Letter to the Editor

Giant basal cell carcinoma

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Sir,

We report a 65-year-old man who was evaluated for a large cutaneous tumor which was neglected by the patient. There was no history of arsenic exposure or to X-radiation. On physical examination, he had a large vegetating tumor with a wide central ulceration and pigmented border measuring 10x7 cm and located on his lower left abdomen (Fig. 1). A dermoscopy of the lesion revealed arborizing telangiectasia and ovoid nests (Fig. 2). A skin biopsy of the tumor was performed revealing large tumor nests with a smooth palisaded borderconsistent with nodularbasal cell carcinoma. Hence, giant basal cell carcinoma was confirmed and the patient underwent computed tomography scans which didn't reveal any metastases. He had a wide local resection of the tumor and is now free of the disease.

Figure 1: Large vegetating tumor with a wide central ulceration and pigmented border measuring 10x7 cm located on his lower left abdomen.

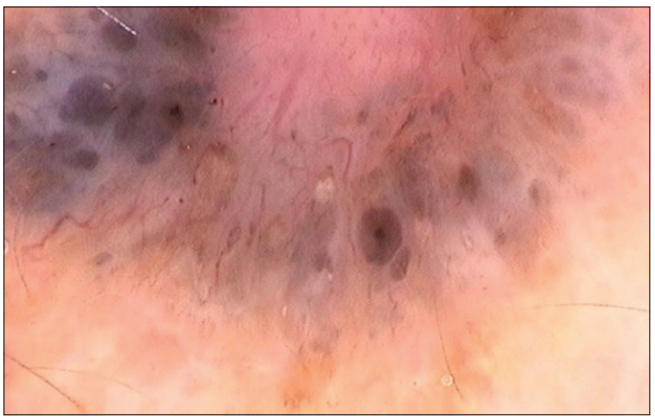

Figure 2: Arborizing telangiectasia and ovoid nests (Foto Finder, FotoFinder Systems GmbH, Bad Birnbach, Germany; original magnification: ×50).

Giant basal cell carcinoma (BCC) is a rare and agressive variant of basal cell carcinoma which is the most common skin cancer in humans [1-4]. It occurs mainly on the sun shielded trunk.Giant basal cell carcinoma is defined by the American joint committee on cancer as a tumor larger than 10 cm in diameter [1]. Only 1% of all basal cell carcinomas achieve this size. This case is being reported since basal cell carcinoma in our case was giant and located on the trunk. Only 10% of all basal cell carcinomas are located on the trunk and 80 to 85% occur on the head and neck. Neglect is responsible for one third of the case of giant basal cell carcf. Some authors have suggested that Giant basal cell carcinoma is cigarette smoking-related in more than 50% of the cases [5].Giant BCC could sometimes show an aggressive behavior [6-7]. Giant BCC is a rare variant that infiltrated dermis and frequently involves extradermal structures [6]. They may lead to metastasis and death. Metastatic location includes regional lymph nodes, bones, liver and lungs [1]. Metastasis appears 9 year after the diagnosis of Giant BCC and the survival period is less than 1 year [5]. Giant BCC should be treated aggressively and closely monitored. Treatment relies mainly on surgery with wide local excision usually followed by reconstruction with skin grafts or free flaps [6].

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Giant BCC is rarely reported in the literature. It is mainly located on the trunk. Treatment relies mainly on surgery.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

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