A Rare Case of Basal Cell Carcinoma in a Non-Sun-Exposed Area: Case Report

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ABSTRACT

Introduction: Basal cell carcinoma is one of the most common carcinomas affecting mainly the sun-exposed areas, seen much more commonly in the Caucasian population across the world. Its occurrence in the Indian population is known, and in the Kashmiri population in particular, a variant of BCC (basal cell carcinoma), the “Kangri Cancer” is known to occur.

Case report: The occurrence of BCC in the Asian population, at a non-exposed site is rare and hence we present a case of a 50-year-old female patient with a 5-year-old lesion in the axilla that was diagnosed as BCC (basal cell carcinoma).

Conclusion: This case is to emphasize that dermatologists should keep in consideration the diagnosis of basal cell carcinoma in such lesions occurring in any patient population.

Keywords: Basal Cell Carcinoma, Non-Sun-Exposed Area

INTRODUCTION

Basal cell carcinoma (BCC) is the most common cutaneous malignancy and accounts for approximately 80% of all nonmelanoma. Skin cancers2 It has been attributed to be most prevalent cancer type among white-skinned populations worldwide and particularly in industrialized Western societies.2 It is uncommon in Asians (non-Indian population originating in Asia) and Black African races.3 These tumors typically arise in sun-exposed areas; rarely, they occur in nonexposed areas and have been found on the trunk, genitals, nails, axilla, nipple, or sole of the foot.4 5 BCC is caused by various factors including exposure to excessive actinic, ionizing and, ultraviolet (UV) radiation and these are accepted as most important causal factors.

Other causative factors are exposure to chemical carcinogens, and possibly infection with human papilloma viruses, ethnic differences, type of skin, chronic irritation, chronic inflammation, burns, skin lesions, immunologic, and genetic factors.6 7 Kangri cancer, an a variant of skin cancer is seen in India in Kashmiri population who use khangri inextreme cold to keep their body warm.8 Although these cancers rarely metastasize, basal cell carcinomas can invade nearby structures. Therefore, early recognition is critical to optimize outcomes.9 Hence we report a case of BCC in a female patient of Asian population, arising in a non-sun-exposed area such that BCC is kept as a differential in a chronic non-healing lesion even if it arises in atypical sites in atypical populations.

CASE REPORT

A 50 year old female patient, presented to the Out Patient Department of Dermatology SKIMS MC-H Bemina with a cutaneous lesion in her left axilla since the past 5 years. The patient had no other co-morbidity as such and did not have any history of trauma, injury or radiation exposure to the site. The patient first noticed a small raised lesion in her axilla 5 years back. It was asymptomatic and did not trouble the patient and hence she did not consult any medical practitioner for the same. Since the past 1-2 years she noticed increase in size in the lesion and slight pain and discomfort while dressing or rubbing against the lesion. On examination, the patient had a well defined, hyper pigmented (purplish-brown) plaque measuring about 2cm and 1cm in horizontal dimensions with rolled out edges. It was non tender and freely mobile from underlying structures (fig-1,2,3).

A wide excision was performed with 1cm free margins and the specimen was sent for histopathology. Dermoscopic examination showed blue-grey ovoid plaque measuring about 2cm and 1cm in horizontal dimensions with rolled out edges. It was non tender and freely mobile from underlying structures (fig-1,2,3).

DISCUSSION

Basal cell carcinoma is a rare cutaneous malignancy in India and in black population and its occurrence has been reported in dark skinned population as 1-2% and Australia has been reported to bear highest rate of basal cell carcinoma in the word.10 BCC is preferably located in the upper two thirds of the face, and the nose is affected in 25-30% of cases.11 It can have diverse histological features, including the presence of pigment and mucin.12 Usually, there is agreement in considering certain locations of BCC as unusual, which include breasts, periungueal region, palms, soles, glutei and...
in diagnosis is common and likely due to multiple factors, including (1) patient delay in presentation for what they might consider trivial irritation; (2) misdiagnosis of BCC for inflammatory, allergic, or infectious skin lesions; (3) rarity of BCC in sun-protected areas; (4) diversity of macroscopic appearance, ranging from erythematous papules and patches to nodules, plaques, and ulcers, mimicking other more common per anal lesions in the differential diagnoses of a per anal mass (Table 1); and (5) in dark skinned people, BCC may be pigmented and mistaken for malignant melanoma[9]. Long-term follow-up includes monitoring for BCC in other sites, as patients who have had one BCC may have as much as a 50% risk of developing a second primary BCC within 5 years.18

CONCLUSION

This case of BCC, superficial multifocal type occurring at a rare site (axilla) in a patient of Asian ethnicity was reported to emphasize that we as dermatologists should keep in consideration the diagnosis of basal cell carcinoma in such lesions occurring in any patient population, even in the atypical non sun-exposed areas of skin.

REFERENCES

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