

**REPORT IN CASE:
CARCINOMA
BASOCELLULAR (CBC)
RECURRENT IN PATIENT
WITH EXPOSURE
SHARP IN THE SUN**

Jader David Ricco

Preceptor in clinic surgical I - Faminas
Oncology Surgeon
<http://lattes.cnpq.br/0141333682486296>

Ana Luisa Braga Abalen Faria

Medical Student Faminas-BH
<http://lattes.cnpq.br/4209749419205350>

Brenda Vilaça Dias

Medical Student Faminas-BH
<http://lattes.cnpq.br/717634312613328>

Laryssa Guimaraes Lages

Medical Student Faminas-BH
<http://lattes.cnpq.br/0374130405549063>

Luanna Dornelas Rodrigues Couto

Medical Student Faminas-BH
<http://lattes.cnpq.br/740629603172520>

Luisa Oliveira Santos da Mata

Medical Student Faminas-BH
<http://lattes.cnpq.br/4504939032776227>

Natalia Lages Roque

Medical Student Faminas/BH
<http://lattes.cnpq.br/1625774496393778>

Marco Antonio Solimar Araujo

Medical Student Faminas-BH
<http://lattes.cnpq.br/3277425758887115>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Maria Eduarda de Lima Maia

Medical Student Faminas-BH

<http://lattes.cnpq.br/3359720005574>

Simone Batista Pimenta

Medical Student Faminas BH

<http://lattes.cnpq.br/8892736831183290>

Thiago Barbosa Fernandes

Medical Student Faminas-BH

<http://lattes.cnpq.br/6406612953945813>

Victor Caillaux Vieira dos Santos

Medical Student Faminas-BH

<http://lattes.cnpq.br/8102696654022937>

Abstract: Basal cell carcinoma, indicated in the literature as the most common in humans, is responsible for up to 75% of skin cancers, affecting primarily the population white, between the sixth and seventh decade of life, with a male/female ratio of 2:1 (SBCO, 2022). It is a structure with origin in the basal layer of the epidermis and its annexes, low potential metastatic. It presents significant potential in invasion, aggression and undoing of the skin it's from their structures (CHINEM & MIOT, 2011). The present report presents the case of a patient with a previous history of previously treated, sent to the institution in Vespasiano, in the metropolitan region of Belo Horizonte, for resection of new lesions. The patient in question underwent resection of the lesion with anatomopathological indication of basal cell carcinoma with margins disease free.

INTRODUCTION

Basal Cell Carcinoma (BCC) is the most common type of cancer in humans, with higher incidences in white-skinned individuals. Studies show that it has progressions in cases in recent years due to longevity and high exposure to solar radiation, the latter being the main carcinogenic factor. (AASI, *UpToDate*, 2022 Access in: 02 May 2022).

It is a skin cancer that arises from the basal layer of the epidermis and its annexes, and its subtypes: solid/nodular, superficial, sclerodermiform/infiltrative, micronodular and basally squamous. These last three are associated with situations of greater aggression, however it is important to emphasize that the CBC can run with mixed standards, not necessarily being characterized only with a subtype. (SAVASSI-ROCHA & SANCHES, 2013).

The dermoscopy, it is one tool fundamental in the clinical diagnosis of BCC. Is it over there it presents one larger sensitivity and specificity, what become a great tool at the

diagnosis no invasive. At the case reported, the treatment accomplished he was biopsy excision of the lesion.

There are some relevant criteria when choosing the best method to use in the patient. Among these, the size of the tumor, its location and pathogenesis, as well as such as tolerability in relation to treatment, the cost of it and the patient's preference among the best options that you have for your case. After this criterion, the treatment is stipulated of choice. (ISAD, *UpToDate*, 2022 Access in: 02 May 2022).

At the case in analysis, it's about in a patient of sex masculine, 83 years old deity, Caucasian, rural worker, being, therefore, exposed to high solar incidence throughout of years.

In this report, the patient comes to the surgical clinic with a recent complaint and history of previous lesions that underwent the resection process, with a diagnosis of CBC.

