A Slow-growing Grayish Nodule near the Nasal Bridge after Chemocauterization

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CASE REPORT

A 60-year-old woman visited the dermatology clinic, National Cheng Kung University Hospital. She presented with a well-demarcated dermal nodule on the left side of the nasal bridge (Fig. 1). The nodule grew slowly since 4 years ago after she had received a chemocauterization to remove a pigmented lesion, was conceived as a nevus itself on the same area. The procedure was performed by a street vendor. Neither complication nor recurrence of the lesion was noted after the chemocauterization. However, a dermal nodule underneath began to grow. On examination, a 1.0 x 1.0 cm, well-demarcated, cyst-like elastic grayish nodule without epidermal change was noted on the left side of the nasal bridge. An excisional biopsy was performed and the specimen was submitted for hematoxylin-eosin stain (Fig. 2, 3).

Fig. 1
A 60-year-old woman with 1.0 x 1.0 cm slow-growing, cyst-like elastic grayish nodule with smooth surface on the left side of nasal bridge for 4 years. The tumor grew on the same area where a "pigmented nevus" was completely removed by chemocauterization.

Fig. 2
(H & E, x82.5).

Fig. 3
(H & E, x250).
DIAGNOSIS: Pigmented Basal Cell Carcinoma Mimicking Follicular Cyst after Amateur Chemocauterization

DISCUSSION

Removal of pigmented lesion with chemocauterization by amateurs is common in Taiwan, and possibly also in other Asian countries. We conducted a randomized survey in our clinics and found that 6 out of 100 people (6%) aged 16 to 68 had received chemocauterization performed by non-physicians. The procedure is usually done by street vendors to remove pigmented lesions on the face. Although amateur chemocauterization may be complicated with poor wound healing, infection, or scarring, it has been widely used by the general public because of its accessibility and low cost.

BCC is the most prevalent skin cancer among Caucasians. An estimation of 900,000 cases per year occurs in the United States. Eighty-five percent of the tumors appear on the head and neck. Features include translucency, ulceration, telangiectasia, and the presence of a rolled border. Characteristics may vary based on clinical subtypes, which include nodular, superficial, pigmented, morpheaform BCC and fibroepithelioma of Pinkus. BCC is believed to arise from a pluripotential cell within the basal cell layer or various appendageal structures. Although BCCs may arise from the infundibular portion of hair follicles where follicular cysts originate, BCCs arising from the wall of a follicular cyst are very rare. Only 13 cases have been reported in the English literature.1-5 Most of them were located entirely in the dermis without epidermal connections. These tumors were suggested to arise directly from the cyst wall as revealed histopathologically.1-5

The origin of the BCC in our case cannot be determined with certainty. Although follicular cyst was suspected clinically, there was no evidence of a preexisting cyst histologically. Pigmented BCC is not uncommon in Orientals.6 A review of 243 Japanese patients with basal cell carcinoma demonstrated that approximately 75% of the tumors were pigmented.6 The majority of BCC in our population are also pigmented BCC. In our experience, many patients with pigmented BCC gave a history of a "pigmented mole" of many years' duration at the site of BCC. In light of a pre-existing pigmented nevus in the history and the presence of fibrosis in the overlying papillary dermis in the present case, it is likely that the current dermal nodule of BCC was preceded by a more superficially located pigmented BCC. The amateur chemocauterization had removed only the superficial pigmented portion of the tumor, leaving the rest to grow continuously hidden by the superficial scar. In addition to pigmented BCC, a pigmented lesion could also be a malignant melanoma, or pigmented Bowen's disease, solar keratosis or squamous cell carcinoma. Superficial and incomplete removal of any of such pigmented malignant lesion by a layman would give patients a false sense of cure and delay the chance of early diagnosis and curative treatment.

Patients with pigmented lesions should seek medical attention from physicians for a proper evaluation and treatment. Pigmented BCC should also be included in differential diagnosis of follicular cyst, especially in patients with a history of chemocauterization.

REFERENCES