

Upper lip basal cell carcinoma: surgical treatment and reconstruction with transposition flap

Carcinoma basocelular no lábio superior: tratamento cirúrgico e reconstrução com retalho de transposição

ABSTRACT

Basal cell carcinoma is the most common human malignant tumor, and is most frequently located on the face. The excision of lesions greater than 2 cm from the upper lip requires a complex and difficult reconstruction. The authors describe the case of a 74-year-old female patient who had a nodular basal cell carcinoma of approximately 2 cm on the upper lip, which crossed the vermilion border. The lesion was excised and the reconstruction carried out using a nasolabial transposition flap with an inferior base. Histologic analysis showed there was a complete resection, with a satisfactory aesthetic result after one year.

Keywords: carcinoma, basal cell; lip; reconstructive surgical procedures.

RESUMO

O carcinoma basocelular é o tumor maligno mais frequente do ser humano, sendo a face, a sua localização mais comum. A excisão de lesões iguais ou maiores do que 2 cm no lábio superior, requer reconstrução complexa e difícil. Relata-se o caso de uma paciente do sexo feminino, de 74 anos, portadora de carcinoma basocelular nodular, de ± 2 cm de diâmetro, localizado na metade esquerda do lábio superior e invadindo parte do vermelhão. A lesão foi excisada e a reconstrução feita com retalho de transposição naso-labial, com base inferior. O histopatológico mostrou ressecção completa e o resultado estético após 1 ano mostrou-se satisfatório.

Palavras-chave: carcinoma basocelular, lábio, procedimentos cirúrgicos reconstrutivos.

INTRODUCTION

Basal cell carcinomas (BCCs) are the most common malignant tumor in humans, occurring most frequently in the face. They have unique clinical and histological features, grow slowly and have several clinical and histopathologic variants. They rarely result in metastases and the causes of its occurring in mucous membranes are unclear. Most BCCs appear without an apparent cause, however there are several predisponent factors, such as fair skin and prolonged exposure to the sun. It is estimated that 40% of patients who develop one lesion will have one or more BCC within the following 10 years.^{1,2}

BCCs appear in several different shapes; the nodular shape is one of the most prevalent. In general nodular BCCs begin as a red or skin-colored pearly papule. They grow slowly and develop telangiectasia on the surface. As they grow, the central portion frequently becomes ulcerated, developing into the nodule-ulcerative form. Sometimes they develop without ulcerating, as was observed in the present case.

Case Report

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CASE REPORT

A 74-year-old patient originally from Teresina, state of Piauí, Brazil, was referred to the dermatologic clinic of Hospital Getúlio Vargas – UFPI, in Teresina. The patient presented with a tumoration in the upper lip, which had been slowly developing for several years. A pearly and apparently solid tumorous lesion with a hyperchromic base and approximately a 2-cm diameter was observed in the left half of the upper lip. The tumoration partially crossed into the vermilion area (Figures 1 and 2). Significant hirsutism could also be observed. The histopathologic examination of the punch biopsy indicated the presence of a solid-pattern BCC (Figure 3). The lesion was excised with 5-mm safety margins, and a naso-labial crease transposition flap was used in the reconstruction with an inferior pedicle (Figures 4 and 5) from the apex of the nasal crease. There were no complications in the immediate post-operative period. The patient presented very satisfactory aesthetic results (Figures 6 and 7) and no signs of recurrence during the 18-month follow-up period.

DISCUSSION

According to data from the Instituto Nacional do Câncer – INCA (Brazilian National Institute of Cancer), BCCs account for roughly 25% of all cancer cases and 70% of the cutaneous cancers reported in Brazil.³ In spite of their high prevalence, these tumors are unlikely to metastasize and are usually curable with a single surgical treatment.¹ When they are located in the upper lip, the reconstruction requires increased care to preserve the functional and aesthetic aspects of this sensitive area.² Particularly important are the positioning of the lip’s border with the vermilion, maintaining the original position of the philtrum, and the maintenance of the bilateral symmetry and height of the nasolabial creases. Among the several excision and reconstruction techniques that can be used to meet those objectives, a nasolabial flap⁴⁻⁷ is the best option, especially in elderly patients who frequently have excess skin in that area.⁴ Due to



Figure 2 – Tumor affecting the vermilion

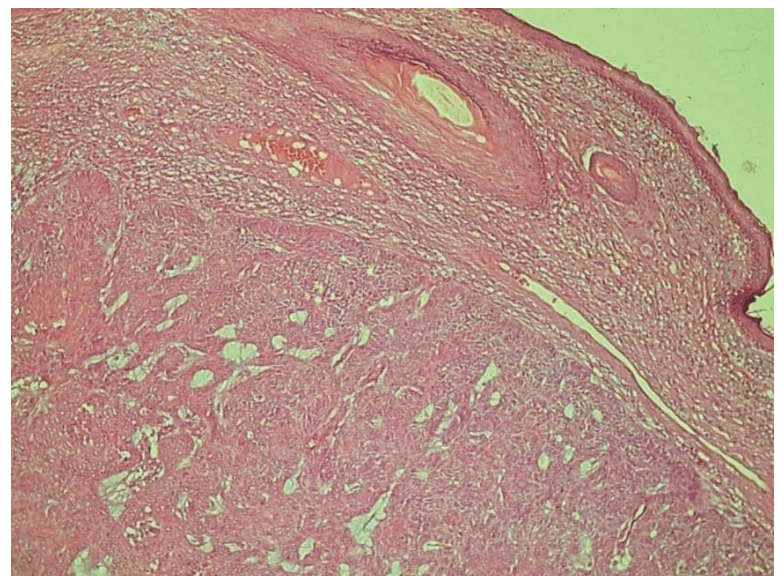


Figure 3 – Histopathologic analysis of the tumor biopsy



Figure 1 – Nodular basal cell carcinoma in the upper lip



Figure 4 – Immediate post-operative period



Figure 5 – 30 days after procedure



Figure 6 – 11 months after procedure



Figure 7 – 11 months after procedure

the dimensions of the area to be rebuilt in this case, the flap was extended up to the nasal crease, where the suture was positioned in order to hide the scar. An additional important detail was that the excision had to be extended and the undermining of the lip line towards the right half of the lip had to be carried out in order to facilitate the closure in the flap's extremity to prevent high tension in the suture line, which could lead to the necrosis of the flap's tip.

In the present case, in addition to the difficulty imposed by the location in the upper lip, the tumor had a large diameter (± 2 cm) and had partially invaded the vermilion. Thus the incision had to extend into the lip's mucous membrane due to the safety margin. The reconstruction with a nasolabial flap was chosen due to the availability of donor skin and the donor area's similarity and proximity to the receiving area. The procedure involved the complete removal of the tumor with a good aesthetic result. The patient has been periodically followed up, with no signs of recurrence as of the last consultation in July 2011. ●

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