiotherapy when margins are positive after excision, multiple positive lymph nodes and perineural invasion¹⁰. Tumor location is one of the most important prognostic factors and classified into three groups, trunk and limb as low risk, forehead, chin, cheek and scalp as intermediate risk and nose and peri-orbital region as high-risk areas. The other significant risk factors include, size larger than 2 cm the histological subtypes such as morpheiform, sclerosing and infiltrating and perineural invasion¹¹. Peri-orbital BCC is known to recur if excision is inadequate. If locally advanced and eyeball is involved, orbital exenteration is the treatment of choice¹².

CONCLUSION

The present case is a typical neglected giant Basal Cell Carcinoma and it is possible to reconstruct a large defect in the face with the forehead flap based on the superficial temporal artery and achieve an acceptable cosmetic result.

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