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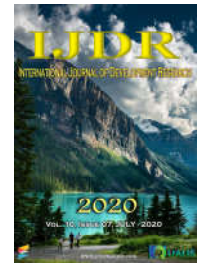
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CASE REPORT

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GIANT BASAL CELL CARCINOMA: CASE REPORTS

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ABSTRACT

Background: Basal cell carcinoma is the most common malignant tumor and has an increased incidence in recent decades. The giant size is defined as a lesion larger than 5 cm in the largest diameter that commonly occurs in the trunk. Currently, decreasing in locations that have specialized services that are easier for the population to access. **Case 1:** A 54-year-old man, painter, showed an exulcerated plaque, with a friable surface and hypertrophic infiltrated margins of 12 cm in the largest diameter, located in the chest for 5 years. An incisional biopsy was then performed, which confirmed the diagnosis of basal cell carcinoma. Excision of the lesion was performed in a referral cancer hospital. **Case 2:** A 63-year-old man, farmer, showed erythematous-infiltrated plaque, a pearly surface of irregular shape, located in the right hemithorax, measuring 12 x 5 cm that appeared 20 years ago. The biopsy identified a basal cell carcinoma pattern and excision was performed with margins of the lesion by the dermatology team. **Conclusion:** Although the number of diagnoses of basal cell carcinoma has increased in recent years, it is still possible to find cases of giant basal cell carcinoma that represent a challenge for dermatologists and oncology surgeons.

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INTRODUCTION

Basal cell carcinoma (BCC) was first described in 1827 by Jacob who called it *ulcus rodens*, it was changed by Krompecher in 1903, to the current nomenclature. It is the most frequent cutaneous malignant tumor, representing 71.4% of malignant skin tumors (Chinem, 2011). In a recent retrospective study of the last 8 years, with 5985 confirmed cases of BCC, 115 cases were giant basal cell carcinoma (2%) (Vaca-aguilera, 2019). The average age is 73 years, affecting more men, most commonly located on the head and neck, with average size of 6.6 cm, and evolution time of 8 years (Zocalli, 2012). These data corroborate the data obtained previously with an average age between 70 and 71.8 years (Randle, 1993). We report two cases of basal cell carcinoma, a chronic and mutilating disease, with a high potential for aesthetic, functional, and emotional sequelae, of great relevance in clinical practice and with an estimated 40% chance of

developing new skin cancer in the next 2 years (Garcia-Montero, 2018).

CASE 1

The 54-year-old man, phototype II, painter, resident of Belém, capital of the state of Pará - Brazil, previously healthy, comes to the dermatology clinic for presenting a cutaneous lesion on the chest for approximately 5 years, with progressive growth and seropurulent secretion when manipulated. The dermatological examination showed an exulcerated plaque, with a friable surface and hypertrophic margins, with sharp limits and irregular contours, measuring 12 cm in the largest diameter, located on the chest (Figure 1). The main diagnostic hypothesis was squamous cell carcinoma. An incisional biopsy of the lesion was performed and the anatomopathological showed a neoplasm of epithelial origin, formed by the proliferation of basaloid cells with hyperchromatic nuclei,

forming a palisade on the periphery of solid masses, with collagen retraction and mononuclear infiltrate (Figure 2). In the center of the neoplastic blocks, frequent foci of keratinization of isolated cells were identified. Areas sketching glands and foci of desmoplasia also coexisted in the same piece amid striated neoplastic blocks. The conclusion was an infiltrative basal cell carcinoma with areas of squamous adenoid and sclerodermiform differentiation. The patient was referred to the oncology hospital for excision of the lesion. Excision was performed with a 0.5 cm surgical margin and closure by second intention (Figure 3). Dressings were applied with lotion of fatty acids and triglycerides of medium-chain with vitamins A and E. The result was satisfactory without evidence of metastases in the screenings performed.



Figure 1 Case 1: Exulcerated plaque, with a friable surface and hypertrophic margins, with sharp limits and irregular contours, measuring 12 cm in the largest diameter, located on the chest

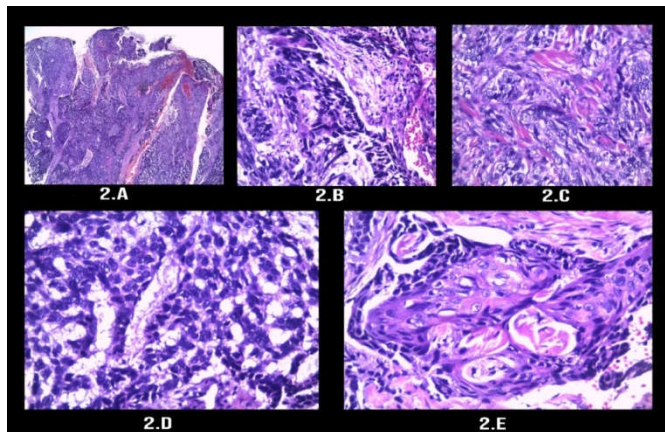


Figure 2 A: Infiltrative pattern of the neoplasia reaching the middle / deep dermis. B: Basaloid cells with retraction of the adjacent dermal collagen. C: Solid infiltrative pattern. D: Infiltrating adenoid pattern. E: Basaloid cells with retraction of the adjacent dermal collagen (hematoxylin-eosin)

Case 2

The 63-year-old man, phototype III, farmer, resident in Pará's state inland - Brazil, reports the appearance of a lesion in the anterior region of the chest for 20 years with progressive growth that does not heal. No other symptoms and comorbidities. The dermatological examination: erythematous-infiltrated plaque, irregularly shaped pearly surface located on the right hemithorax, measuring 12 x 5 cm (Figure 4). The

diagnostic hypotheses were basal cell carcinoma and squamous cell carcinoma. The biopsy performed showed a characteristic pattern of solid basal cell carcinoma. As conduct, the lesion was excised with a 0.4 cm safety margin. After detachment of the tissues and approximation of the edges with internal stitches using 4.0 monocryl thread, synthesis with nylon 4.0 was performed at pulley stitches in the places with the greatest tension, ending the primary closure of the lesion (Figure 5).



