

Management of Giant Basal Cell Carcinoma of the Ear Pinna: A Case Report



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Abstract

Basal cell carcinoma (BCC) is the most common skin cancer. The important challenge is removing all tumor cells to avoid recurrence because recurrent tumor is more difficult to cure. A 75-year-old man presented with a giant lesion destroying completely the left ear pinna. lesion proved by punch biopsy to be BCC. After an informed consent form was signed by the patient, under general anesthesia, a complete removal of the ear pinna with metaplastic was performed. Histopathological examination confirmed the diagnosis of BCC.

Introduction

Basal cell carcinoma (BCC) is by far the most prevalent skin cancer. Eighty percent of BCC affect the facial skin, accounting approximately for 70% of all skin malignancies. BCC usually grows only by local extension and can invade the deeper tissues, such as cartilage and bone. it is malignant causing significant destruction and disfigurement by invading surrounding tissues.

Case Report



Figure 1: Preoperative view of the auricle lesion.

A 75-year-old man presented to the Department of ENT with a giant lesion destroying completely the left ear pinna, the symptomatology dates back to one year ago with the appearance of a small lesion whose size gradually increases. he had no significant medical history. On clinical examination, a giant hard and non-sensitive nodular mass encompassing

half of the left auricle with a large indurated base attached to the cartilage (Figure 1). There were no other palpable masses in the head and neck area, and the other otolaryngologic examinations were normal. The general examination did not reveal any skin or soft tissue tumors. The biopsy revealed a CBC. Computed tomography scan showed no deep extension to bone or external auditory canal with no reported neck lymph nodes. After an informed consent form was signed by the patient, under general anesthesia, a complete removal of the ear pinna with metaplastic was performed (Figure 2), The postoperative course was uneventful.



Figure 2: Postoperative view after complete excision.

Discussion

Basal cell carcinoma, a low-grade neoplasm, mainly affects the sun-exposed areas and appears in the head in 80% of cases, especially in the malar region and the nose [1,2]. Nodular BCC is the most common form presents as exophytic, elevated nodules that may extend into the ulcerative or cystic pattern. It is termed as *ulcus rodens* when big-sized lesions with central

necrosis are seen. Our patient presented with this variant. Ulceration was seen in our case [3]. Though BCC is characterized by slow progression and insignificant rate of metastases (only 0.0028-0.5%), it can result in considerable local destruction or disfigurement [4]. Facial BCCs, however, are of concern due to proximity to many areas of functional and cosmetic importance [5]. Therefore, early diagnosis and appropriate therapy are essential [3,5]. Our patient also presented with BCC of the ear causing considerable local destruction.

It is important to diagnose BCC when it is small in size before reaching large size enough to disturb nearby structures as external auditory canal, mastoid, and facial nerve that may make surgery more difficult and hazardous. While, when it is still small, it could be safely and completely resected. Prognostic factors deciding the line of management include tumor size, site, definition of clinical margin, histological aggression, immunosuppression, and failure of previous treatment [2]. The management of BCC includes surgical and non-surgical options. Some studies had various outcomes with non-surgical modalities like topical chemotherapy with 5-fluorouracil, imiquimod, interferon alpha, and photodynamic therapy [2,3,5]. Radiotherapy (RT) is effective

in primary BCC, surgically recurrent BCC, as an adjuvant therapy and is the choice in patients with high-risk BCC who are unable to sustain the surgery.

Conclusion

Although CKC is a relatively common disease that progresses slowly, it should not be underestimated. Early diagnosis would facilitate rapid management and a better prognosis.

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