

Multiple basal cell carcinomas in the pubic area in a patient with skin type IV - Case report

Múltiplos carcinomas basocelulares na região pubiana em uma paciente fototipo IV - Relato de caso

Cristiani Banhos Ferreira¹ João Basilio de Souza Filho³ Lucia Martins Diniz²

Abstract: Basal cell carcinoma is the most common type of malignant cutaneous neoplasm in humans, being more frequently located in exposed areas and in fair-skinned individuals. It is reported the case of a 62-yearold female patient, brown-skinned ,with multiple lesions with edges slightly raised, reddish-brown in the pubic region, whose clinical diagnosis was pigmented basal cell carcinoma, confirmed by histopathology. Immunohistochemistry of the lesions was negative for the detection of papilloma virus. Keywords: Basal Cell Nevus Syndrome; Immunohistochemistry; Skin Neoplasms

Resumo: O carcinoma basocelular é a neoplasia maligna cutânea mais comum em humanos, localizando-se, frequentemente, em áreas expostas e em indivíduos de pele clara. Relata-se o caso de uma paciente de 62 anos, faiodérmica, com múltiplas lesões de bordas discretamente elevadas, eritemato-acastanhadas na região pubiana, cujo diagnóstico clínico foi carcinoma basocelular pigmentado, confirmado através do estudo histopatológico. A imunoistoquímica das lesões foi negativa para a pesquisa de papiloma vírus. Palavras-chave: Carcinoma Basocelular; Imunoistoquímica; Neoplasias Cutâneas

Non-melanoma skin cancers are the most common neoplasms with a growing increase in the last decades.¹ Basal and squamous cell carcinomas represent around 95% of these tumors being the first the most frequent epithelial neoplasia with approximately 75% of cases.^{1,2}

Basal cell carcinoma (BCC) is preferably located in areas exposed to solar radiation and 85% of the tumors are evident on the head and neck once the cumulative effect of the ultraviolet radiation in susceptible individuals seems to be the major triggering factor.³ It more frequently affects the male sex, from the fourth decade of life and patients with Fitzpatrick skin types I and II. Beyond ultraviolet radiation other risk factors are observed for BCC : chronic exposure to chemical and physical mutagens, previous medical or family history of BCC, genetic factors and hereditary syndromes.^{1,4}

In the last years, in addition to increased incidence due to a greater awareness of the population to seek for a specialist at the slightest sign of cutaneous lesions, as well as more attentive doctors

Received on 16.02.2010.

Conflict of interest: None / Conflito de interesse: Nenbum Financial funding: None / Suporte financeiro: Nenbum

©2011 by Anais Brasileiros de Dermatologia

Approved by the Advisory Board and accepted for publication on 09.05.10.

^{*} Work conducted at Santa Casa de Misericordia Hospital - Vitoria (ES), Brazil.

¹ Mestranda em Doenças Infecciosas pela Universidade Federal do Espírito Santo – Vitória (ES), Brasil.

² Doutora em Dermatologia pela Universidade Federal do RJ - Professora adjunta da clínica médica (dermatologia) da Universidade Federal do Espírito Santo - Vitória (ES), Brasil.

Professor titular da Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória – Vitória (ES), Brasil.

to the diagnosis of the disease, alterations in the presentation of BCC can be observed such as the involvement of areas photoprotected and a higher incidence in females.^{5,6}

It is estimated an incidence from 10 to 15% of all BCC diagnosed in covered areas and the factors responsible for such anatomic distribution are not yet well elucidated.⁶ The unusual sites are: breast, periungal region, palm, sole, buttocks and intertriginous areas (axillae, groin and genitalia).⁶⁷

A female patient, phototype IV (mullato), aged 62, sought for medical assistance presenting multiple lesions slightly elevated, with clear edges, eryhematous–pigmented, in the pubic region, that had appeared 8 months before. She had no personal or family history of skin cancer or immunodeficiency and no exposure to tar or ionizing radiation. She had had a total hysterectomy due to a cervical cancer thirty years before.

Besides lesions in the pubic region it was observed moderate photoaging without neoplasias in photoexposed areas. (Figure 1). Histopathological studies of the pubic lesions showed presence of buds of basaloid tumor cells, from the epidermis until reticular dermis, with palisade arrangement in the periphery, as well as melanocytes and melanophages in the stromal tumor, confirming the clinical hypothesis of pigmented basal cell carcinoma (Figure 2). Immunohistochemistry with the use of streptavidin-biotin-peroxidase technique was negative for the search of the pappiloma virus (HPV). The patient underwent photodynamic therapy with methyl aminolevulinate, two sessions, (interval of one week). After sixty days of treatment there were no neoplasms.