Figure 3. Case 1 - After excision



Figure 4. Case 2: erythematous-infiltrated plaque, irregularly shaped pearly surface located on the right hemithorax, measuring 12 x 5 cm



Figure 5. Case 2 - After excision

DISCUSSION

According to data released by the National Cancer Institute (INCA) of Brazil, non-melanoma skin tumors correspond to

30% of all malignant tumors registered in the country. Among these, basal cell carcinoma is the most frequent and the one with the lowest mortality, with a good resolution if treated early, but with severe mutilation when diagnosed late (INCA, 2019). In Brazil, it is more common in people over 40, rare in children and blacks, affecting people with fair skin, with a personal or family history of this cancer or with previous skin diseases. 165,580 were forecast for 2018, of which 85,170 men and 80,140 women, according to INCA information (INCA, 2019). The most important factor in the pathogenesis of the disease is ultraviolet radiation, explaining the high incidence of this tumor in the sun-exposed areas: 80% on the face, this 30% in the nasal region, and cervical region, however there are descriptions of involvement of the areolar, genital, inguinal, interdigital, armpits, navel, scalp and mucous membranes (Chinem, 2011). The clinical subtypes are: nodular or noduloulcerative, superficial or pagetoid, sclerodermiform or morpheaform, terebant, pigmented, vegetating and Pinkus fibroepithelioma, with the nodule-ulcerative form being the most common (Belda, 2014). In the histopathological classification, the most suggestive feature for the diagnosis of BCC is the presence of groups of cells arranged in palisades on the periphery. There is diversity between the classifications of the histopathological subtypes: superficial, nodular (solid), micronodular, infiltrative, sclerodermiform (sclerosing), basescopic (metatypic), keratotic, fibroepithelial (Pinkus) and adnexal differentiation (Belda, 2014). Basal squamous carcinoma, also called basal cell metatypic carcinoma (CMCB), represents approximately 5% of all non-melanoma skin cancers, with characteristics ranging between basal cell carcinoma and squamous cell carcinoma, being described as the coexistence of both carcinoma subtypes with no evidence of a transitional zone between them. This squamous metaplasia in the BCC can be considered as a sign of differentiation, as well as a finding correlated to a more aggressive biological behavior (Belda, 2014).

To classify the size of the tumor, those carcinomas that exceed 5 cm in their largest diameter are considered as giants, according to the definition of the *American Joint Committee on Cancer*. If it exceeds 20 cm in diameter, the lesion is called *super giant basal cell carcinoma* (Desmond, 2015). Its incidence varies between 0.5 to 2% of all types of basal cell carcinoma. Giant BCC can be an aggressive tumor, with local and metastatic invasion in 45% of cases. Most of the time, the disease reaches such exuberant proportions due to the patient's negligence and ignorance about the disease. The lesion progresses from 2 to 9 years², starting with a small lesion, however progressive and resistant to any non-surgical treatment performed (Nasser, 2012). The most affected site is the trunk, but there are other locations in the literature, such as the scrotum. The most important risk factor is a previous history of cancer, especially BCC. Some risk factors are listed for the development of tumors larger than 1 cm, including people who live alone, low socioeconomic status, psychiatric disorders and difficult access to specialized services (Vaca-aguilera, 2019). Treatment is surgical by excision of the tumor after planning on the need for flaps and local grafts. However, in none of the cases presented was it necessary to use additional methods. Biopsy shows characteristics common to basal cell carcinomas and the investigation of metastases is mandatory. The absence of metastases is the rule, but when it occurs it happens to the lymph nodes, bones and liver. In these cases, the prognosis is more reserved, with an average survival of 8 to 14 months (Azulay, 2015).

In the last Medical Demography, 2018, in Brazil there are 8,137 dermatologists, at a ratio of 1 for each group of 24,400 inhabitants. This fact, added to the other risk factors, can negatively influence the difficulty of accessing specialized services, corroborating one of the risk factors mentioned in this text. Pará, a region of the Brazilian Amazon, occupies an even worse position in this relationship, with 1 dermatologist for every 69,145 people, which may influence this difficulty in accessing specialized services, corroborating one of the risk factors mentioned here (Scheffer, 2018).

Conclusion

Despite the expansion of access to health services, favoring the detection of cases of basal cell carcinoma earlier, it is still possible to find neglected forms, which evolve with progressive growth, reaching large dimensions. This evolution makes the treatment of this neoplasia a challenge for health professionals, including dermatologists and oncology surgeons, due to the greater complexity of excision and the greater chance of progressing with metastases.

Consent for publication: Written informed consent obtained from the patients for publication of this case report. A copy of written consent will be available for review by the editor of this journal.

Competing interests: No competing interests.

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