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Association Between Basal Cell Carcinoma and Mycosis Fongoide in The Same Patient

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Abstract: The association between fungoid mycosis and the development of a secondary tumor has been described in the literature. Cancer sites that have shown increased incidence among BCSC patients include skin (melanoma and other forms), lips, salivary glands, pharynx, larynx, lung, breast, cervix, prostate, testis, kidney, bladder, thyroid, non-Hodgkin's lymphoma, and leukemia. We report a case of an 70-year-old patient with an association between basal cell carcinoma and mycosis fungoid which remains very rare.
Keywords: Basal cell carcinoma, mycosis fongoide, association
Abreviations: CTCL (cutaneous T cell lymphoma), BCSC (basal cell skin carcinoma).

INTRODUCTION

Persons with basal cell skin cancer (BCSC) have been found in some, but not all studies to be at higher risk of developing other forms of cancer. Cancer sites that have shown increased incidence among BCSC patients include skin (melanoma and other forms), lips, salivary glands, pharynx, larynx, lung, breast, cervix, prostate, testis, kidney, bladder, thyroid, non-Hodgkin's lymphoma, and leukemia [1]. We report a case of an 70-year-old patient with an association between basal cell carcinoma and mycosis fongoide.

CASE REPORT

A 70-year-old patient with antecedent of a late latent syphilis treated with Extencillin, who for 2 years, has had erythematous lesions in the lower limbs associated with a mass in the helix of the right ear. The dermatological examination showed the presence of several erythematous plaques, the largest being 8 cm long axis very infiltrated sitting on the inner face of the two thighs, popliteal hollows and the anterior surface of both legs [Fig 2] with body surface reached estimated at 15%, an ulcerated tumor at the level of the right helix, well limited with irregular border, dermoscopy showed a central ulceration, telangiectasia. The rest of the somatic examination is without particularity. The patient underwent 2 skin biopsies, the first one at the level of the plaques returned in favor of a fungoid mycosis [Fig 1], and the 2nd at the level of the tumor returned in favor of an infiltrating nodular basal cell carcinoma [Fig 4]. The patient was initially treated with very strong class of dermocorticoids for the plates, then PUVA therapy after basal cell carcinoma exeresis.

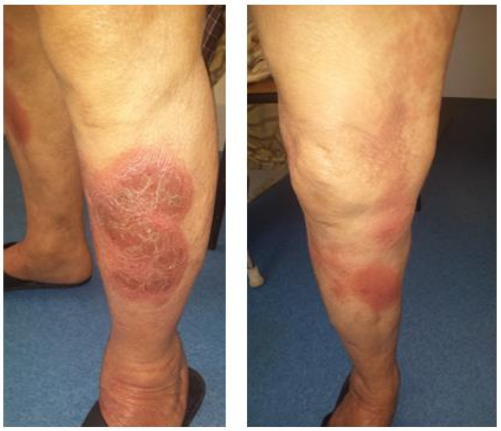

Fig-1,2: Diffuse several erythematous plaques very infiltrated sitting on the anterior surface of both legs

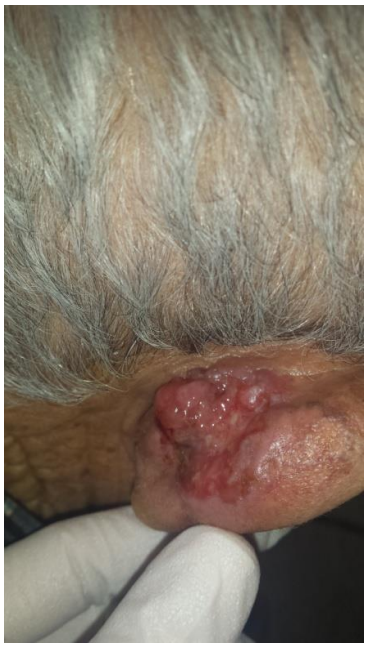

Fig-3: An ulcerated tumor at the level of the helix

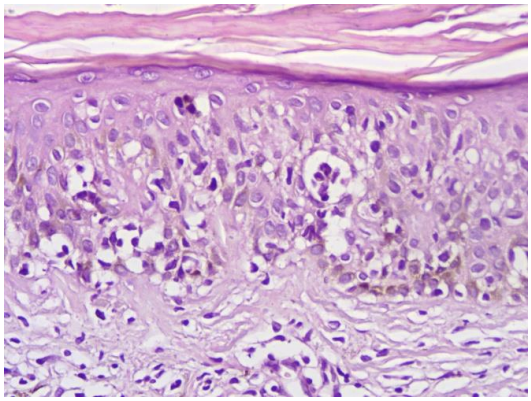

Fig-A: Tumor proliferation made of massive and trabeculae infiltrating the hypodermis. The tumor cells are basaloid, with little atypical nuclei separated by retraction slits

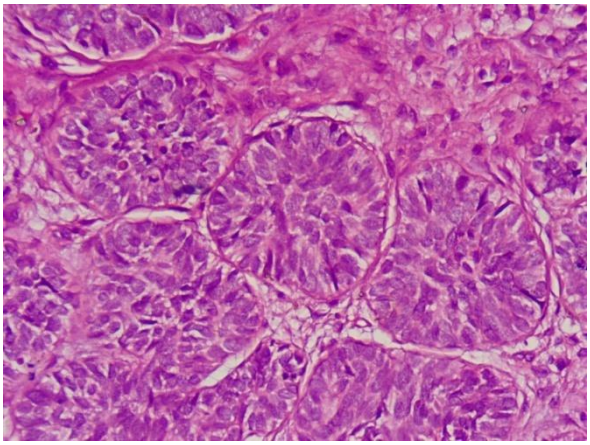

Fig-B: tumor proliferation made of massive and trabeculae infiltrating the hypodermis. The tumor cells are basaloid, with little atypical nuclei separated by retraction slits

DISCUSSION

The association between fungoid mycosis and the development of a secondary tumor has been described in the literature, according to a study conducted in Finland by Liisa Väkevä *et al*. [2] found first squamous cell carcinoma of the lung, Hodgkin's

lymphoma and non-Hodgkin's lymphoma., breast and stomach cancer and very rarely we find the association with non-melanocytic skin tumors especially with basal cell carcinoma as described in our case.

Cumulative exposure to UV radiation is know to be a risk factor for the developement of basal cell skin carcinoma and spinocellulare carcinoma. CTCL patients are often advised to sunbathe during summer. A study on p53 gene in patients with CTCL, showed a similar mutation spectrum in CTCL that is characteristic of DNA damage caused by UVB radiation [3] Which have been found in association with an increased risk of BCSC, on the other hand [4], this may reflect a multifactorial etiology of CTCL or perhaps an underlying p53 gene polymorphism.

CONCLUSION

The association of BCSC with other skin cancers as well as new BCSCs has led to clinical recommendations that BCSC patients have regular follow-up skin examinations [1]. The positive associations of BCSC with other skin cancers tend to be modest and, so far, are unexplained. Thus, it is not cleart hat the benefits,if any, to BCSC patients of giving them greater attention to the prevention and early detection of other cancers.

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