Sir,

Basal cell carcinoma (BCC) is the most common non-melanoma skin cancer. In more than 80% of patients, it is located in the ultraviolet (UV) light exposed areas of the body. Although it is the most common cutaneous malignancy, occurrence at the perianal region is very rare. It represents only 0.1% of all the anorectal cancer cases and one-third have multiple foci.1 The etiological factors include advanced age, male gender, immunosuppression and arsenic exposure. BCC can also develop on areas of chronic inflammation, burn scars and ulcers.2

A 73-year male was admitted due to newly developed painful swelling of perianal area. There was history of pruritis ani and non-healing endurated skin lesion in the perianal area for ten years. Acute thrombosed haemorrhoid and 5mm sized indurated lesion, which resembled perianal fistula, were found on physical examination. Thrombosed haemorrhoids and the lesion were excised. The histopathological study of the indurated lesion showed BCC. However, it was reported that the surgical margin was involved. Thoracoabdominal computed tomography (CT) following surgery did not show any pathological lesion. Colonoscopy was normal. Dermatological examination of the body was normal. Ten days later, local re-excision of the BCC lesion area (Figure 1a) with a 1-cm margin of normal tissue was performed (Figure 1b). The surgical area was closed with advanced house flap (Figures 1c and 1d). Histopathological study showed clean margin. Postoperative recovery was uneventful. No adjuvant radiotherapy or chemotherapy was given, as suggested by the medical oncologist. We achieved cure with total excision with free margin of the lesion, and development of any new lesion was not observed during 13 months follow-up.

Many times, the primary closure of the surgical site is not possible after excision in the perianal region. Secondary healing of open wound lengthens the healing time. The usage of advanced flap is going to make healing time shorter for wide excisions in perianal region.3 We recommend advanced house flap technique for it is simple and not time consuming.

The present case illustrates that BCC can rarely occur on areas of the body that are not exposed to UV light, including the genital and perianal regions. Due to the innocuous appearance of BCC at these sites, it is recommended that a biopsy of all suspected lesions should be performed. BCC is treated adequately by local excision and metastases are extremely rare.1,4

REFERENCES

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Figure 1: (a) Perianal BCC lesion area (black arrow). (b) Local re-excision area with 1-cm margin (black arrow). (c) Preparing house flap. (d) Reconstruction with advancement house flap.