



Easy Diagnosis of Basal Cell Carcinoma by Demosocpie

Assenhaji I*, Bennani M, Ziani J, Douhi Z, Elloudi S, Baybay H and Mernissi FZ

Departement of Dermatology, Hassan II Hospital University, Fez, Morocco

*Corresponding author: Assenhaji louizi ibtissam, Centre hospitalier, hrazem, BP: 1835 Atlas, Fès, Avenue hassan II, Fès30050, Morocco; Email: assenhaji.louizi@outlook.fr

Case Report

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Abstract

The BCC is a cancer with low grade and rares métastases. Superficial basal cell carcinoma (SSBCC) comprise up to 25% of all histological sub-types. They are more likely to occur on the trunk and in the younger age groups especially in females. SSBCC appears as a scaly and well-defined area. It can resemble a patch of dermatitis and can be confused with eczema, psoriasis, lichen planus, or Bowen’s disease. Thus, the clinical features alone may not point to the appropriate diagnosis. The histopathology is the most reliable diagnostic modality for SSBCC. Surgical excision is the most commonly used treatment for BCC. Topical chemotherapy agents such as imiquimod or 5-fluorouracil may be various alternatives or adjuvants in the treatment of SSBCC.

Keywords: Superficial basal cell carcinoma; Clinical; Dermoscopy

Case Report

It is a patient of 53 years, without significant pathological antecedents, who presents for 2 years a lesion in the right hypochondrium, gradually increasing in size. Clinical examination found a slightly infiltrated 2 cm plaque with a pearly outline at the level of the right hypochondrium (Figure 1), dermoscopy showing ovoid nests, dots and globules, eccentric radial striations, and a maple leaf appearance (Figure 2).

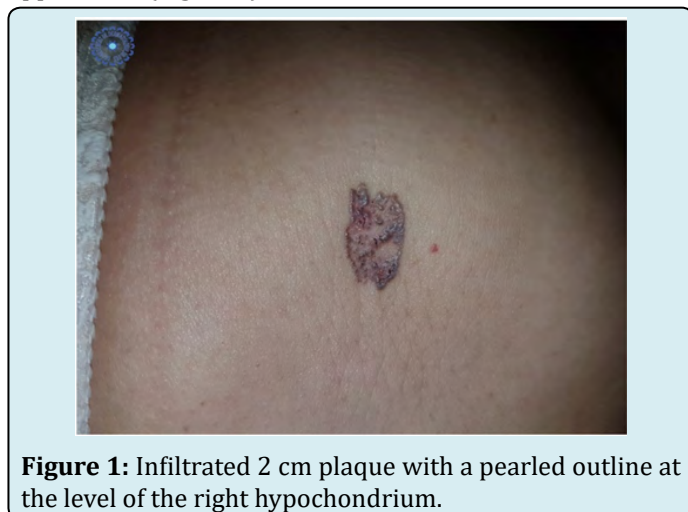


Figure 1: Infiltrated 2 cm plaque with a pearly outline at the level of the right hypochondrium.

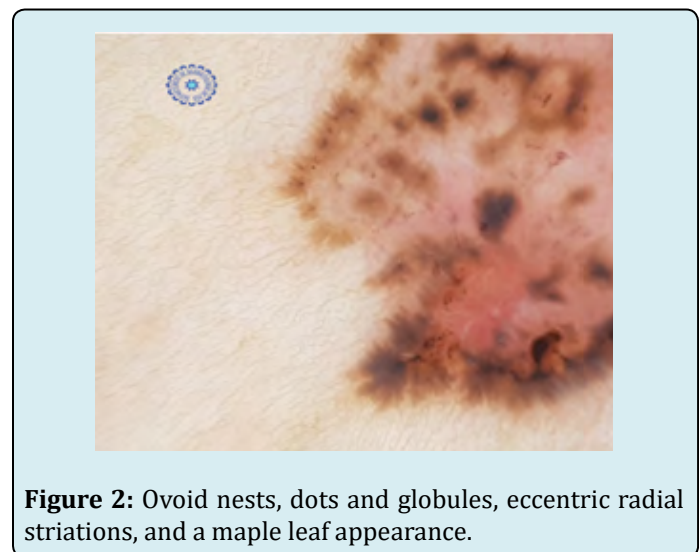


Figure 2: Ovoid nests, dots and globules, eccentric radial striations, and a maple leaf appearance.

The histopathology exam was in favor of a superficial basal cell carcinoma, with healthy margins, and the evolution was favorable without recurrence.

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