

Basal cell carcinoma of the areola: a rare case report

Carcinoma basocelular areolar: um raro relato de caso

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ABSTRACT

Basal cell carcinoma (BCC) is the most common malignant cutaneous neoplasm. It is preferentially located in areas exposed to solar radiation, since the cumulative effect of ultraviolet radiation on susceptible individuals seems to be the major triggering factor. Among the places considered unusual are breasts and glutes. According to a survey conducted in 2016, there are only 55 cases of BCC in the nipple-areola complex described in the literature. In the present report, we have a patient with areolar BCC and discuss the importance of a thorough dermatological examination.

Key words: carcinoma basal cell; pathology; dermatology.

RESUMO

O carcinoma basocelular (CBC) é a neoplasia cutânea maligna mais comum. Localiza-se preferencialmente em áreas expostas à radiação solar, visto que o efeito cumulativo da radiação ultravioleta, em indivíduos suscetíveis, parece ser o principal fator desencadeante. Entre os locais considerados incomuns estão as mamas e os glúteos. Segundo um levantamento feito em 2016, há apenas 55 casos de CBC no complexo mamilo-aréola descritos na literatura. Relatamos o caso de um paciente com CBC areolar e discutimos a importância de um exame dermatológico minucioso.

Unitermos: carcinoma basocelular; patologia; dermatologia.

RESUMEN

El carcinoma basocelular (CBC) es la neoplasia cutánea maligna más común. Su localización habitual es en áreas expuestas a la radiación solar, puesto que el efecto acumulativo de la radiación ultravioleta, en individuos susceptibles, puede ser el principal factor desencadenante. Localizaciones consideradas como infrecuentes incluyen las mamas y los glúteos. Según una encuesta llevada a cabo en 2016, hay sólo 55 casos de CBC en el complejo areola-pezones descritos en la literatura. Reportamos el caso de un paciente con CBC de la areola y discutimos la importancia de un examen dermatológico completo.

Palabras clave: carcinoma basocelular; patología; dermatología.

CASE REPORT

A 77-year-old man with a personal history of two skin cancers and a current complaint of pigmented lesion on nasal dorsum, at the examination, presented a brownish macula with precise limits on the nasal dorsum, clinically compatible with solar lentigo. However, a complete dermatological examination revealed a bordered erythematous plaque of 1.5 cm in diameter containing an asymmetric blackish papule with a superficial ulceration in the right upper portion of the lesion in the right areola (**Figure 1**). Dermoscopy showed a rosy background with an asymmetric amorphous area superior to the right, with a superficial crust (**Figure 2**). The clinical hypotheses of melanoma with nodular component, pigmented basal cell carcinoma (BCC) and seborrheic keratosis were discussed. An incisional spindle biopsy was performed involving the papular component of the lesion, with anatomopathological report of superficial and nodular BCC, pigmented and depth of invasion up to the superficial dermis (**Figure 3**). After definitive diagnosis, an excisional biopsy was performed, revealing lateral and deep borders free of involvement.

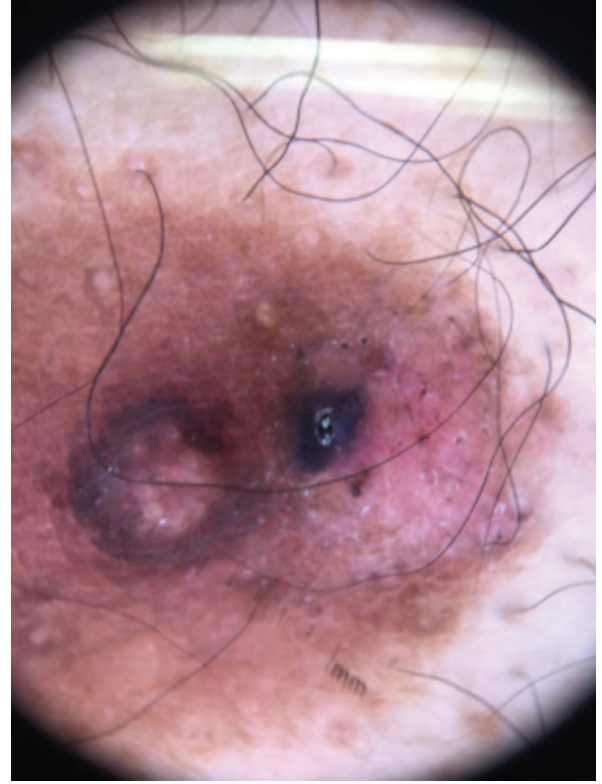


FIGURE 2 – Dermoscopy



FIGURE 1 – Clinical examination

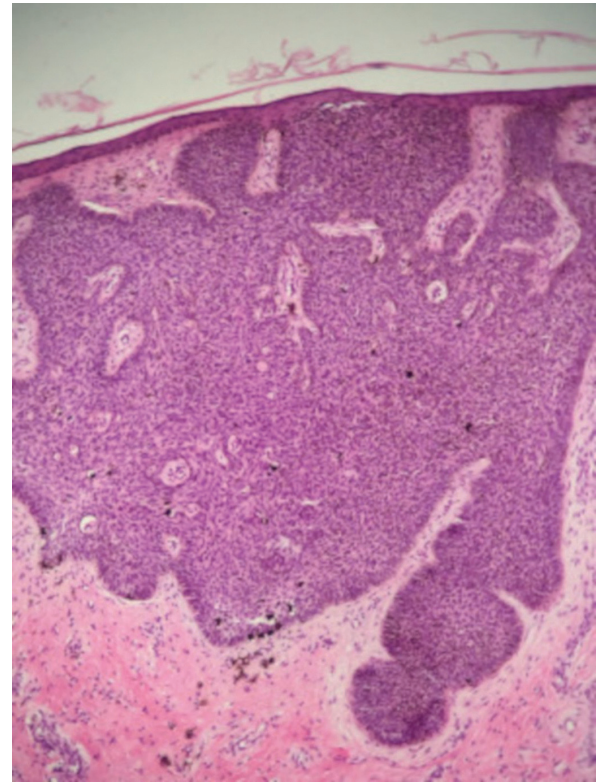


FIGURE 3 – Histology of the lesion (HE)
HE: hematoxylin and eosin.

DISCUSSION

BCC is the most common skin neoplasm, and among the most unusual sites of lesion appearance are breasts and glutes⁽¹⁾. A review of the literature in the PubMed database showed that there are only 55 cases of BCC in the nipple-areola complex reported in the world, 35 in men and 20 in women, predominantly in Caucasian individuals⁽²⁾. Thus, the site of the presented neoplasia is considered extremely rare in the literature. In addition, the importance of performing the complete dermatological examination, including not exposed areas of the skin, and with the aid of a dermatoscope, is highlighted, even in a routine consultation or due to other

complaints, as this revealed a suspicious lesion in an atypical area for the described histopathological pattern.

CONCLUSION

A rare BCC site, with few descriptions in the world, was evidenced. The unusual site of the lesion is also hidden and can only be seen from a complaint or a thorough dermatological clinical examination. The inspection revealed the lesion which, with the help of a dermatoscope, raised suspicion of malignancy, enabling adequate diagnosis, treatment and follow-up.

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