

## ORBIT AND OCULOPLASTY

### Basal Cell Carcinoma of the Ala Nasi in Anoculo-Cutaneous Albino: A Case Report

Dumebi H. Kayoma and Funmilayo O. Osho

Ophthalmology Department, University of Benin Teaching Hospital, Benin-City, Edo state, Nigeria.

**Corresponding author:** Funmilayo Osho, Email: funmilayoosho10@yahoo.com

**Introduction:** Basal cell carcinoma (BCC) is the most common nonmelanocytic eye lid tumour worldwide.<sup>1</sup> The nose and eyelids are common sites of occurrence of basal cell carcinoma which is a locally invasive skin tumour.<sup>1,2</sup> Among Nigerian albinos, BCC is the second most common skin cancer after squamous cell carcinoma.<sup>3,4</sup> BCC of the nose is important to ophthalmologists because of its local invasiveness and proximity to the eye lid, there is a possibility of spread to the eye lid, orbital soft tissue and orbital bones.<sup>1,2</sup>

**Case Report:** A 51 year old woman, an albino with seven year history of recurrent ulcer on nose. At onset, a glistening red patch was noticed on left side of nose; it was painless, itchy, gradually increased in size and ulcerated after 2 years. No preceding nose trauma; the ulcer extended to the left naso-labial fold, no discharge from the ulcer, no involvement of eyelid, no swelling or ulcer in any other part of body, no cough, night sweat or weight loss. There was a positive history of prolonged exposure to sunlight in childhood. She had excision of the tumour twice within the preceding two years. The last histology report showed basal cell carcinoma of the left ala nasi. She had a history of poor vision in both eyes, for both distance and near, since child hood, worse in bright light for which she used hand magnifiers and spectacles.

Examination showed a non-tender firm swelling on left ala- nasi, with no differential warmth and an ulcer 20mm by 20mm with rolled-up edges and hyper pigmented scar on left naso-labial groove, but no lymph node enlargement.

Unaided visual acuity was 6/36 bilaterally which improved to 6/24 with spectacles. She had normal adnexa bilaterally, nystagmus, no ophthalmoplegia, iris trans-illumination defects, pink discs, with distinct margins, cup to disc ratio of 0.2 and foveal

hypoplasia bilaterally. Orbito- cranial computed tomography scan showed left maxillary sinus collection with no erosion of the maxilla. She was jointly managed by the Plastic surgeons, Maxillo-facial, Otorhinolaryngologists and Ophthalmologists. Initial tumour excision showed that margins were involved and a repeat excision was done with tumour- free margins. She is awaiting nasal reconstruction.



**Figure 1:** Firm ulcerated swelling on left ala-nasi (pre-op)



**Figure 2:** Post excision of tumour; awaiting nasal reconstruction

**Discussion:** BCC is a non- melanocytic epithelial skin cancer that originates from the basal cells of the epidermis. Basal cells produce new cells to replace old lost cells.<sup>8</sup> It is the commonest type of skin cancer and can occur on any part of the body especially the face, head and neck (85%), trunk and limbs are affected in 15% of cases.<sup>4,5</sup> The nose and eyelids are the parts of the body mostly affected<sup>2,6</sup>. Major risk factors for developing BCC include prolonged exposure to ultra violet radiation, reduced or absent melanin in skin.<sup>1</sup> BCC is locally invasive; may erode orbital soft tissues and orbital bones. Diagnosis is by tumour excision and histology. Treatment options include surgery, radiotherapy and immunotherapy.<sup>2</sup> There is a high cure rate when diagnosed early and completely excised while recurrence rate is high when tumour excision is incomplete.<sup>7</sup>

**Conclusion:** Basal cell carcinoma of the nose could cause functional esthetic and psycho-social problems.<sup>5</sup> High index of suspicion is required for early diagnosis, referral and treatment.

**Declaration of patient consent:** Consent was obtained from patient to obtain her information and photograph for publication but with

concealment of her identity as shown in the above figures.

#### **References**

1. Wollina U, Tchernev G. Advanced basal cell carcinoma. *Wien Med Wochenschr.* 2013; 163:347-53
2. Wollina U. Epithelial tumours of the outer nose. *Indian J Dermatol.*2003; 48: 94 -99
3. Awe O, Azeke T : Nigerian Albinos, a review of 22 cases *J Surg* 2018; 24: 34-38
4. Jiburum B : Skin cancers in Albinos in a Teaching Hospital in Eastern Nigeria – Presentation and challenges of care. *World Journal of surgical oncology:* 2010; 8: 73
5. Strong E, Zeeb H, Repacholi M : Albinism in Africa as a public health issue: *BMC Public Health* 2006; 6: 212
6. Belliapa P, Umashankar N, Leena R: Oculocutaneous albinism complicated with an ulcerated plaque. *Our Dermatol online.*2013; 4 (2): 208 -211
7. Rogalski C, Kauer F, Simon J, Pasch U. Meta-analysis of published data on incompletely excised BCC of the ear and nose *Dermatol Ges* 2007; 5:118-126s
8. Albert B, Johnson A, Lewis J, Raff M, Roberts K, Walter P: *Epidermis and its renewal by Stem Cells. Molecular Biology of the cell*, 4<sup>th</sup> edition. New York: Garland Science; 2002.