

A SUDDEN UNUSUAL RISE OF A RARE TUMOR IN URBAN POPULATION OF KARACHI

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ABSTRACT

Objective: To describe the different presentations of superficial pigmented basal cell carcinoma who came in Abbasi Shaheed Hospital for treatment and to create awareness among doctors and specialist regarding the unusual rise of a rare tumor in urban population.

Study Design: Case series.

Setting & Duration: This study was conducted in the department of surgery and dermatology of Abbasi Shaheed Hospital, Karachi, from June 2006 to December 2006.

Methodology: Eleven patients of 3rd and 4th skin type basal cell carcinoma presented to dermatology and surgical OPDs of Abbasi Shaheed Hospital, in which majority of patients were females and all had superficial basal cell carcinoma, mostly on the face, followed by arm, and upper trunk. All patients were treated surgically with complete excision of the tumor and primary closure of the skin under local anesthesia while excision of the tumor and skin grafting was done in only two patients in general anesthesia.

Results: In eleven consecutive patients, the ages were between 20 to 52 years, most of the patients were females (81.81%) nine out of eleven while only two patients (18.18%) were males. The size of the lesion varied from 1.5-3cm x 3cm x 2cm x 4cm, majority of the lesion was on the forehead followed by ear, side of the face, forearm and upper trunk. All patients' histopathology showed superficial basal cell carcinoma. After surgical removal of the lesion, all patients had complete recovery and no recurrence in any of the patient.

Conclusion: As most of the patients were females, house wives, with no out door activity, the heat of the stoves plus increase in temperature in hot weather is responsible for this sudden unusual rise of this disease.

KEY WORDS: Superficial Pigmented, Basal Cell, Carcinoma

INTRODUCTION

Basal cell carcinoma (BCC) is the most common cutaneous malignancy in the white population^{1,2,3} and occurs infrequently in darkly pigmented individuals.^{4,5,6} The lightly pigmented individuals in Europe, North America and Australia have high incidence of basal cell carcinoma, about 70 to 80% where as in black Africans BCC represents only 04% of skin cancers.^{7,8,9} Melanin protects against the adverse effects of ultra violet radiations.

The incidence in younger people is increasing, possibly as a result of increased exposure to the sun, other risk factors such as fair skin, freckling, radiotherapy, phototherapy, arsenic use male sex and genetic predisposition do play some role.^{10,11,17}

Approximately 80% appear on the head and neck, with the rest on trunk and limbs. It's more common in males than females. Commonest clinical form is a small translucent pearly raised and rounded areas covered by thin epidermis and telangiectasia, other forms are rodent ulcer, cystic, morphoeic nodular and superficial pigmented type.

METHODOLOGY

Eleven consecutive patients aged 20-52 years. Mostly females (nine out of eleven) who presented to dermatology and surgical out patient department of Abbasi

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Shaheed Hospital with skin lesion on the face, forehead, trunk, forearm etc. which showed on biopsy Superficial Pigmented Basal Cell Carcinoma during the period between June 2006 to December 2006 were included in this study. The lesions were so typical clinically with a thread like margins, irregular in outline, the central zone is atrophic and pigment is unevenly distributed throughout the tumors. All patients were subjected to skin histology which showed palisading arrangement of basal cells with few masses of cells extending into the dermis. Mitotic figures are seen and melanocytes are seen within the tumor giving it the pigmented appearance.

All patients were treated surgically with complete excision and primary closure of the skin under local anesthesia while only two patients with larger lesion required excision and closure of the skin by skin grafting in same sitting under general anesthesia.

RESULTS

Out of eleven patients of superficial pigmented basal cell carcinoma, most of the patients were young (between 20-30 years of age) while one patient (09.09%) was 52 years of age so the extremes of ages only one (09.09%) was in younger age and only one was in older age group. Majority of the patients were female (81.81%) while only two (18.18%) patients were male. All female patients were house wives (81.81%) while all male patients were office worker (18.18%). The site of the lesion varied between 1.5-3cms x 2cms x 4cms mostly while only two lesions were more than that size which required skin grafting. Majority of the lesions were on the forehead (Fig.1) and face, then upper trunk and upper limb and forearm as shown in Fig.2. All the patients confirmed the slow progress of the lesion with no symptoms. All patients showed complete recovery from the lesion after surgical excision and no recurrence was

Fig. 1.



found in any patient after one and half year follow up.

DISCUSSION

Basal cell carcinoma is an uncommon malignancy in darker races as reported by Maurice¹² (incidence of 8%) in Kano⁹ and Jos¹³ (4%) in sharp contrast to Europe, North America and Australia.^{7,8,9} The shorter time period of presentation between July to Dec 2006, of eleven cases of a less common superficial pigmented basal cell carcinoma in our 111,1V skin type (Fitz Patric type), indicates a much higher incidence in Asian population.

More than three quarters of patients are over 40 years of age^{3,14,15,16} but in our collection majority were between 20 and 30 yrs and one was 52 years old. Out of eleven, nine were female patients where as the literature reports it to be more common in males.^{17,18} The site of presentation in women is lower leg as reported by Miki¹⁹, where as in our collection the lesions in female patients were present on forehead, side of face and upper limb which is similar to Maurice.¹²

All the female patients were house wife with no prolong exposure to sun light which is reverse in other studies^{14,16,21,22} and non has any potential risk factors, and the two male patients had lesion on the upper trunk which is covered in a Muslim nation mostly and both were office worker by profession. So the actual risk factor in all these eleven patients after a detailed history is still a mystery. Instead of commonest clinical presentation of translucent pearly rolled edge lesions^{12,23}, all our patients had superficial pigmented type.

Out of eleven, nine were treated with excision and primary closure with satisfactory healing; two big lesions were excised, and closed with skin grafting, the cosmetic appearance not much acceptable to patients as both were females. Two out of eleven had regular follow up

Fig. 2.



for another six months, the rest were lost to follow up once the wound healed.

As most of the patients were females, house wives, with no out door activity, the heat of the stoves plus increase temperature in hot weather is responsible for this sudden unusual rise of this disease.

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