



SKIN CANCER (OTHER THAN MELANOMA)

UNCOMMON PRESENTATION OF PIGMENTED PARAUNGUAL BASAL CELL CARCINOMA ON THE FIRST TOE

M Goldust⁽¹⁾ - G Rahmatpour Rokni⁽¹⁾ - U Wollina⁽²⁾ - C Feliciani⁽³⁾ - M Bagot⁽⁴⁾ - R Fölster-holst⁽⁵⁾ - G Argenziano⁽⁶⁾ - A Lallas⁽⁷⁾ - S Sonthalia⁽⁸⁾ - J Szepletowski⁽⁹⁾ - L Atzori⁽¹⁰⁾ - A Goren⁽¹¹⁾ - S Ribero⁽¹²⁾ - G Tchernev⁽¹³⁾

Mazandaran University Of Medical Sciences, Dermatology, Sari, Iran (islamic Republic Of)⁽¹⁾ - Städtisches Klinikum Dresden, Academic Teaching Hospital Of The Technical University Of Dresden, Department Of Dermatology And Allergology, Dresden, Germany⁽²⁾ - Università Di Parma, Dermatology, Parma, Italy⁽³⁾ - Saint-louis Hospital, Inserm U976, Université Paris Diderot-paris Vii, Sorbonne Paris Cité, Ap-hp Dermatology Department, Paris, France⁽⁴⁾ - Universitätsklinikum Schleswig-holstein, Dermatologie, Venerologie Und Allergologie, Kiel, Germany⁽⁵⁾ - University Of Campania, Dermatology Unit, Naples, Italy⁽⁶⁾ - , School Of Medicine, Aristotle University, Dermatology, Thessaloniki, Greece⁽⁷⁾ - Kalyani-escorts Hospital, Gurgaon, Dermatology, Haryana, India⁽⁸⁾ - Wroclaw Medical University, Dermatology, Wroclaw, Poland⁽⁹⁾ - University Of Cagliari, Dermatology, Cagliari, Italy⁽¹⁰⁾ - University Of Studies Guglielmo Marconi, Dermatology, Rome, Italy⁽¹¹⁾ - University Of Turin, Dermatology, Turin, Italy⁽¹²⁾ - Medical Institute Of Ministry Of Interior (mvr), Dermatology, Sofia, Bulgaria⁽¹³⁾

Background: Basal cell carcinomas (BCC) are the most common types of skin neoplasm. The finger, toe, and nail unit are uncommon and rare locations of BCC. Only a few patients with foot BCC have been reported, and ungual BCC is even less frequent.

Observation: We present a patient with a BCC on the left first toe. Clinically, it appeared as a brown-colored plaque with an irregular border on the nail fold and dorsum of the left thumb. Histopathological findings were consistent with the pigmented type of BCC. Surgical approach with subsequent full thickness mesh graft led to a complete remission. Follow up at 10 months revealed a functionally and cosmetically acceptable outcome.

Key message: The clinical presentation of nail unit BCC is variable and nonspecific manifestations occur more frequently. Our case stated the necessity of histopathologic examination in ulcerous lesions resistant to topical treatment.

