Case Report

Basal Cell Carcinoma of Axilla: A Very Rare Presentation

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Abstract
Basal cell carcinoma (BCC) is the most common skin malignancy. It is usually found on the sun exposed parts of the body but it may sometimes appear on the unusual and covered parts of the body. The axilla being one of the rarest sites. Of the very limited number of BCC axilla so far reported, most were in the Caucasian and only a few in Asians. Complete surgical excision is the best form of treatment and recurrence is uncommon.

Key Words: Skin malignancy, Basal cell carcinoma, unusual sites, and axilla.

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Introduction
Basal Cell Carcinoma (BCC) is the most common skin malignancy and usually occurs in the sun exposed areas, of which 85% occur in the head and neck regions. While the non exposed areas of the body normally do not harbor BCC, the ultraviolet radiations (UV) are considered to be the most important risk factor for causing BCC. The other factors which seem to be involved are; arsenic, burns, scars, chronic inflammation, irradiation, coal tar and immune deficiency states etc.

Of all the locations in the body, BCC in the axilla is a very rare occurrence. The first ever case of BCC in the axilla was reported by Hazen in 1917. Since then, only about 70 cases of axillary BCC have so far been reported until recently, of which the vast majority occurred in the Caucasians. There have been only a few cases of BCC axilla, as reported from Asia. And here in, we report another rare case of BCC axilla in an Asian lady.

Case Report
A 60 years old lady from Afghanistan presented in March 2017 at Surgical B Unit, Khyber Teaching Hospital, Peshawar, Pakistan, with a non healing ulcer in the right axilla for two years. It was painless and gradually increased in size. The patient was otherwise a healthy lady and did not have any other illness.

On general and systemic examination, there was nothing significant. The local examination showed a malignant looking ulcer with a size of 4 into 4 cm in the right axilla involving the anterior axillary fold and axillary tail of the right breast. The margins of the ulcer were rolled. (Figure) The breast on palpation was normal but there were palpable lymph nodes in the ipsilateral axilla. Ultrasound breast did not show any mass while axillary lymph nodes were found to be enlarged. Biopsy was taken which showed Basal cell carcinoma. The metastatic workup did not show anything significant. The ulcer was then excised with wide margins along with dissection of the axillary lymph nodes. The histopathology report showed nodular Basal cell carcinoma (BCC). The deep infiltration of the tumor was up to 1.7cm. The

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Fig:1 Site and presentation of the ulcer
Basal cell carcinoma of axilla: A very rare presentation

resection margins were free of tumor. Only one lymph node was involved due to direct tumor infiltration and rest of the nodes did not show any involvement. In the follow up, the patient remained free of any recurrence for six months.

**DISCUSSION**

BCC is the most prevalent type of skin cancer and the most common malignancy over all in humans. It mostly affects the sun exposed regions of the body, but can occur at some unusual sites and covered parts of the body, hence causung confusion. These unusual sites include axilla, palm of hand, nipple areola, umbilicus, buttock, perenial and genital regions. As for an ‘unusual site’, there is no uniform or universally agreed definition. But it is considered as the least common and odd locations on the basis of frequency of the occurrence of BCC. It is therefore recommended that, no matter what method is used to define the locations as unusual for BCC, must however be reported, so that these are added to the literature for better understanding of the pathogenesis, diagnosis and management strategies. Though, the exact factors determining the anatomical distribution pattern of BCC are not clear so far.

Surgical excision is the most widely used treatment modality used for BCC. It is simple, effective and can completely achieve the tumor clearance. The BCC rarely metastasizes and the recurrence is uncommon after complete excision. The prognosis of these patients is usually excellent.

**CONCLUSION**

BCC in axilla is a very rare diagnosis. And factors other than UV radiation exposure seem to play a role.

**REFERENCE**


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Following authors have made substantial contributions to the manuscript as under:

**Afridi ZU:** Main idea, planned the article, case management.

**Khan MA:** Bibliography.

**Ahmad R:** Bibliography.

**Zameer H:** References & drafting.

**Alam F:** Drafting, reference collection.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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