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RESEARCH ARTICLE

BASAL CELL CARCINOMA WITH LYMPH NODE METASTASIS A CASE REPORT AND REVIEW OF LITERATURE

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Abstract

Basal cell carcinoma (BCC) is the most common skin cancer. Metastatic BCC is rare (0,0028% to 0,5%), with a very poor prognosis, survival rates of 3 years, in cases of locoregional lymphatic metastases,is estimated at 8 months. For this form of basal cell carcinoma,treatment is based on surgery and radiotherapy, chemotherapy bye Platinum-based or the inhibitors of the Hedgehog vismodegibcan be used for non-operative patients. We report a case of a 41 years old male man who suffered from BCC on his right cheek with lymph node metastases.

Introduction:-

Basal cell carcinoma (BCC) of the skin is the most common human cancer,itaccounts for about 80% of all nonmelanoma skin tumors, characteristically arising in areas of the body exposed to the sun, its most common location is the head and neck, and it is characterized by slow, locally aggressive growth.

It can induce extensive and lethal local tissue destruction; formation of metastases is very rare. Metastasis frequency is estimated to range from 0.0028% to 0.5%.[1,2].

We would like to present an additional case of metastatic BCC in a young male patient.

Case report:
A 41 years old male patient, with a history of A basal cell carcinoma on the right cheek for 9 years, having performed one previous excision in 2014.

The patient presented with local recurrence. He had no comorbidities, but a 30years history of cigarette smokingand history of sun exposer with no protection in youth.

The local examination showed anulceroinfiltrativelesion withbeaded border of 10/8cm in the right cheek extending to the retro auricular area,fixed in relation to the deep and superficial plane communicating with the oral cavity through an orificeof 10mm, with insensitivity of V3 territory and reduced mobility with signs of peripheral facial palsy, with palpable cervical masses in the right neck. (Figure 1).

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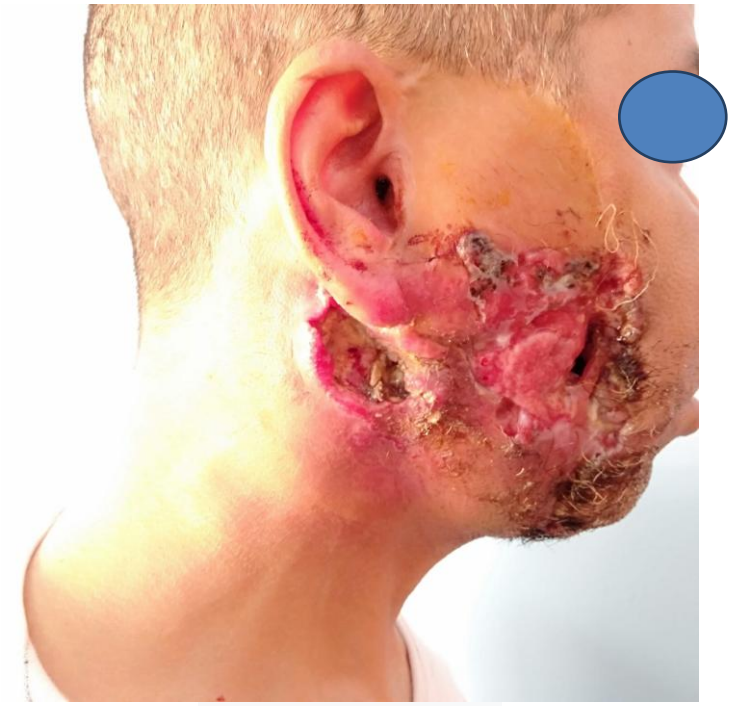

Figure 1:- the tumor aspect.

Cervical and facial CT scan skin showed thickening of the right face infiltrating the masseter muscle, the parotid region with lymph nodes of the territory I and V (3-8mm) without associated bone lysis, liquidlesion of the wall of the left maxillary sinus. (figure2)

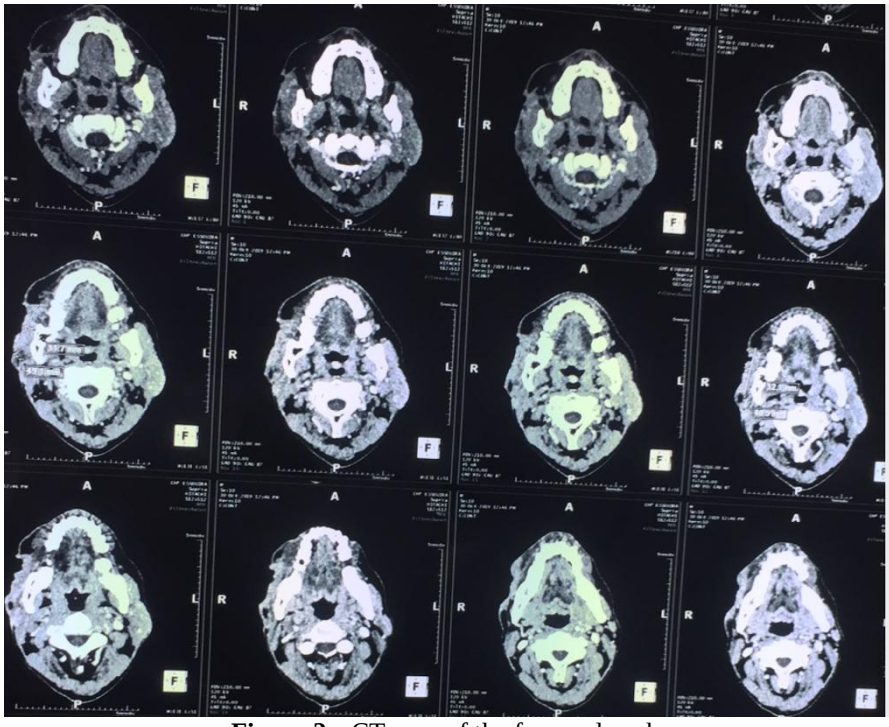

Figure 2:- CT scan of the face and neck.

