

Successful Treatment of Basal Cell Carcinoma on the Face with Imiquimod 5% Cream

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Sir,

Non-melanoma skin cancers constitute one-third of all cancers in humans and, of these, basal cell carcinomas (BCCs) account for more than 75%. Their incidence in Caucasian populations is about 140 to 150 cases per 100,000 inhabitants per year.

CASE REPORT

We report on a 50-year-old woman (photo-type II) with a painless, skin-coloured, ulcero-nodular tumour (8 mm in diameter) on the right lower eyelid (Fig. 1). She was unable to give any information about the duration of the tumour. The suspected diagnosis of BCC was histologically confirmed. As the patient refused to undergo micrographic surgical treatment, we decided to try imiquimod, applied over 7 days once daily. One year after the end of treatment she presented an inconspicuous, histologically confirmed, tumour-free scar (Fig. 2).

DISCUSSION

The major aim in the treatment of BCCs is their curative treatment, which is best done by total excision of the neoplastic tissue. This method alone enables the pathologist to confirm the completeness of excision. Depending on the location, e.g. the eyelid or the inner canthus, the treatment of choice is the histographic-controlled excision (3). The described treatment in our patient with nodular BCC, localized near the eye, has to be understood as a therapeutic trial. It is based on the knowledge that intralesionally applied interferon (2) leads to apoptosis. This is the major mechanism of tumour cell death in regressing BCC



Fig. 1. Basal cell carcinoma of the lower eyelid showing pearly waxy edge, telangiectasia and peripheral ulceration.



Fig. 2. Scar one year later.

after interferon treatment. Furthermore, the results of pilot studies conducted in the USA (1) and in Australia (4) showed the curative topical treatment of BCCs with imiquimod 5% cream, while only BCC outside the face has been included. Imiquimod belongs to the new class of immune response modifiers. It stimulates the cell-mediated immune response by induction of interferon and other cytokines. This explains its tumour-destroying and antiviral effect (5). As side effects, erythema, itching, burning, and oedema are well tolerated by the patients.

We believe that bio-induction therapy is an efficacious and safe treatment of small well-demarcated BCCs of the nodular type in certain regions of the face, e.g. chin, cheek, forehead, temple. Further studies are required to confirm our therapeutic observations.

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