

Diagnostic imaging

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Pigmented basal cell carcinoma in upper eyelid: a case report

Dermatoscopia do carcinoma basocelular pigmentado na pálpebra superior: relato de caso

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ABSTRACT

Basal cell carcinoma (BCC) is more common in the lower eyelid region when it affects the periorbital region. It occurs predominantly in men between 50–70 years and has a high recurrence rate. Although it rarely metastasizes, orbital invasion can occur. This study aims to present a case of pigmented BCC of unusual location. The location of BCC in the upper eyelid region is rare, and dermoscopy is essential to distinguish it from its primary differential diagnoses.

Keywords: Basal cell carcinoma; Dermoscopy; Eyelid Neoplasms

RESUMO

O carcinoma basocelular (CBC), quando acomete a região periorbicular, localiza-se mais comumente em região palpebral inferior. Ocorre predominantemente nos homens, entre 50-70 anos, apresenta alta taxa de recidiva, pode ocorrer invasão orbitária e raramente metastatiza-se. O objetivo deste trabalho é apresentar um caso de CBC pigmentado de localização incomum. A localização do CBC em região de pálpebra superior é rara, e a dermatoscopia é fundamental para identificá-lo e diferenciá-lo em relação a seus principais diagnósticos diferenciais.

Palavras-chave: Carcinoma Basocelular; Dermoscopia; Neoplasias Palpebrais

INTRODUCTION

Basal cell carcinoma (BCC) is a common malignant skin tumor, usually related to intense sun exposure. It accounts for about 90% of malignant eyelid tumors,^{1,2,3} being more common in the lower lid (over 50%). This tumor occurs predominantly in men, between 60–80 years.⁴ It presents slow growth, high recurrence rate (between 5% and 15%).⁴ Also, BCC rarely metastasizes, and orbital invasion can occur in approximately 2%. This study aims to present a case of pigmented BCC in an unusual location.

CASE REPORT

A 77-year-old man with Fitzpatrick skin phototype IV presented a blackened nodular lesion on the left upper eyelid. The lesion was approximately 4 mm (Figures 1 A and B) for six months and had slow and asymptomatic growth. Dermoscopy showed a big bluish ovoid nest, maple-leaf-like structures, and white-shiny area (Figures 2 A and B). Excision was performed, and the histopathology was compatible with nodular-pigmented basal cell carcinoma with numerous melanophages (Figure 3).

DISCUSSION

The presence of BCC in the upper eyelid region is rare. The pigmented variant is more common in higher phototypes because it has a large concentration of melanin.⁵

It is important to emphasize that dermoscopy is a helpful tool in identifying pigmented BCC and highly pigmented lesions that often confuse the diagnosis, such as melanoma and melanocytic nevus. The proposed treatments are similar to the BCC located in other areas, such as surgical excision, imiquimod, radiotherapy, and vismodegib.⁴

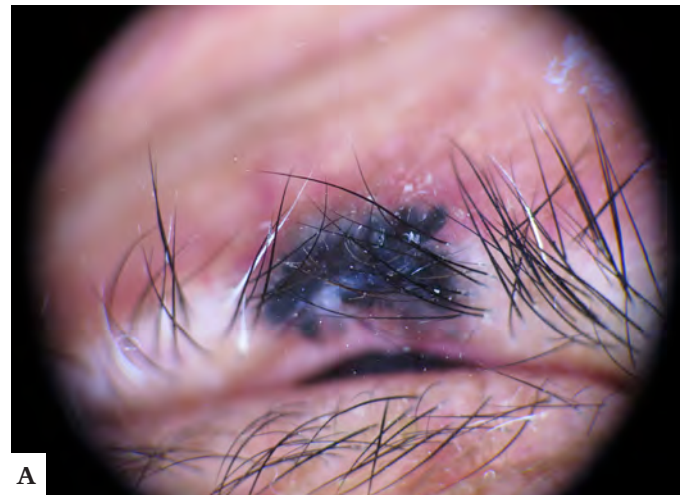


A

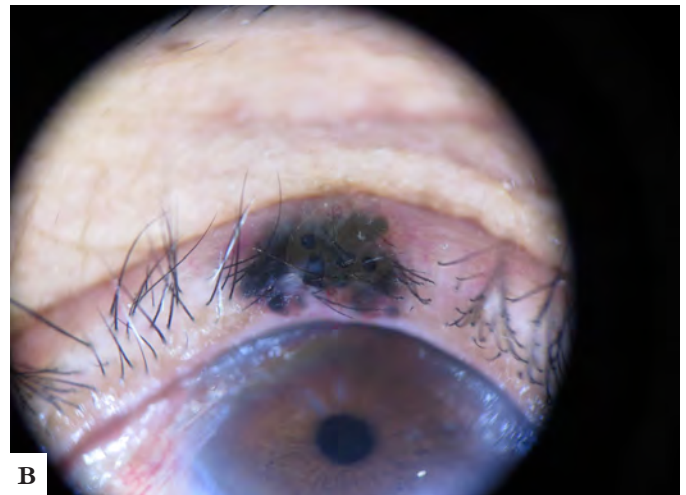


B

Figures 1 and 2: CLINICAL: blackened papular lesion in the upper left eyelid, approximately 4mm in its largest diameter



A



B

FIGURES 3 AND 4: DERMATOSCOPY: large bluish ovoid nest, gloved finger structures and bright white area

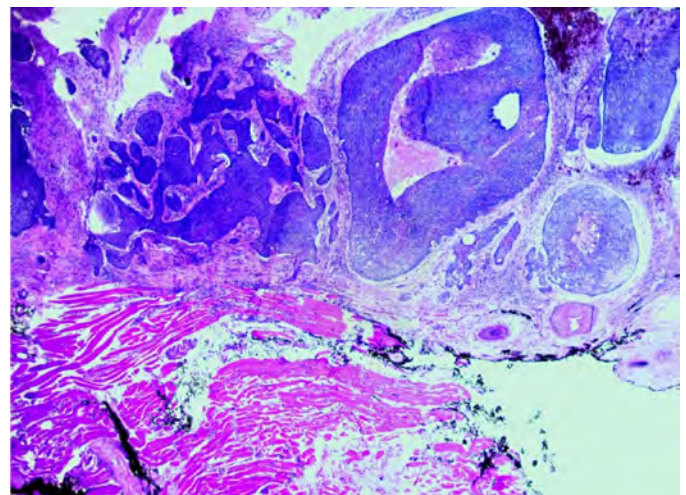


FIGURE 5: HISTOPATHOLOGICAL - compatible with nodular-pigmented basal cell carcinoma with numerous melanophages

CONCLUSION

It is worth mentioning that as dermatologists, we must always examine the entire patient, including assessing the most difficult areas to access. Dermoscopy in pigmented BCCs may present bluish ovoid nests, maple-leaf-like structures, and white-shiny areas. ●

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