

Management of Basal Cell Carcinoma over the Face by Skin Graft: A Rare Surgical Approach

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Abstract: Introduction: Basal cell carcinoma (BCC) is the most common cutaneous malignancy that humans acquire in the course of a lifetime (1). It is a malignant skin tumor arising from basal cells of the surface epidermis or external root sheath of the hair follicle. Case Report: 80 year old female farmer by occupation presented with chief complaints of blackish patch over the left lateral side of nose since 2 years. Conclusions: BCC can also be managed with alternative method of split thickness skin graft.

Keywords: Basal cell cancer, face, skin grafting, flap and ultraviolet rays.

1. Introduction

BCC is the most common form of skin cancer. Incidence of BCC is rising rapidly worldwide associated with a significant increases in health care cost . It generally occurs on sun-exposed areas of the body. The incidence of BCC increases with age. Rarely, BCC can arise on areas unexposed to sunlight such as perianal, groin and genital region. Approximately 85% of all BCCs appear in the head and neck region, with only 10% occurring in the torso and trunk (2,3). The etiology of basal cell carcinoma is not known. but lifetime ultraviolet radiation damage is the most important factor in etiopathogenesis [4,5,6] Early diagnosis is the most important factor in the treatment of basal cell carcinoma.

2. Case Report

80 year old female farmer by occupation presented with chief complaints of blackish patch over the left lateral side of nose since 2 years. It was slowly progressive in nature attained the present size of 2 *2 cm over a period of 2 years not associated with pain ,itching ,change in the color of the swelling ,surrounding area was normal ,no venous dilatation(show in the fig 1) .No complaints of similar history in past ,and in any family members, all the investigation were in normal limit.

3. Management

We managed this case with wide excision, negative margins and split thickness skin graft from the arm . the whole surgery hardly took 15 mins ,normally it take more than hours together for flap. We do flap as skin texture of face wont match with other part of skin, but in our case its not so , we cant make out the difference after 3 months .cosmetically well matched with the face.(as show in the fig 2)



Figure 1: Shows lesion over the left lateral side



Figure 2: Shows wide excision of lesion with Skin graft

4. Discussion

Despite its very high prevalence, BCC is generally a low-grade neoplasm. Although it can be locally invasive and destructive, it rarely metastasizes and is readily amenable to excisional management. However, facial BCC is particularly concerning. It is often found in a cosmetically delicate location. It also has one of the highest recurrence rates of any BCC. Therefore, appropriate diagnosis and therapy are essential. basal cell carcinoma of the face is a surgical challenge due to its location, the likelihood of recurrence, and its disseminating pattern.

Fair-skinned, blue-eyed people engaged in outdoor occupations or activities have a higher incidence of these tumours. Ultraviolet light exposure, radiation, arsenic exposure and genetic factors play an important role in the developmental etiology, but in some cases, no cause can be ascribed. Basal Cell Carcinoma (BCC) consists of cells which resemble epidermis basal cells, which gives the reference of keratinocyte tumor [7]. It can also be called as "epitheliomas" because of their low metastatic potential [8]. It is the less aggressive type of skin cancer due to be considered unable to metastasize, except a few of cases reported in the literature [9]. Even though is the less aggressive type of skin cancer, it has high local malignancy due to the aggressive, invasive and destructive power against the skin and its surrounding structures, including bones [10]. Several classifications of BCC have been described in the literature and are in common use in clinical practice today. Four clinical types are generally recognized: superficial, nodular, pigmented and morphea-like or sclerosing.

A biopsy is the most reliable diagnostic modality for BCC. Excision is the treatment of choice for BCC. Mohs micrographic surgery is the therapeutic modality of choice for primary and high-risk facial BCCs.[11] Skin grafting is usually performed when defects are large and unsuitable for primary closure or a local flap. However, skin grafts are less desirable due to the color differences between the donor and recipient sites and scarring. Therefore, in patients with small-to-medium defects, a local flap rather than a skin graft is preferred.[12]

Various local flap methods can be used, the application of which are dependent on skin tissue status and skin defect location.[13] Rotational flaps are used frequently, but although the procedure is straightforward, it has the disadvantages of leaving large elliptical scars, requiring the resection of a large amount of normal skin tissue, and causing anatomical deformities of the adjacent structures. In particular, in younger patients, rotational flaps exert excessive tension on the face, where there is no redundant skin, and leave obvious scars

However, because of the nature of BCC, the tumors may be inadequately excised despite clear margins. Deep tissue excision may also be unnecessary, as the tumor cells are usually very superficial. Successful BCC treatment depends on a high cure rate, good cosmetic results, low treatment costs, and high patient satisfaction.

5. Conclusions

The patient presented in the present case report with the blackish patch, with no ulceration on the face. The pathology demonstrated a deeply infiltrative and aggressive BCC. Excision was performed with negative tumor margins and skin graft from the arm. There has been no tumor recurrence 3 months postoperatively. Due to the aggressive potential for these types of tumors, excision with histological confirmation of the margins is the recommended approach to treatment. most commonly treated by wide excision with negative margins with flap. But in our case we have managed the same with split thickness skin graft.

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