



# **Trebrant Basal Cell Carcinoma**

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#### Abstract

BCC are the most common cancers but with the lowest mortality, they are often diagnosed at a stage where they are curable. Terebrant BCC is an uncommon form of BCC, it is an invasive form with the potential to invade the muscle and bone structures underlying the skin, but has a low metastatic capacity at a distance, its quick evolution and making surgical excision delicate and dilapidated.

Keywords: Dermoscopy; Pyogenic; Pigmentation

Abreviations: BCC : Basal Cell Carcinoma.

## Introduction

Basal cell carcinoma is an epithelial tumor developed at the expense of epidermal tissue, localized only on the skin, very common and of local malignancy. Terebrant BCC is one of the most invasive forms, they are rare, but underestimated, we elucidate through this observation to a case of terebrant BCC of the ear.

## **Case Report**

we received a 72 year old woman, without known defects, with chronic sun exposure, who consults for a lesion of the left ear evolving since 4 years, following a lesion at the level of the canthus, she is ainless but weeping and bleeding on contact, and not improving with topical treatment the examination had objectified a polylobed violet erythematous tumour, pigmented in places, and ulcerated by others, aking the tragus the concha and invading the external auditory canal in total, with pus originating from pus with extension to the peri and retro-auricular skin, dermoscopy had shown an erythematous background, Shiny white blotches and strands, linear irregular vascularization, areas of pigmentation areas of pigmentation, ulcerations and hemorrhagic and yellowish crusts. The rest of the exam was normal, notably no palpable lymphadenopathy or parotid hypertrophy. The biopsy confirmed the diagnosis of BCC. The evaluation of staging did not objectify any bone invasion, and the treatment was a wide surgical excision with safety margins down to the bone.

## Discussion

Basal cell carcinoma (BCC) is the most common cutaneous malignancy and the most common human malignancy in general. Clinical variants of BCC include nodular, superficial, pigmented, morpheaform, cystic, metatypical types and fibroepithelioma of Pinkus. Terbrant BCC (from "ulcus terebrans" rapid mutilation ulcer) is a rare type of carcinoma, accounting for less than 1% of all cases of BCC. This type of carcinoma that has a great invasiveness in the bone structure, the recommended treatment is surgery [1-6]. The role of early diagnosis and management, allowing a curative and radical treatment is to avoid mutilating and sometimes inoperable forms of the disease.

## Conclusion

A terebrant BCC is an invasive CBC, it must be recognized as an early diagnosis for better managment.



**Figure 1:** Burgeoning ulcerative tumour taking the concha of the left ear and the external auditory canal, with extension to the peri-aureolar part.



**Figure 2:** Dermoscopy had shown an erythematous background, Shiny white blotches and strands, linear irregular vascularization, areas of pigmentation, ulcerations, and hemorrhagic and yellowish crusts.

#### References

- 1. El-Azhari J, Boui M (2008) [Terebrant basal cell carcinoma]. Pan Af Med J 30: 300.
- Enache AO, Pătraşcu V, Simionescu CE, Ciurea R, Văduva A, et al. (2019) Dermoscopy Patterns and Histopathological Findings in Nodular Basal Cell Carcinoma-Study on 68 Cases. Curr Health Sci J 45(1): 116-122.
- Stoica LE, Georgescu CV, Pătraşcu V, Radu CC, Tolea I, et al. (2009) Basal Cell Carcinomas – Clinical-Evolutional and Histopahotologic Aspects. Curr Health Sci J 35(4): 228-233.
- 4. Gurgas L, Hangan T, Chirilã S, Rosoiu N (2017) Analysis methods of treatment as recurrent factor of basal cell carcinomas 2: 51.
- 5. Benkirane S, Bennani M, Ziani J, Douhi Z, Elloudi S, et al. (2019) Terebrant basal cell carcinoma. Clin Image 11(5): 55.
- 6. Nakayama M, Tabuchi K, Nakamura Y, Hara A (2011) Basal Cell Carcinoma of the Head and Neck. J Skin Cancer 2011: 9.