

Pigmented Periorbital Basal Cell Carcinoma

Chaoui R*, El Kadiri S, Rasso A, Douhi Z, Elloudi S, Baybay H and Mernissi FZ

Department of Dermatology, University Hospital Hassan II, Fez, Morocco

*Corresponding author: Chaoui Rhizlane, Department of Dermatology, University Hospital Hassan II, Fez, Morocco, Tel: 212675222761; Email: chaoui.rhizlane@gmail.com

Received Date: January 03, 2020; Published Date: January 18, 2020

Abstract

Basal cell carcinoma (BCC) is the most common malignancy. Pigmented BCC occurs more commonly on head and neck than trunk and extremities in Asians people. We report a case of Pigmented periorbital Basal Cell Carcinoma in 80-year old man.

Keywords: Dermoscopy; Periorbital

Abbreviations: BCC : Basal Cell Carcinoma; CT: Computed tomography; SK: Seborrhoeic Keratosis.

Case Report

A 80-year old man, without significant pathological history, noted a pigmented lesion of the right upper eyelid to be present for 10 years extending progressively to the right medial canthal. Clinical examination revealed multiples nodules and

plaques with characteristic pearly surface and pigmented areas on the right upper eyelid and extending to the lower eyelid and medial canthal. Ocular motility was normal and no ptosis was noted. Dermoscopy of the lesion showed erosion with large blue-gray ovoid nests and arborizing vessels (Figures 1 & 2). No palpable lymphadenopathy was noted. Finally, clinical and dermoscopic features were suggestive of pigmented basal cell carcinoma. Computed tomography (CT) with bone windows was normal.

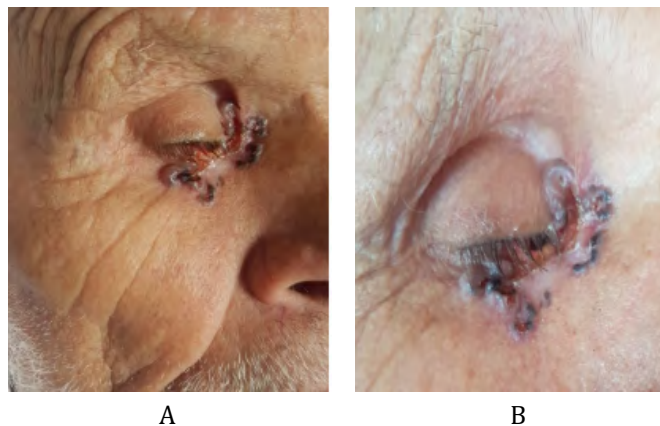
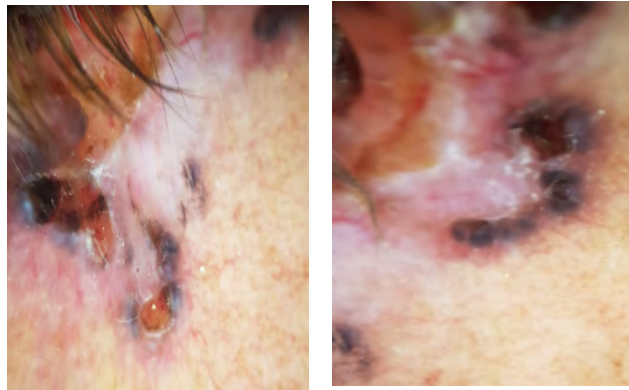


Figure 1: A, B: Multiples nodules and plaques with characteristic pearly surface and pigmented areas on the right upper eyelid and extending to the lower eyelid and medial canthal.



A B
Figure 2: Dermoscopy showing:

A: Erosion (blue arrow) with large blue-gray ovoid nests (yellow arrow).
B: Arborizing vessels (red arrow) with large blue-gray ovoid nests (yellow arrow).

Then the patient was referred to the ophthalmology department for evaluation for surgical intervention.

Discussion

Basal cell carcinoma (BCC) is the most common malignancy, mainly affects sun-exposed areas of elderly people. It is locally aggressive and results rarely in metastasis. There are three subtypes of BCC, nodular, superficial, and morpheaform. On physical examination, BCC appears as a pink to red, pearly, and shiny, plaque or tumor with a rolled border and arborizing telangiectasias. Occasionally, variable amounts of melanin may be present within this tumor, which is often referred to as pigmented BCC make it indistinguishable clinically from other pigmented skin tumors such as seborrheic keratosis (SK), melanocytic naevus and melanoma. Pigmented BCC occurs more commonly on head and neck than trunk and extremities in Asians people. Dermoscopy is a non-invasive tool that helps to make the diagnosis of pigmented BCC. Dermoscopic features of pigmented BCC include large blue-gray ovoid nests and blue-gray globules, in-focus blue-gray dots, concentric structures, short fine telangiectasia, arborizing vessels, erosion/ulceration [1-5].

Basal cell carcinoma (BCC) is the most common malignant periocular tumor, accounting for 90% of eyelid malignancies, which management remains difficult and challenging and requires a multidisciplinary approach incorporating ophthalmology, oculoplastics, radiation oncology, dermatology and with the advent of targeted therapy, opinions from medical oncology may also prove beneficial

[6].

References

1. Alexander G, Marzuka, Samuel E, Book (2015) Basal Cell Carcinoma: Pathogenesis, Epidemiology, Clinical Features, Diagnosis, Histopathology, and Management. *Yale J Biol Med* 88(2): 167-179.
2. Maloney ME, Jones DB, Sexton FM (1992) Pigmented basal cell carcinoma: investigation of 70 cases. *J Am Acad Dermatol* 27(1): 74-78.
3. Chuah SY, Tee SI, Tan WP, Lee SS J, Ng S K, et al. (2015) Reflectance confocal microscopy is a useful non-invasive tool in the in vivo diagnosis of pigmented basal cell carcinoma in Asians. *Australas J Dermatol* 58(2): 130-134.
4. Tan ES, Ee M, Shen L, Chua H, Chan YH, et al. (2015) Basal cell carcinoma in Singapore: a prospective study on epidemiology and clinicopathological characteristics with a secondary comparative analysis between Singaporean Chinese and Caucasian patients. *Australas J Dermatol* 56(3): 175-179.
5. Takahashi A, Hara H, Aikawa M, Ochiai T (2015) Dermoscopic features of small size pigmented basal cell carcinomas. *J Dermatol* 43(5): 543-546.
6. Sun MT, Wu A, Figueira E, Huilgol S, Selva D (2015) Management of periocular basal cell carcinoma with orbital invasion. *Future Oncol* 11(22): 3003-3010.