

## Case Report

# AN UNUSUAL LOCATION OF BASAL CELL CARCINOMA OF THE CLITORIS

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## ABSTRACT

Basal cell carcinoma (BCC) is usually observed on sun exposed skin areas such as head and neck. However, BCC may also seen areas which are not exposed to sunlight such as perianal and genital regions. Vulvar BCC is seen rare and account for less than 5% of vulvar cancers and less than 1% of all BCCs. In this paper, we report a rare case of locally invasive BCC located at the clitoris.

**Keywords:** Basal Cell Carcinoma, Clitoris

## INTRODUCTION

Basal cell carcinoma (BCC) is the most common human malignant neoplasm. The incidence of BCC is correlated with sunlight exposure and older age. Ionizing radiation, arsenic, oral methoxsalen, hamartomas, immune deficiency, and ultraviolet A radiation are also related to the development of BCC (Rubin *et al.*, 2005). Thus, majority of BCC is observed on sun exposed skin such as head and neck (Rahbari and Mehregan, 1979). However, BCC may also seen areas which are not exposed to sunlight such as perianal and genital regions. In this paper, we present the rare case of carcinoma of vulva involving the clitoris.

## CASES

A 58 year old multiparous woman with a 4X3 cm tumoural mass of the clitoral area reported in our hospital (Figure 1 and 2). The tumour had been punch biopsied and diagnosed as nodular BCC. It was learnt from her history that the vulvar lesion started with itching and a burning sensation. She had not received any treatment.

Her history did not include any previous sexually transmitted disease, radiation exposure, smoking or skin cancer in the family. She had no history of cytological smear or gynaecological examination. She came to our clinic for increasing symptoms, and had not been examined previously for her lesion. Pelvic examination showed a pigmented and nodular lesion and no inguinofemoral lymphadenopathy. There were no suspect BCC lesions on other parts of the body. After local wide surgical excision was performed under local anaesthesia, surgical specimen was submitted to the our pathology laboratory. The diagnosis of basal cell carcinoma of the skin was made.



Figure1



Figure 2

## Case Report

### DISCUSSION

Vulvar BCC is a rare neoplasm. Approximately, more than 250 cases of vulvar BCC have been published in literature (Fleury *et al.*, 2011). It is seen usually elderly white women over 70 years of age. Bleeding, palpable vulvar mass or swelling, ulceration, irritation, pain, and pruritis are most common seen symptoms (Benedet *et al.*, 1997; Piura *et al.*, 1999). The tumor is typically solitary and its size is ranged between 0.2 and 10 cm and most often located on the labium majus and less commonly on the labium minus, urethral meatus, and clitoris (Piura *et al.*, 1999; Comert *et al.*, 2008). The etiology of basal cell carcinoma in sun exposed areas is mostly due to exposure to ultra violet rays. In sun protected areas various etiologies suggested is exposure to radiations due to a pelvic carcinoma, recurrent vulvo-vaginitis, HPV infection, chronic pruritis vulva, arsenic exposure. Therefore, it is recommended that all suspicious vulvar lesions should be biopsied for early diagnosis. Although, we could not search for the presence of HPV DNA, the advanced age seemed to play a contributor role in our patient. Although, local excision is usually curative, recurrence and rare metastases have been reported. Wide surgical excision or Mohs micrographic excision are the recommended therapies for vulvar basal cell carcinoma. Lymphadenectomy is required in large tumours with lymphatics involvement.

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