PAEDIATRIC DERMATOLOGY

TREATMENT OF MULTIPLE FACIAL BASAL CELL CARCINOMAS IN A CHILD WITH XERODERMA PIGMENTOSUM COMPLEMENTATION GROUP C WITH MOHS MICROGRAPHIC SURGERY: THE FIRST CASE OF ITS KIND IN THE UK.

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Background: Xeroderma pigmentosum (XP) is a rare autosomal recessive disorder of DNA repair characterised by a significant increased risk of skin cancer because of an inability to repair ultraviolet radiation-induced DNA damage. There is notable heterogeneity of clinical features between the seven XP complementation groups (A to G) with those in group C (XP-C) suffering multiple and early-onset skin cancers, despite good photoprotection.

Observation: An 8-year-old female with XP-C presented with over 12 facial basal cell carcinomas (BCCs), the first at the age of 4. Previously she had been treated with topical imiquimod cream and surgical excisions with incomplete clearance on histology noted on a few lesions. For this reason, it was decided to excise twelve lesions in one go, eight via Mohs micrographic surgery and four via simple excision, with simultaneous reconstruction, including post-auricular full thickness skin grafts.

Key Message: This case highlights the complexities of managing skin cancers in young children with XP, particularly in a surgical setting. Even with meticulous protection from ultraviolet radiation, patients inevitably develop skin cancers, most commonly on the face. Topical imiquimod can help treat background actinic damage, superficial and some nodular BCCs, but morphoeic subtypes and previously incompletely excised BCCs are best treated with Mohs micrographic surgery. Multiple Mohs micrographic excisions with simultaneous reconstruction allows the complete excision of BCCs in paediatric patients with XP, thereby minimising facial scars and reducing the need for repeated operations.