

Images in medicine

Giant basal cell carcinoma of the scalp

Monia Youssef^{1,&}, Hichem Belhadjali¹

¹Dermatology Departement Fattouma Bourguiba, Hospital Monastir, Monastir, Tunisia

[&]Corresponding author: Monia Youssef, Dermatology Departement Fattouma Bourguiba, Hospital Monastir, Monastir, Tunisia

Key words: Giant, basal cell carcinoma, scalp

Received: 18/05/2014 - Accepted: 07/10/2014 - Published: 14/10/2014

Pan African Medical Journal. 2014; 19:142 doi:10.11604/pamj.2014.19.142.4619

This article is available online at: <http://www.panafrican-med-journal.com/content/article/19/142/full/>

© Monia Youssef et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Image in medicine

A 64-year-old man, phototype V in Fitzpatrick scale, presented with a 5-year history of a slowly extending ulcer of the scalp. He had a past medical history of diabetes mellitus and ionizing radiation for tinea capitis in childhood. The physical examination revealed an oval-shaped ulcer measuring 7 cm in width x 5 cm in length, with a raised pigmented border; the center was alopecic, scattered by hemorrhagic, necrotic and crusted erosions. He had neither cervical enlarged lymph nodes nor visceromegaly. The histopathological study of the biopsy specimen confirmed the diagnosis of basal cell carcinoma. A combined cranial, thoracic, abdominal and pelvic computed tomography scan was normal. Particularly, there was no adjacent bone involvement. A surgical excision with reconstruction was undergone. No signs of dissemination or local recurrence have been detected after follow up of two years. We still observe on the 21st century cases of giant basal cell carcinoma. In our case multiple factors could explain the size reached by the tumor:

immunocompromisation (diabetes), ionizing radiation in childhood and mainly patient neglect. Ignorance about skin tumors and their prognosis, acceptance of a non painful, a slow growing lesion explain the delay of diagnosis and treatment. We have reported this case to increase awareness among dermatologists and general physicians about the importance of detecting this type of "quiet silent" tumor that if left could lead to dramatic complications. Final diagnosis: Giant basal cell carcinoma of the scalp.



Figure 1: a large ulcer with raised pigmented border of the scalp