Case Report (II)

DE NOVO BASAL CELL CARCINOMA AT AN UNUSUAL SITE IN A 10 YEAR OLD GIRL

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ABSTRACT:

The peak incidence of basal cell carcinoma (BCC) occurs in the seventh decade of life and is rare in childrn. When found in the pediatric age group, basal cell carcinoma is usually associated with a genetic defect, such as basal cell nevus syndrome, xeroderma pigmentosum, or nevus sebaceus. We report a case of BCC in a 10-year-old female child at an unusual site without any predisposing factors. To our knowledge this is the first reported case of basal cell carcinoma in a pediatric patient from the Indian subcontinent at an unusual site.

INTRODUCTION:

Primary malignancies of the skin are uncommon in childhood. De novo development of basal cell carcinoma[1] (BCC) is unusual. BCC in pediatric age group without any predisposing factors is extremely rare.[2,3] The incidence of basal cell carcinoma is less compared to squamous cell carcinoma among Indians & blacks.[4] We report here a case of basal cell carcinoma in a 10 year old girl.

CASE: A 10-year-old female presented to us with complaints of growth over the lower back of 2 months duration. There was no history of trauma, sinus, fistula, and burns at that site. The systemic examination, vitals, laboratory investigations were normal. On local examination there was a cauliflower like growth on the lower back about 5 cms cranial to the natal cleft. The growth bled on touch. It was tender on palpation. The base of the lesion was of about 2 x 1 cms (Fig 1).

Fig-1: Growth on the lower back about 5 cms cranial to the natal cleft.

The growth was excised with a wide base of 2 cm and the wound was closed primarily. There were big feeder vessels to the growth. The patient had an uneventful postoperative recovery. The microscopic examination revealed it to be basal cell carcinoma with free margins. The patient is on follow-up for the past two years and continues to be disease-free.

DISCUSSION

The peak incidence of basal cell carcinoma occurs in the seventh decade of life and is rare in children[1]. When found in the pediatric age group, basal cell carcinoma is usually associated with a genetic defect, such as basal cell nevus syndrome, xeroderma pigmentosum, or nevus sebaceus.[1, 2,5]

Lower rates of skin cancer occur in populations with black, brown or olive skin. Reasons for the lower rates include-increased levels of pigmentation and melanin dispersion that protects against UV radiation. The epidermis of black skin is said to provide an

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SPF of 13, depending on the amount of melanin dispersed in the skin. Basal cell carcinoma (BCC) occurs rarely in children and is most often associated with an underlying condition that predisposes patients to the development of malignancy. There have been numerous reports of BCC developing after puberty in nevus sebaceus; however, such cases have rarely been described in children.[6]

A higher index of suspicion for basal cell carcinoma may also aid in prompt diagnosis of a possible genetic disorder, such as basal cell nevus syndrome.[6]

In areas of intense UV radiation exposure children may be at increased risk of developing this malignancy de novo. The other suggested cause for basal cell carcinoma is trauma but the role for trauma or the resulting scar in the pathogenesis of basal cell carcinoma is not known.[7]

Skin cancer accounts for 1-2% of malignancies in blacks and Indians, compared with one-third of neoplasms in whites. BCC comprises 75% of skin cancers in whites, but squamous cell carcinoma represents 60-65% of skin cancers in blacks and Indians.[4]

We report this case for it's unusual presentation. Early recognition in children can prevent extensive tissue destruction and excess scarring after excision. A higher index of suspicion for basal cell carcinoma may also aid in prompt diagnosis of a possible genetic disorder, such as basal cell nevus syndrome. Because almost all skin cancers in children occur in the setting of a predisposing condition, identifying children at greatest risk is crucial to their management.

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