Case Report

BASAL CELL CARCINOMA OF THE PERIANAL REGION- A DIAGNOSTIC DILEMMA

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ABSTRACT
Basal cell carcinoma of the perianal region is an uncommon (0.27% of all diagnosed basal cell carcinoma). It is rare and morphologically difficult to distinguish from Basaloid squamous cell carcinoma particularly on biopsies. This distinction has therapeutic and prognostic implications. We present a case of Basal cell carcinoma in a 50 year old lady which was confused with Basaloid squamous cell carcinoma. But immunohistochemistry had positivity for bcl2 and negative staining for EMA confirmed the diagnosis.

Keywords: Basal Cell Carcinoma, Perianal, Basaloid Squamous Cell Carcinoma, Immunohistochemistry

INTRODUCTION
Basal cell carcinoma is the most common cutaneous malignancy, accounting for approximately 70% of malignant skin tumours (James). More than 80% of basal cell carcinoma cases are localized in areas exposed to the sun, with ultra violet exposure being the most important etiological factor. It is quite rare in areas with no ultraviolet exposure (Bulur et al., 2015). Perianal basal cell carcinoma is an uncommon tumour. Less than 200 cases have been reported in the literature, the largest one of 15 cases was conducted by the Mayo clinic. One third of the cases are incorrectly diagnosed and prognosis is controversial because of the indolent nature of the disease and the low spread potential. The former belief of poor disease prognosis at this location due to its lack of differentiation from the basaloid variant of squamous cell carcinoma is no longer accepted (Espino-Urbina et al., 2013).

CASES
Our case was a 50 year old lady who presented with pruritus, passage of blood in stool and sensation of a mass. Resected specimen of soft tissue from perianal region was sent for histopathological examination. Subsequently immunohistochemistry was done for confirmation. Histopathology revealed nests and sheets of small cells with hyperchromatic nuclei, scant cytoplasm, and peripheral nuclear palisading with areas of pigmentation and keratinization. Cleft-like retraction spaces were seen between the epithelial nests and stroma. Another area showed areas of extensive mucinous secretions. The picture is consistent with basal cell carcinoma of the perianal area. Immunohistochemistry showed strong immunoreactivity for bcl2 and absent staining for EMA.
Anal basal cell carcinoma is extraordinarily rare, accounting for no more than 0.2% of anorectal tumors. It usually arises in the lowest third of the anal canal or in the perianal skin and presents clinically with bleeding, pain or a mass (James). In sun exposed skin, ultraviolet light, pre-existing skin conditions, and genetics, have been implicated as the causative factors for development of basal cell carcinoma, whereas in non sun exposed areas the cause of these lesions is unknown. Earlier reports do implicate radiotherapy to the pelvic region, chronic skin irritations as seen with chronic pruritus vulvae or ani, depressed immune surveillance due to ultraviolet radiation in the pathogenesis of perianal basal cell carcinoma (Nagendra et al., 2010). Basal cell carcinomas also develop on areas of chronic inflammation, burn scars, squamous cell carcinoma and ulcers.
Case Report

The major differential diagnostic consideration, particularly in biopsy specimens, is an anal squamous cell carcinoma with basaloid features, with which it was confused. Peripheral palisading of cells, retraction artifact, lack of atypical mitoses and perianal location are some of the features in favour of basal cell carcinoma. Also immunohistochemistry showed bcl2 positivity and was negative for EMA which further confirmed our diagnosis towards basal cell carcinoma.

Conclusion

Perianal basal cell carcinoma is a rare tumour. They are mostly treated as inflammatory lesions and proper diagnosis is late. Basaloid squamous cell carcinoma is a close differential diagnosis. Basal cell carcinomas usually arise in the perianal region while basaloid squamous cell carcinomas typically arise within the anal canal. Histopathology and immunohistochemistry plays an important role in its confirmation. The accurate diagnosis of perianal basal cell carcinoma has a good outcome and lacks spread potential. Hence, a meticulous diagnosis is of utmost importance.

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