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**Dermatology**

# Basosquamous Carcinoma: A Rare Entity Clinical and Dermoscopic Aspects

H. Hassan[1*], A. Moussa[1], M. El Amraoui[1], R. Frikh[1], N. Hjira[1]

[1]Dermatology Department, Mohammed V Military Instruction Hospital, Rabat

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***Corresponding author:** H. Hassan
Dermatology Department, Mohammed V Military Instruction Hospital, Rabat

**Abstract** | **Case Report**

Basosquamous carcinoma (BSC) is a rare and aggressive cutaneous cancer with an increased risk of recurrence and metastasis. There are no specific clinical presentations of BSC, and the diagnosis is only made after biopsy. We report a case of histologically confirmed basosquamous carcinoma. We Report: A 70-year-old female patient with a personal history of treated nasopharyngeal tumor presented with a two-year history of a linear, ulcerated, bleeding-on-contact lesion on her face. A biopsy was performed, and histology revealed a tumor with mixed features of basal cell carcinoma combined with an area of squamous cell carcinoma, consistent with the morphological appearance of basosquamous carcinoma.

**Keywords**: Basosquamous carcinoma, Basal cell carcinoma, Squamous cell carcinoma, Cutaneous cancer, Metastasis.



## INTRODUCTION

Basosquamous carcinoma is a tumor that appears to combine the histological characteristics of both basal cell carcinoma and squamous cell carcinoma. Most lesions referred to as basosquamous carcinoma are either keratotic variants of basal cell carcinoma or the basaloid variant of squamous cell carcinoma [1]. Aggressive and infiltrative, it is characterized by its multiple recurrences and a high risk of metastasis. Most BSCs are located on the head and neck, and bone metastases have been reported [2]. We describe a case of basosquamous carcinoma of the face, including its clinical and dermoscopic features.

## CASE REPORT

A 70-year-old female patient with a personal history of treated nasopharyngeal tumor presented with a two-year history of a progressively enlarging, bleeding-on-contact lesion on her face. Examination revealed a well-demarcated, linear, erythematous, ulcerated lesion located in the central part of the forehead, measuring 2 cm in length (Figure 1).

**Figure 1: Linear, ulcerated lesion on the mid-forehead**

Dermoscopy revealed a large, red erosive area with a central milky-red area and accentuated peripheral scales forming a collarette, along with arborizing vessels located at the periphery (Figure 2).

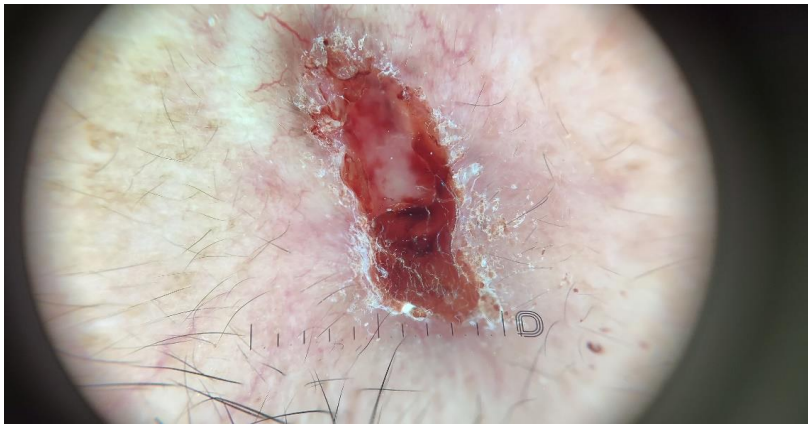
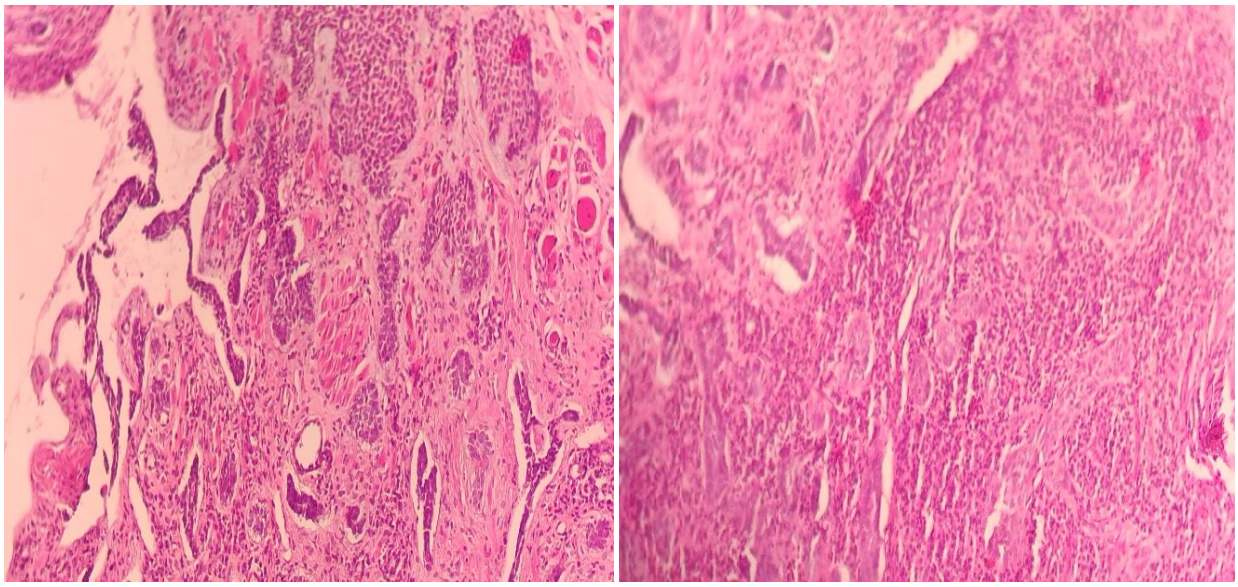


