RECURRENT BASAL CELL CARCINOMA TREATED WITH CRYOSURGERY

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ABSTRACT

There are reports of treatment of primary BCC by cryosurgery; however, very few data are available on the successful treatment of recurrent BCC by cryosurgery.

KEYWORDS

BCC, Cryosurgery, Ulcer.

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INTRODUCTION

BCC is one of the most prevalent forms of cancer worldwide. Although, there are reports of cure rates achieved by cryosurgery for primary BCC, very few data are available on treating recurrent BCC by it.

CASE HISTORY

A 50-year-old female presented to our OPD with a clinical history of a gradually enlarging painless ulcer in the face since the last one year. Clinical examination showed a well-to-ill-defined ulcer of size 7×5cm in the left cheek extending from the middle of the cheek to the lower eyelid. The margin is erythematous, indurated and rolled. Pigmentation is seen in few areas. The floor of the ulcer is irregular and few areas spotted with necrotic tissue. On palpation, the base was indurated and nontender.

Histopathological examination showed a malignant tumour composed of cells arranged in lobules infiltrating the dermis. Cells at the periphery showed a palisading appearance. Individual tumour cells are basaloid having a scanty cytoplasm and hyperchromatic nuclei. Clefting was seen in between the lobules. Resected margin was free of lesion.

Clinical diagnosis of basal cell carcinoma was confirmed with histopathological findings. Wide surgical excision followed by skin grafting was done. After a symptom free period of 1 year, the patient came back with local recurrence. Cryosurgery was performed. Duration of the freezing was 2-3 minutes with tissue temperature of -180 degree C, the lateral spread of frost measured 5mm beyond the obvious limits of the tumour. Tissue was permitted to thaw for 5 minutes. Three cycles were performed. With proper post-operative care, an eschar was formed in 1 week and wound healing occurred in 8 weeks. Patient is symptom free for 1 year after cryosurgery.

DISCUSSION

Basal Cell Carcinoma (BCC) is the most common cancer in individuals with fair skin type and steadily increasing in incidence.^{1,2,3} Treatment options for localized resectable BCC include micrographically controlled surgery, simple excision, curettage, laser ablation, cryosurgery, imiquimod, 5-fluorouracil, photodynamic therapy and radiotherapy.⁴ Standard therapy is complete surgical removal.⁵ Surgical treatment of BCC can be technically difficult in mid-face area leading to recurrence of the lesion. Recurrent BCC may develop at any time either different or similar to the primary tumour.⁶ Various treatments are available, however, needs individualization. Cryosurgery is proposed for low-risk BCC. Cryosurgery has been poorly investigated in mid-face BCC, which is considered as having a high risk of recurrence.⁷ Cure rates up to 98% have been reported after cryosurgical treatment of primary BCC.⁸ Reports concerning cryosurgical treatment of recurrent BCC are sparse. It is well known that the cure rate for recurrent lesions with any modality is lower than for primary tumour; cryosurgery is no exception.⁹ Cryosurgery is an effective treatment modality for eyelid basal cell carcinomas, resulting in a few recurrences and good cosmetic and functional outcomes at a low cost.¹⁰ Cryosurgery can be an alternative choice for management of small-to-medium sized recurrent BCC if done aggressively with proper delineation of depth and width.⁹

Fig. 1: Pic Showing BCC Extending from cheek to the Lower Eyelid c

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Fig. 2: HPE Findings

Fig. 3: Wide Excision C

Fig. 4: Recurrence C

Fig. 5: Immediately after Cryosurgery C

Fig. 6: One Year after Cryosurgery C

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