

*Case report*

## Giant Basal Cell Carcinoma: A Case Report

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### SUMMARY

Basal cell carcinoma (BCC) is the most common type of skin cancer and the most common type of tumor in the human population in general. Clinical variants of BCC include nodular, superficial, pigmented, morpheaform, cystic, metatypical types and fibroepithelioma of Pinkus. Giant BCC is a rare type of carcinoma, accounting for less than 1% of all cases of BCC. Most often they occur on the trunk. BCC belongs to the group of aggressive tumors, leading to the invasion of deeper tissues, and examples of metastasis of this type of tumor can be found in the reference literature. In this case report, we present a case of a 76-year-old female patient with a giant ulcerous form of basal cell carcinoma on the back.

*Key words:* basal cell carcinoma, giant, ulcer

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## INTRODUCTION

Basal cell carcinoma (BCC) is the most common type of skin cancer in general, accounting for 75% of all non-melanoma skin cancers (1-3). Most commonly, they occur on the head and neck area, while location on the trunk is observed in 10% of all BCC (4).

Several clinical variants of BCC have been recognized, including nodular, superficial, pigmented, morpheaform, cystic, metatypical types and fibroepithelioma of Pinkus (1-3). Most of them have indolent clinical course, low metastatic potential and size smaller than 5 cm<sup>2</sup>. In less than 1% of cases, BCC may achieve the size greater than 5 cm<sup>2</sup>. American Joint Committee on Cancer defined those tumors as giant basal cell carcinoma (4). In other reports, diameter of 10 cm or larger is required for the diagnosis of giant BCC (4, 5).

Giant BCC is a skin tumor with aggressive biological behavior (4, 5). Disfigurement caused by local invasion of the underlying tissue as well as a higher occur-

rence of metastasis cause severe morbidity in patients with giant BCC. In addition, larger size of the tumor and no standard guidelines for treatment make the management of this disease challenging, often indicating a multidisciplinary approach.

Herein, we report a patient with a giant ulcerous form of basal cell carcinoma on the back.

## CASE REPORT

A 76-year-old female was referred to our Clinic of Skin and Venereal Diseases for the evaluation of a skin lesion located on her back. She reported that the lesion had been present for longer than 13 years with progressive enlargement in size over the years. She also reported that she had occasional bleeding from the lesion.

Clinically, there was an ulcer on her back, of irregular shape, 15x9 cm in size, with raised edges and an irregular base surmounted by haemorrhagic crusts (Figure 1). The surrounding skin was without infiltration.



**Figure 1.** Giant ulcerous irregularly shaped lesion on back of the trunk

The clinical examination of the axillary areas revealed no palpable lymph nodes. Routine blood tests including complete blood count, erythrocyte sedimentation rate, liver function tests, blood urea nitrogen and creatinine were all within the normal range.

In addition to previously mentioned examinations, a chest X-ray and echosonography of the abdomen and axillary area were performed with no reported

abnormalities. No evidence of metastasis was detected by any of the above mentioned examinations.

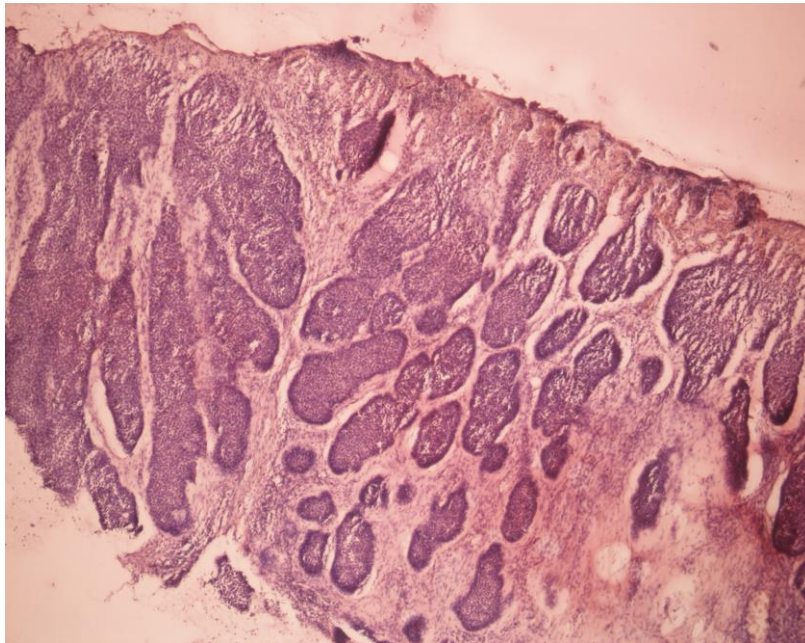
Histologic examination revealed a micronodular type of basal cell carcinoma with small nests of round to oval basaloid cells extending into the dermis. Prominent peripheral palisade and peritumoral clefts were also noticed (Figure 2).

Dermoscopic evaluation of the lesion revealed the

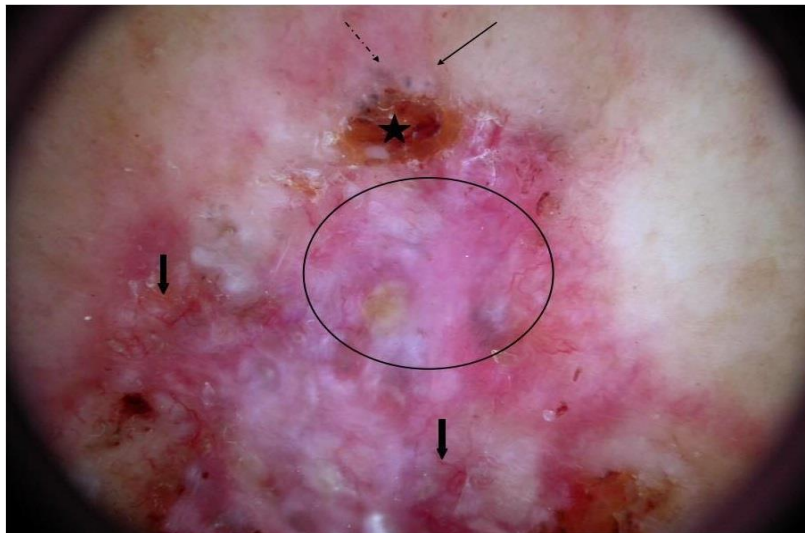
presence of dermoscopic features typical of basal cell carcinoma (Figure 3).

