

Clinical image: An unusual pigmented basal cell carcinoma arising from vulva

R. Yaghoobi, T. Razi, A. Feily

KEY WORDS

pigmented BCC,
vulva

Basal cell carcinoma (BCC) is the most common human malignancy. It occurs most often in elderly patients on the sun-exposed skin of the head and neck (1). It accounts for approximately 75% of all non-melanoma skin cancer and is uncommon on unexposed skin such as the genital and perianal region (2). We report a 78-year-old otherwise healthy woman that was seen with a pigmented lesion originating on the right vulva. The lesion had started as a small macula 20 years ago. It later became pigmented and extensive and transformed into a large, neglected pigmented patch on the right side of the vulva. Physical examination was notable for a 2 × 4 cm, well-demarcated and pigmented patch on the right labium majus. A biopsy specimen was obtained and the lesion was diagnosed histopathologically as a pigmented basal cell carcinoma. The patient underwent a wide radical local excision and ipsilateral superficial inguinal lymph node dissection.

BCCs can develop in sun-protected areas (3). The most important factor in the pathogenesis of BCC is lifetime ultraviolet radiation damage, but the etiology of BCC in sun-protected areas remains unknown and some factor other than ultraviolet radiation seems to be involved (3, 4). Although BCCs can develop in sun-protected areas, genital involvement is very rare, accounting for fewer than 1% of all cases (4, 5). Importantly,

BCC accounts for 2 to 4% of all vulvar cancers, it occurs most commonly in post-menopausal women, and approximately 200 cases have been reported in the literature (4, 5). Notably, vulvar BCCs are usually diagnosed late because they are often asymptomatic and grow at slow rates (4). In addition, vulvar BCC may be locally invasive and destructive, and the local recurrence rate is as high as 20% in some series after simple excision. Metastases have also been reported (4–6). Reasonably early diagnosis and treatment are essential. The patient we profile here had a neglected



Figure 1. Pigmented basal cell carcinoma located on the vulva in a 78-year-old woman.

case of vulvar BCC that was diagnosed and treated after 20 years of development. Accordingly, because of

the high probability of a local recurrence mentioned above, close long-term follow-up is necessary.

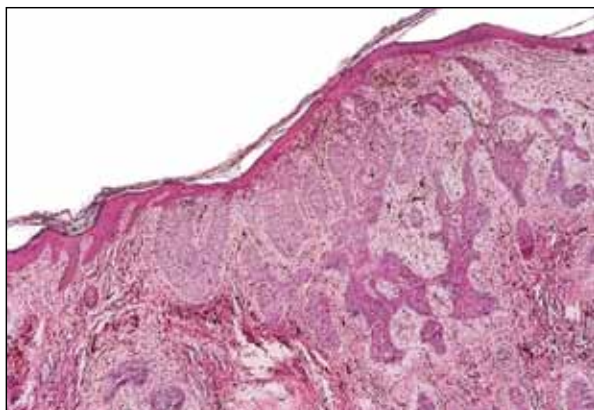


Figure 2. Superficial location of BCC tumor nests with peripheral palisading nuclei (Hematoxylin-eosin stain $\times 40$).

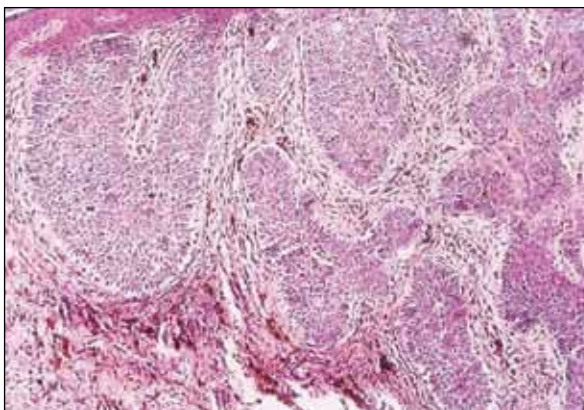


Figure 3. BCC cells originate from the basal layer of the epidermis, grow in a serpiginous fashion, and form solid-pigmented nests. (Hematoxylin-eosin stain $\times 100$).

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A U T H O R S ' A D D R E S S E S Amir Feily, Skin and Stem Cell Research Center, Tehran University of Medical Sciences, Tehran, Iran.

Jundishapur University of Medical Sciences, Ahvaz, Iran, corresponding author, E-mail: dr.feily@yahoo.com

Reza Yaghoobi, MD, professor of Dermatology, Department of Dermatology, same address, E-mail: Yaghoobi_rz@yahoo.com

Taghi Razi, MD, Associate Professor of Obstetrics and Gynecology, Department of Obstetrics and Gynecology, same address, E-mail: dr.taghirazi@gmail.com