

A Rare Site of Basal Cell Carcinoma - Axilla!

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1. Introduction

Basal cell carcinoma (BCC) arises from the basal layer of non - keratinocytes and represents the most common skintumor diagnosed. The primary risk factor for disease development is sun exposure (UVB rays more than UVA rays) particularly during adolescence; however, other factors include immune suppression (i. e., organ transplant recipients, HIV), chemical exposure, and ionizing radiation exposure. BCC can also be a feature of inherited conditions such as xeroderma pigmentosa, unilateral basal cell nevus syndrome, and nevoid BCC syndrome. Thirty percent of cases are found on the nose.

2. Case Report

A 75 year old female presented with left axillary fungating mass which is gradually increasing in size since 1 year. Patient has no history of irradiation. On examination A 6*4 cm² fungating cauliflower like hyper pigmented mass is seen present over left axilla with irregular surface and margins with normal surrounding skin and no discharge (1). Patient has no palpable axillary or cervical lymph nodes. A provisional diagnosis of axillary basal cell carcinoma was made.



Surgical Procedure

A wide local excision is taken with approximately 2 cm tumour free margin which is found to be free of malignant cells. Primary closure was done with negative drain placed

in the cavity. Histopathology examination showed pigment nodular variant of basal cell carcinoma.

3. Discussion

Presentation of Patient

Thirty percent of cases are found on the nose, and bleeding, ulceration, and itching are often part of the clinical presentation. The most common form of BCC (60%) is the nodular variant presents with a depressed tumorcenter with raised borders giving the classic "rodent ulcer" appearance. This variant tends to develop in sun - exposed areas of individuals over the age of 60.

Investigations: Complete blood count, Ultrasonography, Computed tomography study



Treatment

Skin cancer is a common disease that can be treated in a variety of ways including Mohs micrographic surgery, surgical excision, curettage and electro desiccation, cryosurgery, radiotherapy, immunotherapy with interferon or fluorouracil, or photodynamic therapy depending on the tumor, the patient and the preferences of the physician. Generally, BCC rarely metastasizes and is best treated by surgical excision if detected early. Wolf *et al* propose that larger tumors and more aggressive histologic types are best treated by surgical excision with a 2 - to 4 - mm safe margin. The recurrence of BCC is usually associated with incomplete excision.

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4. Conclusion

The aim of this report is to highlight the occurrence of the most common skin malignancy at unusual sites so that its pathogenesis, diagnostic criteria, therapeutic modalities and prognosis can be better understood and to alert the physicians to the importance of early detection at unusual sites to prevent complications. Basal cell carcinoma, though rare in non - sun exposed areas, can occasionally be seen and a complete skin examination should be a part of a routine physical examination.

References

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