

CASE

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Erosive Nodule on the Vulval Skin

A 64-year-old Iranian woman presented with a genital erosive skin lesion that she had noticed from two years ago. On physical examination, a 20 to 25 millimeter purplish lesion was observed on the vulval skin (Figure 1). The indurated lesion showed a small central erosion measuring 3 to 5 mm. Inguinal lymph nodules were not palpable. A skin biopsy specimen was obtained from the eroded lesion (Figure 2).

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What is your diagnosis?

Move on to next page for the answer and discussion.



Figure 1

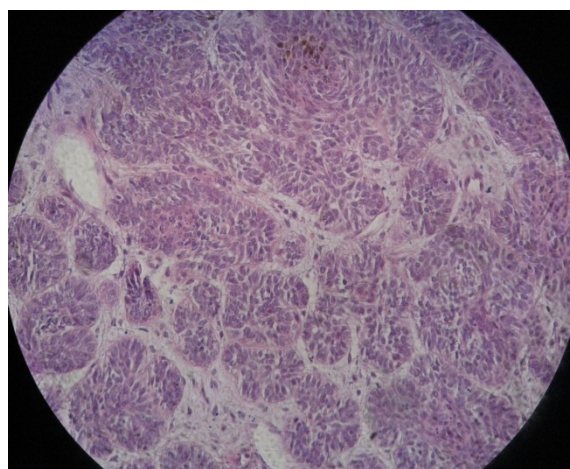


Figure 2

Diagnosis: Vulval Basal Cell Carcinoma (BCC)

Microscopic findings and clinical course

Histological exam revealed many tumor nests with a peripheral palisading arrangement in the upper and middle dermis. The tumor cells were small with a basophilic nucleus consistent with BCC.

The lesion was totally excised with a 5 mm margin. The histopathology evaluation of excised tumor confirmed complete excision.

Discussion

Basal cell carcinoma, the most common non melanotic skin cancer, commonly arises on the face and is not common on unexposed skin such as the perianal and genital regions. Clinical diagnosis is simple in BCC cases whose tumor has the typical black appearance but in cases involving a nonpigmented BCC on an unusual site, the diagnosis depends on the findings of the histological examination. Approximately 200 cases of BCC on perianal and genital skin have been reported in the literature. Although the etiology of genital BCC is not known, early diagnosis is essential. Although BCC in these sites sometimes seems benign, biopsy of all suspect lesions is recommended ^{1,2}.

The suggested primary treatment is wide local excision and continuous follow-up. The safe surgical margin for BCC is 5 mm. The treatment of choice is surgical excision such as simple excision, simple vulvectomy, Mohs micrographic excision and occasionally radical vulvectomy and inguinofemoral lymphadenectomy in metastatic cases ^{3,4}. Perineal BCC is characterized by an indolent behavior and a very low risk for metastatic spread. Because of the considerable risk of local recurrence and the high frequency of other primary cancers, close long-term follow-up is important.

References

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