

## Case Report

# Basal cell carcinoma at the pinna

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### ABSTRACT

Basal cell carcinoma (BCC) is the most common type of non melanoma cutaneous malignancy BCC usually present on sun exposed area such as nose, mandibular, periocular region. A review of the literature revealed only a few reports of BCC on the auricle or conchal bowl. Objectives were to report a case of BCC of right pinna. A 62 year old man presented to ENT OPD with a painless blackish lesion in the right pinna appreciated since 6 months and progressively increased to the present size. On local examination of the pinna a blackish plaque with irregular margins was appreciated in the cocha, helical crus and incisura. It was soft to firm in consistency and tenderness absent. Wide excision of the lesion with healthy margin done under local anesthesia. Histopathology of excised specimen confirmed the lesion as BCC. BCC of pinna is an uncommon external ear pathology which should be kept as a differential diagnosis of lesions of the pinna by the otorhinolaryngologist.

**Keywords:** Basal cell, Carcinoma, Pinna

### INTRODUCTION

Basal cell carcinoma (BCC) is the most common type of non-melanoma cutaneous malignancy.<sup>1,2</sup> This type of cancer has a chance of local invasion with rare chance of distant metastasis.<sup>3</sup> In the Indian population the incidence is relatively less when compared with fair skinned population.<sup>4,5</sup> The advantages of making early diagnosis includes good cure rates, less morbidity and good surgical results.<sup>4,6</sup> Cancer of the auricle constitutes around 6% of all cutaneous malignancies, out of which 50-60% are squamous cell carcinoma, 30-40% are BCC (BCC), and 2-6% are malignant melanomas.<sup>7,8</sup> We are reporting one such case of BCC at an unusual site pinna.

### CASE REPORT

A 62 year old man presented to ENT OPD with a painless blackish plaque like lesion in the right pinna appreciated since 6 months. Lesion was initially small which has gradually progressed to the present size. On examination

a blackish plaque like lesion with irregular margins was appreciated which was soft to firm in consistency and tenderness was absent (Figure 1). There was no palpable lymphadenopathy rest of the ENT examination was reported as normal. Wide excision of the lesion with healthy margin done under local anaesthesia. Histopathology confirmed the lesion as BCC. The patient is under regular follow up and no recurrence noted.



**Figure 1:** A blackish plaque like lesion of right pinna.

## DISCUSSION

BCC usually present on sun exposed area such as nose, mandibular, periocular region.<sup>3</sup> A review of the literature revealed only a few reports of BCCs on the auricle or conchal bowl.<sup>9,10</sup>

In the ear the regions affected may include helix, backside, concha, antihelix and lobules of the ear.<sup>10</sup>

Etiology include exposure to UV radiation, ionizing radiation, environmental exposure to hydrocarbon coal tar, skin phenotype, genetic syndromes, predisposing clinical settings and immune suppression.<sup>2,11</sup>

The average age of presentation is 60 years.<sup>12</sup> There are various variants of BCC.

BCC is seen in males as compared to females due to outdoor work.<sup>5</sup>

The aggressive variants include basosquamous, infiltrative, metatypical, morphemic and micronodular as compared with the less aggressive ones which includes superficial, nodular and adenoid BCC.<sup>13</sup>

It has been concluded that the most aggressive phenotypes are present in the head and neck region and BCC of the ear is one of the most aggressive phenotypes.<sup>9,12</sup>

The risk factors for BCC at the pinna include thin skin, less adipose tissue, and adherent underlying cartilage tissue, making it more vulnerable to local spread, incomplete clearance, and high risk of recurrence.<sup>14</sup>

The treatment options of BCC include surgical and nonsurgical. The surgical modalities include surgical/laser excision, Mohs surgery, curettage with or without cautery, and cryosurgery. The nonsurgical modalities include radiotherapy, photodynamic therapy, topical chemotherapy with 5-fluorouracil, imiquimod, and interferon alpha.<sup>5</sup>

## CONCLUSION

The important lesson learnt from this case is that BCC of pinna is an uncommon external ear pathology which may sometimes be seen in ENT practice. Any suspicious lesion of pinna should be promptly treated by surgical excision and diagnosis confirmed by histopathological examination of excised specimen. Regular follow up is required in cases of BCC as it is a highly aggressive tumour with chances of recurrence.

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