CASE REPORT

Patient of sex masculine, 83 years old, attends The Unit in Surgery outpatient, accompanied by his daughter, with the complaint of injury in the dorsal region refer injuries previews in region in head and neck, at which They passed per resection and shipping for anatomopathological study, with the diagnosis of BCC.

In March 2022, the patient came to the outpatient unit, referred by Head and Neck Surgery team from another institution, for evaluation of long-term injury date, suspected BCC, in the dorsal region. Patient denies comorbidities, drug use continuous and allergies drugs. refer historic in procedures surgical for removal of tumors in regions of the face and neck. Report a family history of breast cancer skin.

On physical examination, there is a single lesion, on the back, in the epidermis, with a

nodular appearance, painless on palpation, about 1 cm in diameter and with the presence of purpura with dots hyperchromic patches present throughout the lesion.

Antisepsis of the region was performed to prepare the resection of the lesion. for the resection of the lesion he was carried out one incision elliptic with one margin in safety in approximately three millimeters from the lesion. After removing the entire lesion, a subcutaneous suture with absorbable thread, followed by approximation of the edges and reduction of voltage tissue, being made three simple stitches to close the wound. After resection of lesion, the patient was sent for anatomopathological study.

Three weeks later, the patient Returns to clinic with result of pathology of the lesion, with solid nodular BCC as a report, invading to the dermis deep. The description included: maximum tumor diameter of 0.6 cm; absence of invasion angiolymphatic and perineural; surgical margins sides and deep free from process.

DISCUSSION

Non-melanoma skin cancer is the type with the highest incidence in the world, according to World Health Organization data, and, in Brazil, it is responsible for about 30% of registered cancer cases. Despite being the one with the highest incidence, it is the cancer with the highest chance of cure if detected. precociously and treated properly (SAVASSI-ROCHA & SANCHES, 2013).

Two main groups of skin cancer are described: non-melanoma, which arises in the cells basal or squamous cells, and melanoma, which originates in melanocytes, cells responsible for the production of melanin, the pigment that of the color to the skin. the melanoma represents the cancer with the worst prognosis, but on the other hand, non-melanoma represents about in 95% From

cases in cancer in skin (SAVASSI-ROCHA & SANCHES, 2013).

The skin represents the largest organ of the human being and is related to the exchange of heat and water with the environment, responsible for protecting the internal organs against microorganisms, and in capture and submit information to brain involved with heat, pain, cold and touch. In this sense, it is necessary to approach this pathology, given how important the skin is. Thus, it is worth mentioning its division, being three layers: epidermis, more external and thinner; dermis and subcutaneous tissue (SAVASSI-ROCHA & SANCHES, 2013).

Regarding the types of non-melanoma skin cancers, there is a subdivision into two types cancer majors: basal cell and squamous cell, described Next:

The carcinoma basal cell, also called of basal cell carcinoma, which is exposed in the case report presented in this article, originates from the basal cells of the layer epidermis of the skin, being the subtype most frequent within skin cancers, represented by about 75% of cases. Its appearance is more common in individuals of middle-aged and elderly, as they are related to prolonged exposure to the sun, but due to popularization of the habit of exposing oneself to the sun on beaches and in clubs, the appearance in young has been increasing. Basal cell carcinoma develops slowly and is rarely extends for others areas of body (SAVASSI-ROCHA & SANCHES, 2013).

The carcinoma squamous cell, also called in carcinoma in cells scaly, if originates at layer most external of the epidermis and represents fence in 20% From cases in cancer in skin, any less frequent what the basal cell. It can arise from old scars or Chronic skin wounds anywhere on the body usually appear on the face, ears, lips, neck and back of hand. In this cancer there is a greater chance of invasion of

tissue greasy being able reach others organs (SAVASSI-ROCHA & SANCHES, 2013).

Most skin cancers are benign, but the relapse is quite common, as presented in the case report. Thus, those who have had or present risk factors to develop the disease must follow up with a specialist.

