

Dermatology Congress 2019: A case of a pigmented Nodular Basal Cell Carcinoma from a Congenital Melanocytic Nevus in a 68-year old female Southern Philippines Medical Center, Philippines_ Angela E Sison-Galigao_ Southern Philippines Medical Center_ Philippines

Angela E Sison-Galigao

Southern Philippines Medical Center, Philippines

Basal Cell Carcinoma (BCC) is the most common skin malignancy seen in sun-exposed areas. Pigmented Nodular Basal Cell Carcinoma (PBCC) is a clinical and histologic variant of BCC. Aside from displaying features seen in nodular BCC, it also contains increased brown or black pigment, the presence of which makes it necessary to rule out melanoma. Congenital Melanocytic Nevi (CMN) on the other hand is common skin lesions that carry a risk of malignant transformation, especially melanoma. We report a case of a 68-years old female with a congenital well-defined light-brown macule measuring approximately 3 mm at the right deltoid area. It has been stable ever since until in a span of one year, the macule gradually increased in size associated with pruritus and easy bleeding upon minor trauma and progressing to become ulcerated. Dermoscopically, multiple gray globules, blue-gray ovoid nests, arborizing vessels and micro-ulcerations were seen while histologically, it showed clusters of basaloid cells with palisading of nuclei. Artifacts retraction spaces between the tumor and stroma as well as pigment-containing cells were also noted. These findings are consistent with PBCC. The patient was treated with standard excision. PBCC from a CMN is a rarity. Prompt diagnosis and management gives a favorable prognosis. Though CMN is a common skin lesion capable of transforming into a malignancy, to the best of our knowledge, PBCC arising from them has rarely been reported.

Basal cell carcinoma often appears as a slightly transparent lump on the skin, although it can take other forms. Basal cell carcinoma most commonly occurs in areas of the skin exposed to the sun, such as the head and neck. Most basal cell carcinomas are thought to be caused by long-term exposure to the sun's ultraviolet (UV) rays. Avoiding the sun and using sunscreen can help protect against basal cell carcinoma. Basal cell carcinoma usually develops on the sun-exposed parts of your body, especially the head and neck. Less often, basal cell carcinoma can develop on parts of your body that are generally protected from the sun, such as the genitals.

Basal cell carcinoma appears as a change in the skin, like a growth or sore that does not heal. Basal cell carcinoma occurs when one of the basal skin cells develops a mutation in its DNA. Basal cells are found at the bottom of the epidermis - the outermost layer of the skin. Basal cells produce new skin cells. As new skin cells are produced, they push the older cells to the surface of the skin, where the old cells die and are eliminated.

The process of creating new skin cells is controlled by the DNA of a basal cell. The mutation tells the basal cell to multiply quickly and continue to grow when it dies normally.

Eventually, the abnormal cells that accumulate can form a cancerous tumor - the lesion that appears on the skin.

Much of the DNA damage in basal cells is thought to result from the ultraviolet (UV) radiation found in sunlight and in commercial tanning lamps and tanning beds. But exposure to the sun does not explain the skin cancers that develop on skin that is generally not exposed to the sun. Other factors may contribute to the risk and development of basal cell carcinoma, and the exact cause may not be clear in some cases.

Congenital melanocyte nevi (CMN) are pigmented (melanocytic) proliferations visible in the skin that are present at birth. CMN is a benign tumor-like malformation resulting from a defective development of the precursors of pigment cells (melanocytes) in the embryo and composed of an abnormal mixture of skin elements. Defined areas of these melanocyte blooms cover areas at the base of the epidermis ranging from a few millimeters in diameter to large areas of the body. The most superficial component of CMN is the most highly pigmented, imparting shades of brown to black to the overlying epidermis. In general, CMN can be light brown, brown to dark brown or black and rarely blue and can be flat, raised or even quite thick at birth. The color can be fairly uniform everywhere, or consist of several colors, including shades of brown, black, red or blue. The texture can be smooth, strongly nodular or paved; hair may or may not be present at birth and may or may not grow as the child ages.