Basic and Clinical Sciences
ISSN 1309-5102
DOI: dx.doi.org/ 10.12808/bcs.v4i2.5000123119
dergipark.ulakbim.gov.tr/bcs
Basic Clin Sci 2015; 4: 111-115

Case Report / Olgu Sunumu

Rare localization of basal cell carcinoma to perianal region: a case report

Bazal hücreli kanserin perianal bölgeye nadir yerleşimi: olgu sunumu

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Abstract

Basal cell carcinoma (BCC) is the most common type of primary skin tumours and exposure to ultraviolet light is the most important factor in its aetiology. Typically, it occurs on the sun-exposed areas. Although it occurs on the areas exposed to the sun such as face and neck, its occurrence in the perianal region is very rare. Factors contributing to the anatomic distribution are not well known. In this case report, the clinical and histopathological features of a case having BCC at the perianal region are presented.

Keywords: Basal cell carcinoma, perianal region

Özet

Bazal hücreli karsinoma en sık görülen primer deri tümörüdür ve etyolojisinde ultraviyole ışığa maruziyet en önemli nedendir. Tipik olarak güneş maruziyeti olan yüz ve boyun gibi bölgelerde rastlanır, perianal bölge yerleşimi nadirdir. Bunun nedeni yeteri kadar açıklanamamıştır. Bu olgu sunumunda perianal bölgede bazal hücreli kanser saptanan bir olgunun klinik ve histopatolojik özellikleri irdelenmiştir.

Anahtar sözcükler: Bazal hücreli karsinoma, perianal bölge

Introduction

Basal cell carcinoma (BCC), making up about 75% of all non-melonama skin cancers, is the most common type of all the skin cancers (1). It is known that ultraviolet light is the most important factor in its pathogenesis (2). Although it may occur at any region of the body, approximately 85% of all the basal cell carcinomas arise in the

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This article may be cited as: Atabey M, Bostancı ME, Özel İ, Aydın C. Rare localization of basal cell carcinoma to perianal region: a case report. Basic Clin Sci 2015; 4: 111-115. DOI: dx.doi.org/ 10.12808/bcs.v4i2.5000123119. Available from: dergipark.ulakbim.gov.tr/bcs.

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head and neck region (3). It originates in the basal layer of the skin's epidermis. It is not observed on mucosal surfaces (4). Based on its clinical features, basal cell carcinoma is classified as nodular, ulcerative, superficial, sclerosing and pigmented. Treatment modalities for BCC are surgical excision, Mohs' micrographic surgery technique, cryotherapy, laser and photodynamic treatment, curettage, radiotherapy, dermabrasion, chemical peeling and interferon alpha (5). In two third of the cases, BCC occurs at the head and neck region, especially on the nose, around the eyes, cheecks, and eyelids (6,7). The factors affecting the localization of basal cell carcinoma and the way they interact are not clear yet. It is usually seen in advanced ages and very rarely at perianal and perigenital regions that are not exposed to sun

Case

71 old female patient applied to our clinic after getting a biopsy suspicious for basal cell carcinoma at an outer centre. The patient had bleeding with defecation at the perianal region. Her physical examination revealed a 2x2 cm purulent lesion at 3-o'clock direction in the knee-elbow position (Figure 1). Anal examination showed that the lesion was not associated with the anus. The patient underwent an operation for excision. Excision was made at Jack Knife position and fasciocutaneous flaps were reconstructed. No complications were observed during the postoperative period and the patient was discharged on the postoperative 3rd day. Her follow-up visit after a month revealed that the flap was positioned properly and the scar was fully healed (Figure 2). Her pathological results revealed basal cell carcinoma and intact surgical margins (Figure 3).

Figure 1. Preoperative localization of perianal lesion.

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Figure 2: Postoperative image of surgical area.

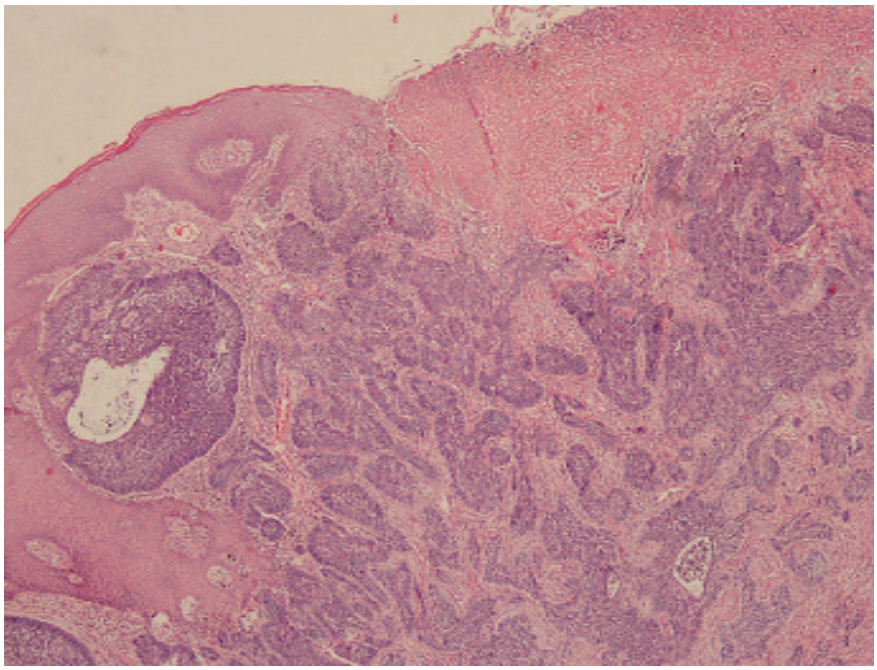

Figure 3. Histopathological image of basal cell carcinoma.

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Discussion

Basal cell carcinoma is very rarely observed in the genital area. Genetic abnormalities such as Xeroderma Pigmentosum increase the risk of basal cell carcinoma. Squamous cell carcinomas and inflammatory and infectious lesions should be taken into consideration in its differential diagnosis. However, in order to prevent a delay in diagnosis, basal cell carcinoma should be kept in mind in patients with genetic abnormalities and in those receiving radiotherapy to pelvic area. Sun damage is not the only factor in BBC development as BCC is rare but may develop on the genital and perinatal skin. Some studies have shown that the frequency of BCC on the face is not directly associated with exposure to cumulative UV light specific to the said region (8). Formerly, it was claimed that the transition zone between skin and mucosa could be playing a facilitating role in tumor development as BCC is seen more in these regions. Perianal region is a similar mucocutaneous region too; however observing less BCC in this area is opposite to the said hypothesis.

Wide local excision is recommended in its treatment. In lesions having clear margins, a 4-5 mm peripheral surgical margin allows a clearance rate of 95%. Patients should be followed-up for at least 3 years in terms of local recurrence and new lesions at other regions (9,10).

In our patient, the defined risk factors were not present. The reason of BCC at perianal region is not known clearly and it is possible that different etiological factors play a role in its occurrence. As a result, basal cell carcinoma should be taken into account in the differential diagnosis of perianal lesions.

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