Surgical excision with safety margins of at least 1 cm was performed. Skin defect was replaced with skin

graft from the femoral area. The postoperative course was uneventful. The cancer displayed no sign of recurrence during the six-year follow-up (Figure 4).



**Figure 2.** Micronodular variant of basal cell carcinoma, with small nests of basaloid cells set in a dermis



**Figure 3.** The dermoscopic picture shows erythematous-whitish structureless background (circle), arborizing vessels (thick arrows), erosions (asterisk), blue gray globules (thin arrow) and leaf-like structures (dashed arrow)



**Figure 4. The patient after surgical excision of giant BCC. Skin defect was replaced with skin graft from the femoral area**

## DISCUSSION

Giant BCC is more frequently reported in men (1, 6, 7). The mean age of the diagnosis of giant BCC is 68 years, which is similar between genders (6). They are commonly found on the head and neck, trunk, and extremities (6, 8). In other report, they are more frequently observed on the trunk, followed by head and extremities (7).

Clinically, they can present themselves as exophytic (vegetant), noduloulcerative, morpheaform or extensively ulcerative lesions (9). Furthermore, they often invade the underlying soft tissue, cartilage and bone producing cosmetic disfigurement, especially when they are located on the head and face (6, 7, 9).

Slow growth rate as well as usually asymptomatic clinical presentation contributes to delayed diagnosis. Hence, patients seek medical care when lesion suddenly starts to change or bleed (10). Interestingly, pain is uncommon in patients with giant BCC despite extensive tissue destruction (6). Our patient did not report any significant complaint except occasional bleeding from the lesion.

Exposure to ultraviolet light, chemicals and ionizing

radiation has been implicated in carcinogenesis of BCC (1-4). People with certain inherited medical conditions, including Gorlin-Goltz syndrome, Bazex syndrome, Xeroderma pigmentosum or Rombo syndrome have a higher propensity to develop multiple basal cell carcinomas (2). Light skin, immunodeficiency as well as positive family history of skin cancers are some of the risk factors for BCC (1-4).

In addition to all mentioned above, giant BCC has some distinct features that contribute to the larger size of lesion. In fact, patient neglect or denial is responsible for the development of giant BCC in about one third of cases, thus they are commonly found in patients with mental illness, poor socioeconomic status, older patients or patients with physical disability (10). In some instances, giant BCC is a recurrent lesion after previously treated BCC (10-12). Our patient did not have positive personal history of any skin malignancy. Although the quality of life in our patient was seriously compromised over the past few years, she refused surgical or any other form of treatment for unknown reasons.

Larger size of tumor correlates with the duration of its presence, although in younger people the tumor may show highly aggressive development (12, 13). How-

ever, it is still debated if the size of giant BCC is a result of tumor evolution through time or its growth rate (12).

Metastases of BCC are extremely rare. Depending on the reported epidemiologic sources, the occurrence ranges from 0.0028% to 0.55% of all cases (5, 13, 14). Metastases tend to occur more commonly in male patients (13). Approximately 9 years of duration is needed for the signs of metastasis to appear after the diagnosis of primary BCC, whereas the survival period is less than 1 year (15). Regional lymph nodes are most commonly affected by metastases, although metastases in bones, liver and lungs are sporadically reported (13, 15, 16).

Compared to BCC, higher occurrence of metastasis is reported in giant BCC (10, 12, 13). In fact, 80% of all metastatic BCC cases are related to the giant form. Probability of finding a metastasis in a patient with BCC

correlates to the increasing diameter of the tumor; with a tumor larger than 5cm the possibility of metastasis is 25%, whereas with a tumor larger than 10 cm, the reported percentage of metastasis is 45%-50% (2, 11). Despite a complete work-up, in our patient, we could not find any signs of metastasis.

## **CONCLUSION**

Giant basal cell carcinoma is a rare form of BCC. Disfigurement caused by locally aggressive behavior of tumor as well as a higher occurrence of metastasis is typical for this type of tumor. In order to prevent tumor extension, early detection and adequate treatment of the lesions are mandatory.



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## Džinovski bazocelularni karcinom kože: prikaz slučaja

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### SAŽETAK

Bazocelularni karcinom kože (BCK) je najčešći tumor kože i najčešći oblik tumora uopšte kod čoveka. Kliničke forme BCK su: nodularni, superficijelni, morfeiformni, cistični, pigmentni, bazoskvamozni (metatipični) i fibroepitelioma Pinkus. Džinovski (gigantski) BCK je veoma retka forma bolesti, čini manje od 1% svih slučajeva. Najčešće se vidja na trupu. Spada u grupu tumora kože koji su agresivne prirode, dovode do invazije dubljih tkiva, a u literaturi se navode i metastaze kod ovog oblika BCK. Ovde prikazujemo slučaj 76-ogodišnje bolesnice sa džinovskim ulceroznim BCK na leđima.

*Ključne reči:* bazocelularni karcinom, džinovski, ulkus