The biopsytalked about an morphological appearance compatible with acute suppurative remodeling against a background of infiltrating basal cell carcinoma.

The patient opted for surgical treatment.

The surgery consisted on transfixing excision of the tumor with 1cm margin takin 5/3cm of oral mucosa, parotidectomy and right neck dissection, the reconstruction of the mucosal plane was made by the oral mucosa taken from the contralateral sideand the skin covering was made with a deltopectoral flap (figure3,4,5).

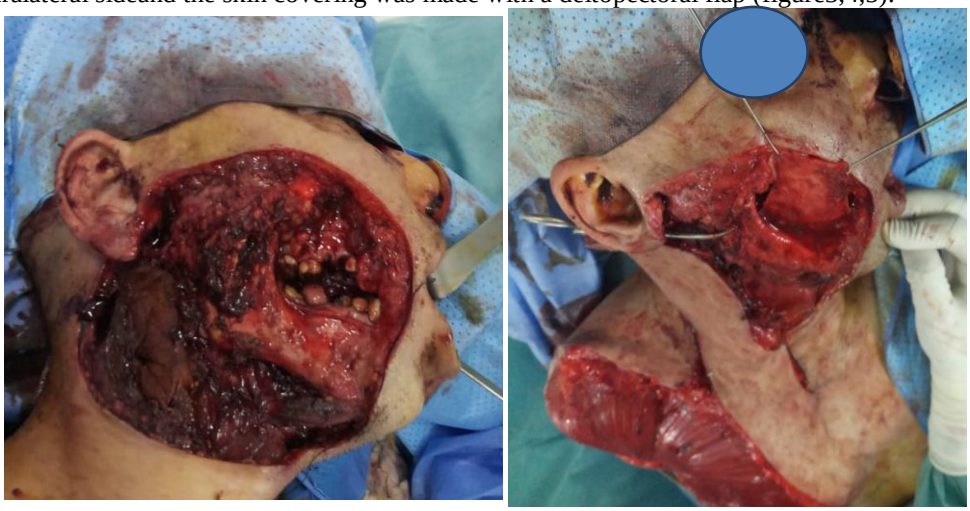

Figure 3:- operative aspect.

Figure 4:- Deltopectoral flap.

Figure 5:- postoperative aspect.

Anatomopathological study confirms the diagnosis of infiltrating basal cell carcinoma, with 8mm for the closest margin with two lymph nodes metastasis. Posteriorly, he was subjected to adjuvant radiotherapy, operated in march 2020 after covid the patient was lost view.

Discussion:-

Basal cell carcinoma (BCC) is the most commonly diagnosed skin cancer, but metastatic BCC is veryrare. Metastatic BCC was first described by Beadles in 1894 [1,2,3]. In 1951, Lattes and Kessler provided narrow criteria for the definition of true metastatic BCC cases [2,4]. Less than 400 cases of true metastatic BCCs have been described till 2018 [1,3].

Metastatic BCC has a poor prognosis with mean survival rates of 3 years in cases of locoregional lymphatic metastases and of 8 months in patients with distant metastases. Large primary tumors, invasion of blood vessels or of perineural spaces, location in the head and neck region, multiple recurring or primary tumors, condition after radiotherapy, immunosuppression, and fair skin as well as male gender have been described as risk factors for developing a metastatic BCC [5,6].

The relationship between the size of the primary tumor and the development of metastases is described: lesions smaller than 3 cm with an incidence of 2%, lesions up to 5 cm with 25%, and tumors greater than 10 cm with 50% [2,7] the mean size of the tumor of our patient is 10/8cm.

According to the literature, the most frequent histological variants are infiltrative, corresponding to 41%, followed by sclerosing, micronodular, and basosquamous/metatypical cell carcinomas [2,5,8,].

The pathways of tumor dissemination described are lymphatic or hematogenic, with the most common site of metastases being lymph nodes, followed by the lungs [2].

The treatment of metastatic BCC is generaly based on surgery and radiotherapy. Platinum-based chemotherapy also showed a favorable response. From 2012 onwards, the inhibitors of the Hedgehog signaling pathway, the first specific therapeutic modality, emerged as an option for patients not candidates for surgery or radiotherapy. They are associated with a high rate of adverse events and low tolerability(Muscle spasm, alopecia, dysgeusia, weight loss, and fatigue). The response rates of these new therapeutic modalities for metastatic disease vary between 37% and 15%, thus remaining the restricted prognosis [2,9,10].

Conclusion:-

basal cell carcinoma is the most frequent skin tumor;however, its metastatic form remains rare and has a very poor prognosis, in our case a long-term follow-up could not take placebecause of the covid pandemic our patient was lost of view.

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