Regarding the incidence of BCC, the American Cancer Society shows that there was a big increase of number in cases to far away in a period in 20 years old, you which they are associates to sex masculine predominantly, The age most advanced and The caucasian ethnicity (MD, 2022).

The risk factors for the development of BCC are of fundamental importance. in to be addressed, the end in try prevent he manifestation of tumor. These are: factors environmental (UV radiation, chronic exposure to arsenic, ionizing radiation), phenotypic and genetic disorders (hereditary diseases, immunosuppression), as well as HPV infection, presence of nevus sebaceous and patient lifestyle (MD, 2022).

Another important point to address is the pathogenesis of BCC, which, when thinking about at the genetic level, it consists of polymorphisms in genes that are responsible for encoding features pigmentary, the title in example, the receiver in melanocortin-1 (MC1R), human homolog of agouti signaling protein (ASIP) and tyrosinase (TYR), with the A family history of skin CA is associated with an increased risk of BCC with age less than 40 years. Furthermore, the formation of the CBC, as said, may be associated with the induction by UV radiation, through gene alterations that cause an excessive activation of a complex in proteins hedgehog (HH) In that sense, O second gene most important involved at carcinogenesis of CBC is TP53, which encodes the P53 protein, essential maintenance of gene stability, through apoptotic induction, cycle control and DNA

repair. Therefore, alterations in such genes lead to tumor development (MD, 2022).

Finally, it is important to know which types of CBC exist, which can present themselves at the subtype: solid/nodular (most common), superficial, sclerodermiform, infiltrative, micronodular and basosquamous. As exposed in the case report, the diagnosed BCC was of the same type nodular, soon, generally, has one feature most translucent, and a vase telangiectatic visa inside the papule, which has a higher periphery than the middle. It is worth remembering that ulceration is frequent and the term “rodent ulcer” refers to these BCCs. nodular ulcerated (MD, 2022).

In this perspective, the lesion what was investigated had the anatomopathological result of following description and conclusion:

- Macroscopy showing an elliptical patch of skin and subcutaneous tissue, light brown and firm, measuring 2.5 X 0.6 X 0.5 cm. Epidermal surface showing nodular lesion and grayish-brown 0.6 X 0.6 cm
- Conclusion of the biopsy in skin in back: Carcinoma basal cell nodular solid invading to the deep dermis.

In the case in question, therefore, the maximum diameter of the tumor is 0.6 cm, there is no in invasion angiolymphatic and perineural, it presents margins surgical sides and deep process free.

TREATMENT

Due to the potential for local invasion, aggressiveness and destructive effect of carcinoma basal cell (CBC) in skin and adjacent tissues, the treatment includes several techniques that from tumor characteristics, such as size, location and pathology, as well as tolerability to treatment, cost and patient preference, may influence the choice of treatment as well as defining the most suitable therapy for each type of case. (AASI, 2022).

To evaluate the risk recurrence of the lesion is mandatory for the choice of treatment, with this, it becomes fundamental for the definition of a detailed clinical history, as well as physical examination and biopsy of the lesion. Some characteristics of the lesion itself help, during clinical and physical evaluation of the patient to identify lesions classified as low risk, being they: < 20 mm in diameter at the trunk and ends, excludes genitalia, region pre-tibial, hands and feet; Non-aggressive growth pattern; Absence of perineural invasion; Lesion primary; edges well defined; Absence in historic of radiotherapy on site and patient immunocompetent. However, although the characteristics help in the diagnosis clinical diagnosis of the pathology, biopsy of the lesion is fundamental and indispensable for the confirmation diagnosis, being extremely important for who do not receive surgical intervention those who are not candidates for this treatment modality. (AASI, 2022).

The choice of treatment for BCC with a low risk of recurrence completes an evaluation needs the lesion itself, in order to avoid excessively aggressive handling, as well as characteristics of the patient considering their specific factors such as physical limitations and functional what impact directly at accession, effectiveness and result of treatment. (AASI, 2022).

