Local Recurrence of Basal Cell Carcinoma and Cisplatinum Containing Chemotherapy

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A small number of basal cell cancer (BCC) of the skin behave aggressively by recurring repeatedly in spite of reiterated and increased extensive local therapy (1, 2). To achieve curative or palliative tumour control or to avoid mutilating surgery in these cases cisplatinum-containing chemotherapy may be of value (3, 4).

Case report. A 40-year-old woman was admitted in August 1983 with a 5.3×2.8 cm BCC localized behind and below the right ear. The lesion was treated with radiotherapy 100 kv, 51 Gy in 17 fractions. Due to severe skin reactions treatment was postponed days 13-32. In February 1987, the BCC recurred and in March and June local excision and skin tranplantation was performed.

In October 1990, a recurrence in front of the right tragus occurred with paresis of right facial nerve. Cerebral and cranial CT-scans were normal. The recurrence was treated with radiotherapy 12 MeV electrons 60 Gy in 20 fractions overlapping part of the former irradiated area. In this area a permanent skin deficiency with underlying necrosis of the bone and increasing pain problems developed. The paresis of the facial nerve persisted.

In November, 1992, a cavity of 4×4.5 cm with exposion of bone had developed below the right ear. Extensive surgery was performed and BCC was found in the parotic gland, in the facial nerve, which was resected, and in the meatus of the ear. Visible tumour tissue has to be left around the upper part of the internal carotic artery, below the mastoid process, and in the depth of the meatus just in front of the pars tympanica. As tumour tissue persisted, cisplatinum 100 mg/m2 i.v. on day 1 and 5-FU 1 000 mg/m² days 1-5 as a 24 h infusion every third week was introduced. Cytotoxic therapy was completed in February 1993 after 5 courses and a CT-scan showed no sign of tumour. The pain was considerably reduced. The patient was followed with frequent clinical controls without any sign of recurrence for 20 months, but in August 1994 MR-scan and histological biopsy verified a local recurrence. The patient was still alive with disease in November 1995.

Discussion. The patient did not have evaluable tumour at the introduction of chemotherapy and no objective response can be evaluated. However, histologically verified tumour had to be left during surgery, and cisplatinum-containing chemotherapy has probably prolonged the local tumour control. The chemotherapy was introduced as a palliative treatment and must be considered successful with respect to disease-free interval, reduced pain and improved quality of life.

Chemotherapy is usually not considered an efficient treatment in BCC, but in the small series and the few in number case reports published in literature (5) platinum containing chemotherapy seems promising.

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