



SKIN CANCER (OTHER THAN MELANOMA)

BASAL CELL CARCINOMA ARISING IN DISCOID LUPUS ERYTHEMATOSUS : A CASE REPORT.

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Background: Discoid lupus erythematosus (DLE) is the most common form of cutaneous chronic lupus erythematosus. It usually presents as single or multiple erythematous scaly plaques which later develop atrophy, scarring, and pigmentary alterations. Photo-distributed areas are commonly involved. Rarely, basal cell carcinoma (BCC) has been noted to develop on DLE lesions. We present a case of a 63-year-old woman with long-standing DLE associated with BCC.

Observation: A 63-year-old woman presented with erythematous and ulcerated plaque involving the nose. Physical examination revealed an ulcerated nodule located on the atrophic DLE plaque of the nasal pyramid. The lesion was suspicious for neoplasm. Histological findings of a tumour biopsy were suggestive of a BCC. The lesion was completely resected with a margin of 1 cm and the histological examination revealed an adenoid variant of BCC. The defect was repaired by a total skin graft. A five-year follow up of the patient revealed no sign of recurrence of the tumor.

Key message: DLE results in abnormal regulation of immune responses and it is often associated with photosensitivity. The pathogenesis of DLE is multifactorial including ultraviolet radiation, infective agents, drugs, stress and specific genetic variants regulating immune responses. It may develop on traumatized skin and also may arise at sites of a prior cutaneous eruption. Rarely, BCC and squamous cell carcinoma has been noted to develop on DLE lesions. The mechanisms that drive the progression of DLE to BCC are not well defined. Establishing the diagnosis of this particular variant of BCC is crucial as adenoid BCC is regarded as a low-grade malignancy. Majority of the cases diagnosed as adenoid BCC have low potential for recurrence and metastasis.

