

## Case report : Basal Cell Carcinoma

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### Background

- Basal cell carcinoma (BCC) is a type of skin cancer that develops from the basal cells of the epidermis and its appendages. It is caused by exposure to ultraviolet radiation and is the most common skin cancer in humans.
- BCC typically presents as a slow-growing, painless nodule or plaque on sun-exposed areas of the skin.
- Histologically, BCC is characterized by nests of basaloid cells with peripheral palisading and clefting artifact. Other histological variants of BCC exist.

### Clinical presentation

- A 92-year-old female patient from a nursing home was referred to the orthopaedic department with a mass wound on the distal part of her right lower leg on the medial side.
- Patient's ulcer noticed since August 2022, regularly dressed by community nurse. Last six weeks wound became fungating, foul-smelling, and noticed maggots recently.
- The patient has a history of heart failure, dementia, and no history of cancer.

### Imaging

- The X-ray of the tibia and fibula on the right side showed no bony abnormality but revealed a soft tissue defect and extensive calcification.
- MRI scan revealed a mass that infiltrates into the subcutaneous fat and extends up to the muscle fascia.

### Histology

- The histology report showed pieces of fibrous tissue infiltration by a nodular and morphea basal cell carcinoma with atypical squamous differentiation noted in places.
- No retained epithelium has been identified, and there is focal ulceration.
- Of interest, the tumour shows CD56 expression, which can be seen in basal cell carcinoma.
- The tumour thickness is at least 2mm.

### Conclusion and Aim

- This case presents an unusual presentation of basal cell carcinoma.
- This patient was referred to dermatology for follow up of biopsy and vascular surgery for excision of exuberant growth.
- It highlights the importance of early biopsy of all chronic ulcers.

