

Uncommon presentation of Pigmented Basal Cell Carcinoma: A case report and review of literature.

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Abstract: The Pigmented variant of basal cell carcinoma is rare variant of BCC with usual presentation over face above the line joining the angle of mouth and ear pinna. Only few case reports are available on this variant. We report a rare case of superficial variety of pigmented basal cell carcinoma over right sided mandibular region in a 50 year old man.

Keywords: Basal cell carcinoma, pigmented, superficial, mandibular region

I. Introduction:

Although Basal cell carcinoma is the most common type of skin cancer in the head and neck region, the pigmented variety contributes to a rare variety, with few case reports available in the literature. Nodular, superficial spreading and infiltrating variants are commonly encountered types of BCCs. We hereby report a case of Superficial pigmented variety of Basal Cell Carcinoma on mandible in a 50 year old man.

II. Case Report:

50 year old gentleman with a pigmented lesion over the right sided mandibular region, associated with itching which has gradually progressed to the present size over a period of 3 years. On local examination there was a pigmented lesion of size 2×1cm on the right side over the mandibular region. The borders were raised, thread like and irregular. Systemic examination was within normal limits and there was no lymphadenopathy.

The patient was referred to us from dermatology with the diagnosis of superficial pigmented basal cell carcinoma on the histological basis of the already done edge biopsy.



Figure(1)



Figure(2)

Figure(1): Lesion over right mandibular region; Figure(2): Marking of excision margin.

The lesion was excised with 5 mm of lateral and deep margins followed by primary closure. The biopsy report showed nests of tumour cells arising from basal layer and peripheral nuclear palisading along with pigmentation noted in the adjoining areas and the tumour cells. The lesion was diagnosed to be Superficial pigmented basal cell carcinoma with negative margins.

III. Discussion:

The incidence of basal cell carcinoma occurring in Indians is less as compared to that in whites. Clinical variants of BCC commonly involves nodular (60%-80%), superficial spreading(10%-30%), Pigmented basal cell carcinoma is a rare variety, being only 6%[1] and the presentation below the line joining the angle of mouth and ear pinna is further rare. It can be found in different clinical types of BCC but most commonly nodular and superficial type. It is characterised by brown or black pigmentation due to the presence of melanin produced by benign melanocytes that colonize the tumour. The usual site of presentation of basal cell carcinoma is head and neck. The most susceptible areas include the inner canthus, philtrum nasolabial groove, preauricular area, and the retroauricular sulcus. This is because of the tendency of the BCC to migrate along the path of least resistance i.e. along the embryonic fusion planes also leading to deep invasion of the tumour and tumour spread[2-4]. Claudia Mateoiu et al studied 647 patients which showed pigmented basal cell carcinoma in 6.12% of cases and mandibular location in 1.85% of cases[5]. Naraghi et. al also performed an extensive study on 102 cases of BCC to examine the sensitivity and specificity of cytology in the diagnosis of BCC and showed BCC in 89 (87.3%) however they did not encounter even a single case of PBCC[6].

Primary treatment option for BCC is Excision with 3 - 10 mm margins outside the tumour, depending upon the size and localisation of the carcinoma. The recurrence rate is of <2% in 5 years following complete excision. It provides the tumour free margins as well histopathological diagnosis. For size ≤ 2 cm the control rate at 5 years is 95% and with a tumour ≤ 5 cm and deeply invading beyond subcutaneous tissues having a control rate from as low as 50%. The pigmented variety shows lesser subclinical infiltration than the non pigmented one, the reason behind the recurrence after excision and thus have a better prognosis. The other modalities involve curettage and electrodissection, radiotherapy, Mohs micrographic surgery, cryosurgery, photodynamic therapy, interferons, Topical imiquimod and 5 fluorouracil.

IV. Conclusion:

Pigmented basal cell carcinoma is rare, but is now increasingly becoming common in asian population. It is a clinical form mimicking malignant melanoma, thus posing a diagnostic problem. Hence a high degree of suspicion should be kept while dealing with such lesions, thus guiding towards correct diagnosis and management.

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