Standard surgical excision is, in most cases of low risk of recurrence, recommended as one of therapies in first line at the treatment. It is line in treatment offers advantages in relation to its accomplishment by the possibility of being done in ambulatory environment, under local anesthesia and be well tolerated by patients. In addition, the results functional and aesthetic are superiors when compared with the radiotherapy. (AASI, 2022).

Senior patients what would face difficulty after the procedure surgical, the curettage and electro dissection (C&E) becomes one good

alternative for treatment, it is a technique generally well tolerated, fast and easy to perform. However, this form of treatment is contraindicated for lesions located in terminal skin. with by the, one turn what present risk in extension follicular of tumor. The C&E makes impossible the confirmation histological of tumor and It is a procedure dependent of operator and his experience, which compromises the effectiveness of the method. (AASI, 2022).

For patients in whom surgical management is not indicated or those who prefer avoid the technique, at therapies in Monday line are well indicated and include therapies topical with use of Imuniquimod 5% cream, photodynamic therapy (PDT) - therapeutic option not invasive and non-scarring and cryosurgery. (AASI, 2022).

TREATMENT OF CARCINOMA BASAL CELL WITH HIGH RISK IN RECURRENCE

High-risk patients with primary BCC are considered to be those who have tumors of any size on the cheeks, forehead, scalp, neck and pre-tibia area of the mask of the face (nose, lips, eyelids, eyebrows, skin periorbital, chin, jaw, ears, areas preauricular and post-auricular, temples, in addition in hands, foot and genitalia. In addition, tumors ≥ 20 mm in diameter in the trunk and extremities; bad edges defined, features aggressive shown at histopathology; tumors recurrent; tumors at sites of previous radiotherapy and immunosuppressed patients (AASI & HONG, 2021).

The surgery micrographic in Mohs (MMS) and the evaluation peripheral complete and the peripheral deep margin (CCPDMA) are preferred treatments for high-risk BCC of recurrence, especially for tumors of the head, neck, hands and feet, pre-tibia and genitalia (AASI & HONG, 2021).

Among the effects adverse observed with the use of the radiotherapy, erythema, edema, desquamation and pain are noted, and ulcerations with infection and bleeding. Furthermore, if the patient is not a candidate for surgery, treatment also he can to be done in manner systematic with inhibitors of the via *hedgehog* preferably, or with immune *checkpoint inhibitors* (AASI & HONG, 2021).

CONCLUSION

Basal cell carcinoma is the most frequent subtype of skin cancers, representing about 75% of cases. Risk factors for the development of BCC are environmental, phenotypic and genetic, well as infection per HPV, presence in nevus sebaceous and style in life of patient. The diagnosis definitive only he can to be confirmed after result of the anatomopathological examination. The first line of treatment for BCC is excision. standard surgery. It can be performed in an outpatient setting (depending on the size of the injury) under local anesthesia and be well tolerated by patients.

REFERENCES

AASI, Sumaria. *Treatment and prognosis of basal cell carcinoma at low risk of recurrence*. UpToDate, 2022. Acesso em: 02 mai 2022.

CHINEM, Valquiria Pessoa; MIOT, Hélio Amante. Epidemiologia do carcinoma basocelular. **Anais Brasileiros de Dermatologia**, v. 86, p. 292-305, 2011.

HONG, Angela; AASI, Sumaria. *Treatment of basal cell carcinomas at high risk for recurrence*. UpToDate, 2021. Acesso em: 03 mai 2022.

MD, Peggy A Wu. *Epidemiology, pathogenesis, and clinical features of basal cell carcinoma*. UpToDate. Acesso em 26 abr 2022.

SAVASSI-ROCHA, Paulo Roberto; SANCHES, Soraya Rodrigues de Almeida; SAVASSI-ROCHA, Alexandre Lages. **Cirurgia de Ambulatório**. Rio de Janeiro, 2013. Medbook Editora Científica Ltda. 937p.

Tratado Brasileiro de Cirurgia Oncológica da Sociedade Brasileira de Cirurgia Oncológica (SBCO)/Organizadores Alexandre Ferreira Oliveira... [et al.]. 1. ed. - Rio de Janeiro: Rubio, 2022

