Micronodular basal cell carcinomas

Case study
Mr AB developed a firm rough surface on his medial left cheek. With increasing size his doctor organised a biopsy at the site. Histology showed micronodular basal cell carcinoma (BCC). Tumour was excised with a margin of apparently normal skin. Histology showed tumour at all margins.

Some time later the borders of the skin wound revealed small nodules of obvious recurrence. Further surgery demonstrated tumour at all margins, once again. The wound was clinically clear and the area was managed expectantly. Later recurrence at margins was again apparent.

Following an unsuccessful attempt with topical imiquimod, Mr AB was referred for margin control (slow Mohs) surgery. Mr AB had a large area on his medial left cheek with small nodules resembling a field of smooth bumps (Figure 1). He needed excision with no attempt to close the defect until histologic confirmation of clear margins. After two stages of slow Mohs surgery, the defect on his left cheek was significant (Figure 2). This defect was closed with a large trilobed flap repair with a burrows graft (Figure 3).

Histology identified nodular and micronodular BCC in the dermis associated with a light chronic inflammatory infiltrate (Figure 4). Fortunately, Mr AB did not suffer any tumour invasion of the infraorbital nerve or its branches.

One year later there is no evidence of recurrence. The wound has healed reasonably other than a thickened scar near the border between nose and cheek (Figure 5). Mr AB elected not to have a small scar revision at this stage.

Summary of important points
• Micronodular basal cell carcinomas (BCCs) can look very innocuous. They are often large before they are diagnosed and margins are invariably very difficult to determine. Like morphoeic BCCs, they should be regarded as ‘tough’ and treated with respect.\(^1\),\(^2\)
• Mohs surgery is the benchmark approach for micronodular BCCs on the face.\(^1\),\(^3\),\(^4\)
• Imiquimod may be incorrectly considered for micronodular BCCs because they look thin and flat. Imiquimod is contraindicated for micronodular BCCs and is only indicated for superficial BCCs.\(^5\)–\(^9\)
Proven residual BCC following surgery is not managed by observation. Some quarters hold to a misguided belief that the inflammatory process following surgery will ‘kill off’ any residual tumour. While the scar is ‘watched’, BCCs on the face can invade into many structures including nerves.

Conflict of interest: none declared.

References