

A Case of Neglected Basal Cell Carcinoma of Face

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Abstract

Basal cell carcinoma is the most common cutaneous tumor. It occurs in the elderly, grows slowly, and has an immensely low metastatic potential; these factors suggest that BCCs might be the ideal candidate for neglected tumors. There can be numerous causes for delay in seeking medical care—becoming accustomed to a slowly growing tumor, fear of the diagnosis and treatment, old age, painless tumor, a low social milieu, inadequate education and an unhygienic culture. The treatment of such advanced neoplasms is usually demanding. Rarely, basal cell carcinoma grows to a giant size, invading the underlying deep tissue and complicating the treatment and reconstruction modalities. The therapy of such neglected cases requires an individual multidisciplinary approach and teamwork. A giant basal cell carcinoma is usually treated with a combination of surgery and radiation therapy, resulting in local control and a satisfactory long-term cosmetic and functional result. A neglected case of giant basal cell carcinoma in an elderly patient is discussed here.

Keywords: Giant Basal cell carcinoma; Neglected; Skin Graft

Introduction

Basal cell carcinoma (BCC) is a neoplastic proliferation of basaloid cells presumably originating from basal cells of follicular origin and is the most common skin tumor [1]. It commonly occurs in head and neck region (85%–90%), usually on the face above the line connecting the corner of mouth with the ear lobe. BCC is seldom metastatic, but it has substantial potential, and may cause severe regional destruction and disfigurement [2].

Tumors on the surface of the skin are usually visible and are easily recognizable for healthcare professionals and for the patient themselves. Still people with neglected advanced skin neoplasms are encountered in this century. The countless causes of the delay in the diagnosis could be: the person may fear the diagnosis and the treatment or become habitual to the generally slowly-growing and not painful tumor. Old age, unhygienic culture, low socio-economic status, may be the factors explaining why some people are unaware of the consequences of a delayed diagnosis [3].

Case Presentation

A middle aged male was forcefully brought by the village head to our outpatient department. The patient gives history of slowly growing lesion over his nose since last 5 years. Patient belongs to a remote area and had visited a few local healthcare providers and had taken medications from them. He does not complain of pain or any other functional impairment.

Clinical examination revealed complete loss of nose due to the lesion (Figure 1). Incisional biopsy revealed it to be a Basal Cell Carcinoma. Patient was subjected to surgery under general anesthesia. Patient was reluctant for the surgery but his relatives convinced him. Still patient did not give consent for reconstruction with any flaps. Hence, excision and reconstruction with skin graft was performed (Figure 2 and 3). Plastic tubes were used for maintaining the patency of nasal airway. Patient recovered well postoperatively and was discharged in a healthy condition. Patient was advised for postoperative radiotherapy. Unfortunately, the patient did not turn up for follow up.

Discussion

The basal cell carcinomas which attain the size of more than 5 cm are known as Giant BCC. They are rare, <0.5% and mainly due to patient negligence. Giant BCC can evolve aggressive behavior resulting in deep local invasion, recurrence, and potential regional and distant metastasis [4].

About one-third of giant BCCs are result of self-negligence. There could be numerous reasons for delay in seeking medical advice. A low social milieu, insufficient hygiene related to poverty,

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Figure 1: Clinical photograph showing complete loss of nose due to basal cell carcinoma.



Figure 2: Resected Specimen.

and inadequate knowledge about skin tumors may be the explanation in certain cases [3]. Patients of such background may not be aware of the seriousness of their growing lesion. In other circumstances, old age and a slowly growing, not painful tumor may result in delay to seek medical treatment. Tumor neglect of up to 20 years has been reported in the literature [5]. The patients may not realize the changing and exceptionally irksome clinical image or they might bear the slowly, but continuously progressing lesion. A delay might also be caused by an incorrect initial diagnosis [3]. In concomitant with immunosuppression, skin neoplasms grow rapidly and could be more frequent. Although the patients themselves are aware of the growing tumor, medical attention is usually sought because of insistent family members or friends or a sudden change in the lesion such as bleeding or sudden growth [5].

Although there are various possible treatments for BCCs, the treatment regimen of such neglected cases always claims for an individual and multidisciplinary approach and teamwork. The availability of micro-vascular free tissue transfer has been a paramount



Figure 3: Photograph showing reconstruction with skin graft.

in head and neck reconstruction, when it comes to complex and large tissue defects [6]. The treatment of choice is often surgery alone or combined with radiotherapy. The ultimate cancer therapy is elimination of the cancer with maintenance of the structural and functional integrity of the organ and the surrounding structures.

Conclusion

Neglected advanced skin neoplasms are encountered even in current era. Efforts should be taken to screen and educate the poor elderly population so that treatment can be provided in initial stages, saving patient from disfigurement and aggressive reconstructive surgeries improving the prognosis of patient.

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