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**Letter**

**A large hyperplastic nodule on the abdomen**

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**Abstract**

A 65-year-old man presented with a slowly enlarging, hyperplastic cutaneous nodule on the abdomen that developed over a period of 20 years. Based on the clinical manifestation and typical histopathology, the patient received a diagnosis of giant basal cell carcinoma.

**Keywords: Basal cell carcinomas; Giant basal cell carcinoma; Dermatopathology; hyperplastic cutaneous nodule**

**Introduction**

Basal cell carcinomas(BCC) is the most common cutaneous malignancy tumor [1]. Giant basal cell carcinoma (GBCC) is a tumor greater than 5 cm in diameter, which is quite rare, comprising 0.5 percent of all BCCs. Giant BCCs more commonly appear on the trunk and display a more aggressive behavior, resulting in local invasion and metastasis, often because of long-term neglect [2]. Herein, we report a case of giant BCC on the abdomen manifesting as a slowly enlarging, hyperplastic cutaneous nodule.

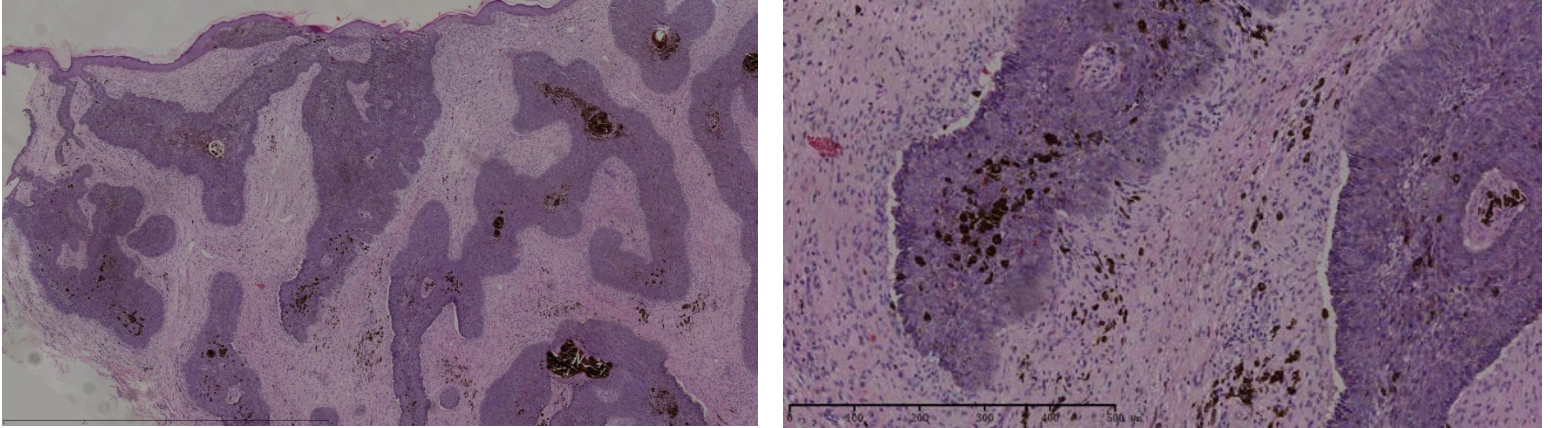
**Case synopsis**

A 65-year-old man was referred to our department with a slowly enlarging, hyperplastic cutaneous nodule on the abdomen. This



**Figure 1.** Large nodule on the abdomen

nodule had developed over a period of 20 years. The lesion appeared to be asymptomatic. His medical history was notable only for hypertension and he denied any family history of skin cancer. No systemic abnormalities were detected. On examination, a 10 cm×6 cm×3cm dark brown nodule on the left abdomen; the surface of the lesion showed an irregular outline, rolled border, and red base. The tumor was soft and painless on palpation (Figure 1). The patient had received a diagnosis of seborrheic keratosis at another hospital before, but without pathology confirmation. Because the patient was told that it was a benign disease, no treatment was given. After informed consent was obtained from the patient, a biopsy was done under local anaesthesia. Histopathological examination showed islands with palisading of the basaloid cells at the periphery and a haphazard arrangement of those cells in the centers of the islands. The islands extend into the lower dermis (Figure 2). Clefting at the stromal–tumor interface was seen (Figure 3). The patient received a diagnosis of giant basal cell carcinoma and was advised to have surgical resection.



**Figure 2 and 3.** Histology of the nodule. Palisading of the basaloid cells at the periphery and a haphazard arrangement of those cells in the centers of the islands. Clefting at the stromal–tumor interface was seen (Hematoxylin-eosin, bar=2mm, bar=1mm).

## Discussion

Basal cell carcinomas are the most common cutaneous malignant tumors and are found predominantly on sun-exposed and sun-damaged skin in elderly people [1]. Up to 80% of all lesions are found on the head and neck, followed by the trunk, penis, vulva, or perianal skin. Giant BCC (GBCC), as defined by the American Joint Committee on Cancer (AJCC), is a tumor greater than 5 cm in diameter and is quite rare, comprising 0.5 percent of all BCCs. More than 50 cases have been reported in the English literature [3]. A mutation of the PTCH gene, mapped to the q22.3 locus of chromosome 9 is linked to the pathogenesis of GBCC [4]. Other factors including patient neglect, the recurrence after previous treatments, and the history of radiation exposure contribute to generation of these large tumors [5]. According to the literature, the most common site of GBCCs is the back and face [6]; GBCC affecting the abdomen is uncommon. The mean age of GBCC onset is at 67.7 years; men are more likely than women (ratio 2 : 1) to have GBCC [6]. The most common clinical subtype are nodular and superficial GBCC; nodular GBCC is the most common histological subtype (53.0%) [6]. GBCC is a biologically aggressive variant of BCC, capable of deep local invasion with penetration of muscle or bone. As a rule, metastasis of BCC is very rare, but if a lesion is larger than 10.0 cm, metastases can be expected in 45.0%. When tumors are greater than 25.0 cm in size, metastasis reaches 100% [7]. Vico et al. suggested that beyond a size of 1.0 cm, the malignant potential of a BCC changes [8].

Surgery is the accepted method of treatment for GBCC [9]. Non-surgical treatments include imiquimod, hedgehog pathway inhibitor, immune therapy, radiotherapy, and photodynamic therapy. However, recurrence rates for GBCC are consistently high [6].

The key clinical feature of this case is the slowly growing and asymptomatic nodule on the abdomen. GBCCs are often located at sites covered by clothes and easy to neglect by patients. GBCCs may be underestimated by doctors because of the long evolution and lack of symptoms. Although no evidence of metastatic dissemination was detected in this patient, further observation is required. Because of the peculiar appearance of pseudo-horn cysts, a rough dark surface, and abdominal location the clinical diagnosis had been made previously.

## Conclusion

Giant basal cell carcinoma is a rare skin cancer of very large size, usually fostered by patient's neglect, which may result in death [10]. Lack of general awareness owing to educational limitations or cognitive impairment may result in patient failure to seek treatment. Our case indicates that when a tumor presents with atypical clinical manifestations, even if the tumor has a benign development process, histopathologic examination is very important.

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