

## Basal Cell Carcinoma: Atypical Presentation and Literature Review

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### ABSTRACT

Basal cell carcinoma is the most common skin cancer, especially in Caucasians. The head is the most common location, however, in exceptional cases it can occur in areas where there is little sun exposure, it is usually aggressive in most cases. Each time there is an increase in the youngest basal cell, it presents different types: Nodular, Superficial, Populations of incidence. Pigmented, Morpheiform or Infiltrating or Sclerosing clinical carcinoma and Fibroepithelioma. It is usually characterized as a locally invasive, aggressive and destructive carcinoma with a high capacity to metastasize. Treatment consists of surgical removal of the lesion, however in advanced cases management will have to be multidisciplinary.

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### INTRODUCTION

In recent years, the demand for dermatology consultations has increased greatly, especially in the elderly population, associated with increased life expectancy. Basal cell carcinoma is a malignant pathology derived from non-keratinized cells that originate in the basal layer of the epidermis. If left untreated, basal cell carcinoma continues to invade locally and can cause tissue damage that compromises function, cosmesis, and life. However, metastasis is extremely rare. The objective of this work is to provide a general review of basal cell carcinoma, which is the most frequent tumor pathology, as well as the presentation of a case with a highly aggressive lineage that has affected a patient.<sup>1,2,3</sup>

Basal cell carcinoma is a malignant epithelial neoplasm that originates in the basal cells of the epidermis. In relation to its etiopathogenesis, the role of ultraviolet radiation has been widely recognized; where it has been widely accepted as the most important determinant for the development of basal cell carcinoma. Exposure to UVB light produces direct DNA damage by inducing mutations in tumor suppressor genes, while UVA exposure induces photooxidative stress and mutations through the generation of reactive oxygen species, generating a potential link between UV light and decreased of immunity. Both the duration and the amount of exposure to these radiations are important. Very intense but short-term exposures are those that generate the greatest risk of basal cell

carcinoma. It has been described that the highest UVR on the planet can be detected over the tropics in hours close to noon, and in turn this intensity in radiation can be increased when the height above sea level increases since it produces an increase noticeable in the doses of UVR that come into contact with the skin.<sup>4,5,6,7</sup>

Living in rural areas has a high correlation with occupational exposure, due in large part to the greater probability of being immersed in outdoor activities in the midday hours. However, other factors such as poor access to preventive campaigns, health services and the media and there is also a greater propensity to not use sun protection methods, increasing the risk of suffering from this disease. Skin sensitivity to UVR (phototype) could be a factor in the development of the disease, specifically in phototype I and II subjects. But it has been shown in several studies that phototype III is a high-risk group, since these people experience a false sense of security against UVR, since in the first exposures they suffer mild to moderate burns, but later they develop the ability to tan.<sup>8,9,10,11</sup>

Contrary to the feeling that they and the doctors themselves have, this population is extremely vulnerable since this false sense of security leads them to adopt risky behaviors in the sun, such as exposing themselves to long hours of UVR in search of the "golden" color, not use photoprotector and do not use the necessary physical barrier measures (hats, glasses

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and long sleeves among others). Other factors involved are exposure to ionizing radiation, arsenic, chlorophenols, genetic syndromes, long-term treatment with immunosuppressive drugs: corticosteroids, azathioprine or cyclosporine.<sup>12,13,14</sup>

### CLINICAL FINDINGS

Some physical examination findings may be risk predictors, as other authors have described. Actinic keratoses reflect a history of chronic sun exposure, so they should guide follow-up given their high predictive role against the appearance of skin tumors. In general, basal cell carcinoma is a friable, nonhealing lesion located on sun-exposed areas.<sup>15,16,17</sup>

They are characterized by translucency, ulceration, the presence of telangiectasias, and a rolled edge. There are five subtypes with specific characteristics; Nodular, is the most common subtype, represents 50% of basal cell carcinomas. These two subtypes are located mostly in the head and neck. Superficial is the only subtype that scales, and it is found predominantly on Trunk. Morpheaform or Sclerosing or

Infiltrating, it is the most aggressive of the five variants. Pinkus fibroepithelioma, is characterized by presenting as a pink papule frequently located in the lower dorsal region.<sup>18</sup>

### CASE PRESENTATION

A 68-year-old male patient presented with a diagonal lesion approximately 12 centimeters long by 1 centimeter wide, with undetermined depth that had crossed the rib cage, accompanied by difficulty breathing. Laboratory tests reported leukocytosis with acute phase reactants (elevated ESR). On physical examination, he presented with a lesion on the right flank with an important presence of necrosis as well as palpable lymph nodes in deep planes. (Figure 1).

A tissue biopsy was taken which revealed basal cell carcinoma with anastomosis components of columns of basaloid cells, associated with a fibrous stroma. It was decided to consult the surgical oncology service, which suggested a complete resection of the affected area with wide margins and to assess the response to cisplatin-based chemotherapy schemes.



**Figure 1. Right flank wound with significant necrosis.**

### DIAGNOSIS

It is performed through clinic, dermatoscopy and skin biopsy which can be by shaving or punching, where the latter is preferred in cases of morpheaform basal cell carcinoma and recurrent tumors.<sup>19</sup>

### TREATMENT

To treat basal cell carcinoma there is a wide therapeutic range such as: curettage and electrodesiccation, cryosurgery, Mohs micrographic surgery, radiotherapy and conventional surgery. There are meta-analyses in which it is concluded that the first treatment option is surgery, but despite the few identified studies that compare techniques in the treatment of

basal cell carcinoma, radiotherapy is shown as the second method with the lowest rate of recurrence.<sup>20,21</sup>

The choice of treatment should be made according to the type, location and histological characteristics, taking into account the patient's age and health status. It should be taken into account that basal cell carcinoma appears mainly in elderly patients in whom the presence of comorbidities and polypharmacy, which makes it a complicated situation for the anesthesiologist, the surgeon and the patient himself.<sup>22</sup>

### CONCLUSIONS

The incidence of skin cancer is a growing phenomenon, especially in the elderly population, associated with the

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increase in life expectancy, which is why it requires adequate and timely promotion, prevention and treatment measures that lead to the control of the disease in our environment.

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