

Perfect Healing of Three BCC. in a Farmer Face

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Abstract

Basal cell carcinoma (BCC) is the most common skin cancer. It makes small number to the total numbers of carcinomas. It is Mostly found on the face or the sun exposed parts of the human body, This Location will for sure have its effects cosmetically. They are seen mostly in Farmers and the sun exposed workers.

I present a case of a 76 years old white farmer female with a multiple lesions of bcc on the face, that were treated surgically, during a period did not exceed more than two years.

Keywords: Skin Cancer; Basal Cell Carcinoma; Flap Reconstruction; Nose; Check

Introduction

Basal cell carcinoma (BCC) is the most common skin cancer in white individuals [1]. Similar to other nonmelanoma skin cancers, its incidence is rising. The nodular, superficial spreading, and infiltrating variants are the 3 most commonly encountered types of BCC in descending order of prevalence [2].

Surgical excision is the most commonly used treatment of BCC [2]. Mohs micrographic surgery is widely used for high-risk head and neck tumors [3]. The precise and complete control of peripheral tumor margins that is achieved using Mohs micrographic surgery yields high cure rates with very low recurrence and allows maximal preservation of tissue [4,5]. Given the various phenotypic manifestations of BCC, tailoring the treatment to the appropriate disease variant optimizes therapeutic success.

Case Report

A 76-year-old white Female with medical history of High Blood pressure and Heart disease. Presented with a lesion on the dorsum of the nose. Close to its tip (Figure 1). Excisional biopsy was performed. Histological analysis revealed Basal Cell Carcinoma. Her hart Doctor advise was, "if surgery is needed, it must be done under Local anesthesia.



Figure 1

After one week from the Biopsy time, she was scheduled for surgery. Removal of the lesion, construction of the created defect. Using local anesthesia and IV sedation.

Surgery

The area was outlined, taking into consideration of safety margin (Figure 2). The lesion with the surrounding normal tissue were, separated and removed (Figure 3). A finger type flap was also outlined (Figure 4).



Figure 2



Figure 3



Figure 4

The lesion was removed, to continue with performing the flap to cover the defect area (Figure 5 and 6). Then to the flap to be sutured in its new position (Figure 7).



Figure 5



Figure 6



Figure 7



Figure 8

The excised lesion was send for pathology and the report came (Bcc and the margins were free from tumor cells. After three days patient was doing well and discharged to be followed as an out patient.

The surgical area held in a very normal good manner. Figure 8 shows the patient face after five months with very pleasant results.



Figure 9

After almost 18 months from her Last visit to the hospital, she came back complaining of two new areas, away from the nose, have started to appear on the face. One under her left eyelid (Figure 9) and the other was lateral to her wright eye and in the lower part of her temporal region (Figure 10). The Biopsies of the two new le- sions were positive with Basal Cell carcinoma.



Figure 10

She was given an appointment for surgery after two weeks.

Figure 11 shows the lines of the left lesion excision and the flap design to cover the defect area.



Figure 11

The lesion with a safety margins were removed (Figure 12). Then the flap to be dissected and freed to be moved and sutured to its new position (Figure 13-15).

The last operation was removal of the right lesion. Figure 16 shows the outline of the lesion with a safety margins. The defect area will be covered through dissecting and freeing the adjacent tissues (Figure 16-18).

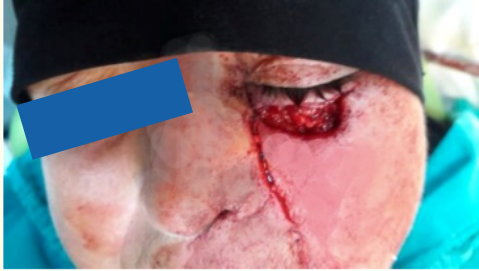


Figure 12



Figure 13



Figure 14



Figure 15



Figure 16

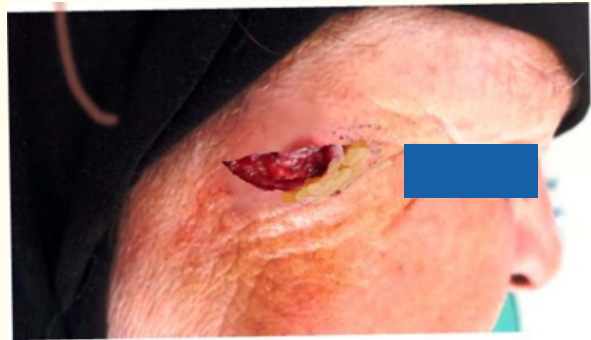


Figure 17



Figure 18

Two years after surgery All area of the three lesions healed normally with no signs of any recurrence (Figure 19 and 20).



Figure 19



Figure 20

Discussion

Basal Cell carcinomas are mostly found in the face and other parts of the of sun exposed area.

Its present in the face with its destructive manner will seriously effect the patient cosmetically, personal protection is a basic and very important of not having such serious lesions.

Basal cell Ca. also have its psychologic effects. Therefore, an early, appropriate diagnosis and then therapy are essential. Because of its local metastases and even its removal is a destructive process it is important to consider a good safety margins while you are planning your corrective surgery. The good result that I have achieved as far as the healing process, proves that the individual ability of healing plays the most important part in getting fine results as the one in my case. Having three lesions in one person tells us that the personal ability might have its effects as much as the ways of protection.

Conclusion

In few words, Dealing with this kind of lesions that are characterized with destructive, possible recurrence after surgery, having its effects on the patient’s personality and his cosmetic appearance, should have our serious consideration and care, as far as, prevention, early diagnosis, and good suitable surgery.

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