

Basal Cell Carcinoma on Forearm- A Rare Presentation: A Case Report

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Abstract

Case Report

Basal cell carcinoma is a type of skin cancer. IT begins in the basal cells — a type of cell within the skin that produces new skin cells as old ones die off. BCC often appears as a slightly transparent bump on the skin. Basal cell carcinoma occurs most often on areas of the skin that are exposed to the sun, such as your head and neck. Most basal cell carcinomas are thought to be caused by long-term exposure to ultraviolet (UV) radiation from sunlight. Avoiding the sun and using sunscreen may help protect against basal cell carcinoma.

Keywords: Basal Cell, Carcinoma, Skin Malignancy, Photo Exposed Areas.

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INTRODUCTION

Basal cell carcinoma (BCC) is the most common type of skin malignancy with slow growth and low metastatic potential [1]. Preferentially localized on photo exposed areas like face, head and neck [2]. In our case we found it on posterior-lateral side of forearm which is a rare entity.

CASE SUMMARY

50 years male presented to our OPD with superficial spreading ulcer over the posterior-lateral

aspect of left forearm for 12 years currently 5 x 4 cm in size (Figure 1). Lesion was slow in growth and not associated with pain or discharge. Patient is a car engine mechanic by occupation which involves continues exposure to petrochemicals agents like petrol and diesel. We did excision of the BCC with 4 mm margins and did the coverage in the same sitting with split thickness skin grafting from the left thigh (Figure 2). Post op graft take was 100%. HPE was suggestive of Basal cell carcinoma with free margins. IHC tumour markers were also done which showed - MOC 31 positive.



Figure 1: Image showing lesion over the forearm

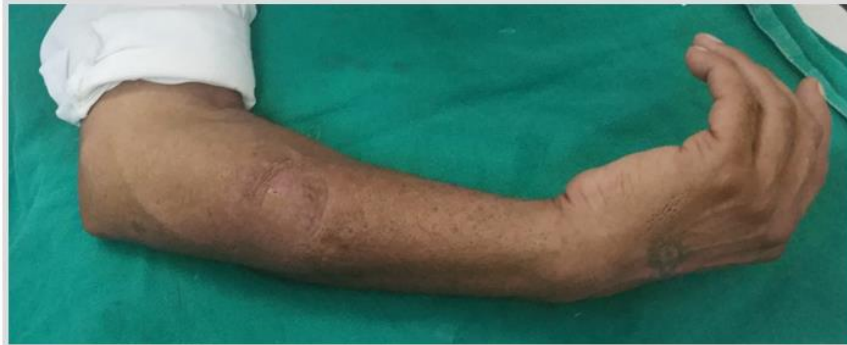


Figure 2: Image showing results after excision and skin graft

DISCUSSION

Basal cell carcinoma (BCC) is commonly found on face, head and neck, amounting to 83% of the total. The lesions on the trunk comprised 10%. The extremities account for 7% of the lesions, with upper limbs only 5% [2]. Small studies had reported the BCC on other sites for rare presentations are -The perineal, nipple, vulvar lesions, perianal and as an external hemorrhoids [3-6]. The occurrence of BCC has also been noted in sites of thermal burn [7]. Superficial forms of BCC are more frequently seen on the trunk and nodular, infiltrative, and sclerodermiform types on the head and neck [8]. Lombardia M *et al.*, in their study found the superficial form of BCC over limbs [9]. Exposures to dry cleaning fluids, fiberglass dust, and luminous paint were found statistically significant as causative agents for the BCC by Gallagher RP *et al.*, [10]. In this case there is petrochemical exposure, which is likely to be causative, but has not been documented.

CONCLUSION

Common sites of BCC are over head and neck regions and rarely over the limbs. The morphology of the BCC over head and neck region and limbs are also different. Main differential for the BCC is Squamous cell carcinoma which is more aggressive in growth and having more metastatic potential than BCC. Petrochemical agents can as causative agent for BCC but no enough studies have been done for it.

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