**Figure 2: Dermoscopic appearance showing peripheral arborizing vessels, scales forming a collarette, and a central milky-red area**

A biopsy was performed, and histology revealed a tumor with mixed features of basal cell carcinoma associated with an area of squamous cell carcinoma, consistent with the morphological appearance of basosquamous carcinoma (Figure 3 A, B). The extension workup was negative. The patient underwent surgical excision with clear margins and showed no recurrence at 6-month follow-up.



**A** **B**

**Figure 3: Histology: Basosquamous carcinoma with a basal cell carcinoma component (A) and a keratinizing squamous cell carcinoma component (B)**

## DISCUSSION

Basosquamous carcinoma (BSC), a rare non-melanocytic skin cancer, was initially defined in the early 20th century as a tumor with histomorphological features intermediate between basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). BSC is also referred to as metatypical basal cell carcinoma. Over time, some authors separate BSC from metatypical carcinoma. Currently, BSC is recognized as a subtype of basal cell carcinoma with aggressive behavior and a higher tendency for recurrence and metastasis.

The incidence of BSC ranges between 1.7% and 2.7% [4]. Published recurrence rates are 12% to 51% for surgical excision and 4% for Mohs micrographic surgery. The incidence of metastasis is at least 5%. BSC has a non-specific clinical presentation. It is a slow-growing tumor that is indistinguishable from SCC or BCC due to its macroscopic appearance. The majority of lesions are located on the head and neck (80%), with the central face and perinasal regions being the most frequent sites (30%). However, the tumor can also appear on the neck, trunk, and extremities.

BSC also appears to have dermoscopic features that overlap with both BCC and invasive SCC. The most common dermoscopic features of BSC include non-focused arborizing vessels, typically located at the periphery of the tumors, as well as keratin masses, whitish structureless areas, superficial scales, ulcerations, or blood crusts [4]. Deep biopsy with histological examination remains the gold standard diagnostic method for BSC. Histologically, BSC is defined as a neoplasm containing three different areas: a BCC area, a SCC area, and a transition zone between them [4]. Early and adequate surgical treatment of BSC is mandatory.

## CONCLUSION

Basosquamous carcinoma is a rare, infiltrative growing subtype of basal cell carcinoma. It carries a high risk of local recurrence and metastasis. The definitive diagnosis relies on histology. There is no consensus on the management of basosquamous carcinoma, but surgical approaches, particularly wide excision and Mohs micrographic surgery, are favored by many clinicians.

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