BCC has experienced a considerable increase in the last decades, essentially because of the reduction of the ozone layer, greater exposure of the population to ultraviolet radiation, increase in life expectancy and a higher level of awareness from the population and also from the medical sector.⁷ Despite the characterisitc aspect of the lesions, findings outside the elected sites can make the clinical hypothesis more difficult and retard diagnosis and treatment.⁶

In the last years, it has been observed an increase in the number of cases of BCC in women, justifiable by a greater integration of the female sex in the labor market and in activities which before had been considered male activities⁵, at earlier ages and in areas not photoexposed^{6.7}. These conditions deserve further studies to better understand the pathogenesis of this tumor.

Although ultraviolet radiation represents the most important factor for the appearing of BCC, the occurrence in areas photoprotected suggests the possibility of other agents such as the exposition to ionizing radiation or arsenic, immunosupression, personal history of previous skin cancer, local injuries, fair skin, genodermatosis, nevus sebaceous, age and mutagenic factors.^{5,8,9}

The reported case calls the attention for the exclusive neoplastic involvement in areas not photoexposed (pubic region) although there were evidences of photoaging in photexposed areas, elastosis, melanosis and vitiligo, beyond the fact of the patient being a mullato. It was requested search for the HPV virus in the basal cell lesions trying to



FIGURE 1: Presence of multiple pigmented basal cell carcinonmas in the pubic region

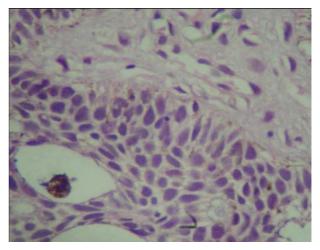


FIGURE 2: Detail of histopathology (HE,400x): presence of budding of basaloid tumor cells, with palisade arrangement, with melanocytes and melanophages in the tumor stroma

elucidate the triggering factor as hysterectomy for cancer of the cervix had been performed in the patient in the past, and this tumor being related to viral action. However, concerning the pubic lesions, the test was negative The authors emphasize the importance of a thorough dermatological examination for the discovery of this neoplasia in unusual areas and, from this practice, make an early diagnosis of the disease. \Box

REFERENCES

- Kopke LFF, Schimidt SM. Carcinoma basocelular. An Bras Dermatol. 2002;77:249-82.
 Martinez MAR, Francisco G, Cabral LS, Ruiz IRG, Festa Neto C. Genética molecular aplicada ao câncer cutâneo não melanoma. An Bras Dermatol. 2006;81:405-19.
- Giorgi V, Salvini C, Massi D, Raspollini MR, Carli P. Vulvar basal carcinoma: a retrospective study and review of literature. Gynecologic Oncology. 2005;97:192-4.
- Sampaio SAP, Rivitti EA. Dermatologia. 2 ed. São Paulo: Artes Médicas; 2001. p.839-42.
- Mantese SAO, Berbert ALCV, Gomides MDA, Rocha A. Carcinoma basocelular -Análise de 300 casos observados em Uberlândia - MG. An Bras Dermatol. 2006;81:136-42.
- Niwa ABM, Pimentel ERA. Carcinoma basocelular em localizações incomuns. An Bras Dermatol. 2006;81(Supl. 3):S281-4.
- Miranda CG, Ker RS, Porto JA, Nascimento LV. Estudo das localizações incomuns dos epiteliomas basocelulares. An Bras Dermatol. 1992;67:301-4.
- Gibson GC, Ahmed I. Perianal and genital basal cell carcinoma: a clinicopathologic review of 51 cases. J Am Acad Dermatol. 2001;41:68-71.
- Nouri K, Ballard CJ, Bouzari N, Saghari S. Basal cell carcinoma of the aréola in a man. J Drugs Dermatol. 2005;4:352-4.

MAILING ADDRESS / ENDEREÇO PARA CORRESPONDÊNCIA : Cristiani Banbos Ferreira Rua Aleixo Netto, 1003- apto402. Praia do Canto, 29055-145 Vitória - ES, Brasil Celular: 27 9941-8499 E-mail: crisbanbos@botmail.com

How to cite this article/*Como citar este artigo:* Ferreira CB, Diniz LM, Souza Filho JB. Multiple basal cell carcinomas in the pubic area in a patient with skin type IV: case report. An Bras Dermatol. 2010;86(3):589-91.