

Superficial Spreading Basal Cell Carcinoma of the Nose

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Basal cell carcinomas (BCC) are abnormal, uncontrolled growths or lesions that arise in the skin's basal cells, which line the deepest layer of the epidermis (the outermost layer of the skin). BCCs often look like open sores, red patches, pink growths, shiny bumps, or scars and are usually caused by a combination of cumulative and intense sun exposure. Patients presenting with BCCs often report a slowly enlarging lesion that does not heal and bleeds when traumatized. As tumors most commonly occur on the face, patients frequently provide a history of an acne bump that occasionally bleeds.

People who experience sunburns are more likely to develop skin cancer than those who do not; however, sunlight can damage the skin regardless of the presence of a sunburn. Patients with BCCs often have a history of chronic sun exposure, including recreational sun exposure (e.g., sunbathing, outdoor sports, fishing, boating) and occupational sun exposure (e.g., farming, construction).

History of any prior treatment to the index tumor should be elicited, as well as history of any prior non-melanoma skin cancer. In patients with recurrent tumors, deeper invasion should be expected. Recurrence following radiation therapy is often more aggressive.

The following case presentation involves excision of BCC at the nose and grafting with DermACELL®.

PATIENT

- 39 years old, Male, in otherwise good health

DIAGNOSIS

- BCC on right ala nasi (cartilaginous flap on the lateral surface of nose)

TREATMENT

- Surgical excision
- Non meshed acellular dermal matrix (DermACELL, LifeNet Health, Virginia, USA) was placed and fixed with interrupted sutures

CONCLUSION

- Uneventful post-operative course with no swelling or major exudate
- The acellular demal matrix completely closed the wound within 15 weeks and enabled a successful cosmetic outcome
- DermACELL provided a safe and effective treatment option for this surgical reconstruction procedure



Figure 1. Pre operative basal cell carcinoma on right ala nasi



Figure 2. Four days post operative with DermACELL visible



Figure 3. Two weeks post operative



Figure 4. Fifteen weeks post operative and the wound is completely closed

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