

Chronic Anogenital Ulceration

A 62-year-old woman presented with an ulcerative lesion on the anogenital region. The lesion had appeared 4 years ago and had progressively increased in size. She had applied to several hospitals with the complaint of ulcerated lesions. During this period, she had received topical moisturizers, isoconazole nitrate and diflucortolone valerate treatments with the preliminary diagnosis of candidiasis and contact dermatitis. Although the complaint of itching was reduced after previous topical treatments, the patient applied to



Figure 1: A 3.5-cm ulcerated lesion covered with white pseudomembrane at the inferior of the vulva

our clinic due to enlargement of the ulcer. The family history of the patient and physical examination were unremarkable. Dermatological examination revealed a 3.5-cm ulcerated lesion covered with a white pseudomembrane at the inferior of the vulva [Figure 1]. Routine laboratory examinations including complete blood count, urinalysis, biochemical profile, VDRL, HIV, and hepatitis serologies were all within normal limits. Histopathological examination revealed atypical basal cell islands in the dermis. These cell islands were stained strongly positive with Ber-EP4 [Figures 2 and 3].

Question

What is your diagnosis?

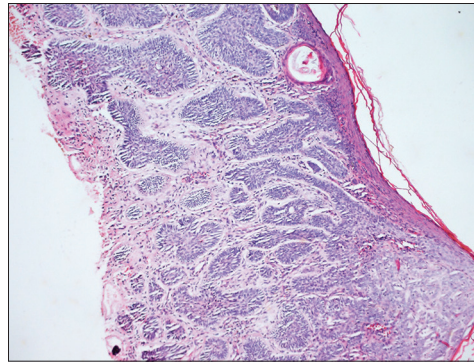


Figure 2: Atypical basal cell islands in dermis (Hematoxylin and Eosin, $\times 200$)

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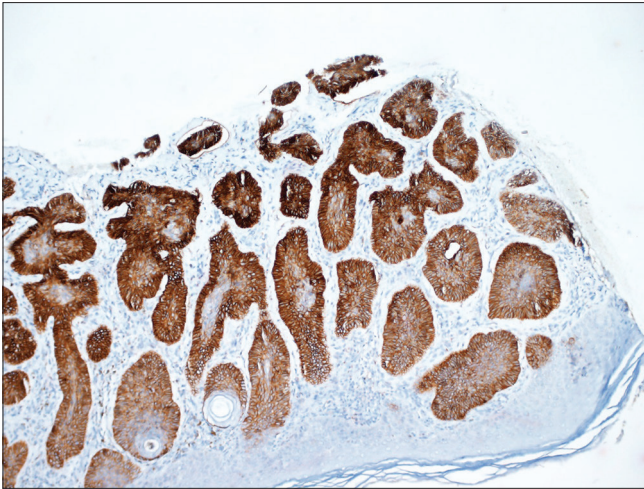


Figure 3: The tumor cells were stained strongly positive with Ber-EP4 stain (Ber-EP4, ×200)

Answer

Anogenital basal cell carcinoma.

Discussions

Basal cell carcinoma is the most common malignant skin tumor that accounts for 75% of non-melanocytic skin tumors. There are 2.8 million new cases of BCC diagnosed annually in the United States and 700,000 new cases each year in Europe.^[1] More than 80% of BCC cases are localized in areas exposed to the sun including the head and neck. Anogenital involvement of the BCC is rare and it is approximately 5% of all BCC cases.^[2] To date, few reports have been published in the literature on the anogenital involvement of BCC.^[2,3] Malignancies localized in the anogenital region often present with ulcerated lesions that do not respond to palliative therapies. They present with signs of discharge, irritation, and itching. In this case, ulcerative lesion of the patient did not improve with topical treatments for a long time.^[4] Dermoscopic features of classical BCC include wheel-like structures, multiple erosions/ulcers, leaf-like structures, as well as some criteria, such as blue-gray dots/globules and arborizing vessels along with shiny white blotches.^[5]

Basal cell carcinoma is characterized by uniform cells with round or oval basophilic nuclei, larger and darker

than nuclei of epidermal basal keratinocytes, with minimal cytoplasm. Basal cell carcinoma stains positively with cytokeratin that arises from the follicular epithelium. BerEP4 is diffusely present in most BCC cases, while EMA is infrequently positive.^[6] Histopathological examination should be performed for long-term, treatment-resistant ulcerated lesions in the anogenital region in order to rule out malignancy. In this observation, it is aimed to raise awareness of dermatologists in terms of BCC located in the anogenital region.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. The patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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