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CASE REPORT

# THREE DIFFERENT TYPES OF SKIN NEOPLASMS ON THE FACE

## *YÜZDE ÜÇ FARKLI TİPTE DERİ KANSERİ*

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**ABSTRACT**

Skin cancers are mainly subclasified into two types: melanoma and non-melanoma skin cancers (NMSC) including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). There are some reported cases of multiple BCC and SCC of the skin in the literature. However, to our knowledge there is no case report about melanoma and NMSC in the same patient at the same time. Here, the authors report a female patient who had simultaneouslly BCC, SCC and lentigo maligna on her face.

**Keywords:** *Malign, skin, cancer, face, multiple*

**ÖZ**

Deri kanserleri melanom ve bazal hücreli karsinom (BHK) ve skuamöz hücreli karsinomu (SHK) içeren nonmelanom deri kanserleri olmak üzere temel olarak iki gruba ayrılır. Literatürde bildirilmiş deride çok sayıda BHK ve SHK olguları vardır. Ancak bilgimize göre aynı hastada eş zamanlı olarak melanoma ve nonmelanom deri kanseri olan vaka bildirilmemiştir.
Burada, eş zamanlı olarak yüzünde BHK; SHK ve lentigo malignası olanbir kadın olgu bildirilmektedir.

**Anahtar sözcükler:** *Malign, deri, kanser, yüz, multipl*

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## Introduction

Skin cancers are subclassified into two types: melanoma and non-melanoma skin cancers (NMSC) including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)[1]. Although the major risk factor in the etiopathogenesis of both melanoma and NMSC is ultraviolet (UV) irradiation, clear ethology, biology and pathology of these tumours have not been completely understood yet[2]. There are few reported cases of multiple primary malignancies including BCC and SCC of the skin in the literature[2-5]. However, there is no case report about melanoma and NMSC in the same patient at the same time.
Here, we report a female patient who had BCC, SCC and lentigo maligna on her face.

## Case Report

A 79-year old with light skin colour (type II) female patient admitted to our Dermatology Clinic with an ulcerated lesion on the face for one year. Except occasional bleeding and crusting she had no complaint about her lesion. Her and her family's past medical history were unremarkable. She has no history of xeroderma pigmentosum, immunesuppression and any other photosensitive dermatosis. Dermatological examination revealed a sharply demarcated brown patch of 3.5x2 cm with irregular borders on her left temporal region (Figure 1a). There was an erythematous and hyperkeratotic infiltrated plaque of 1.5x1.2 cm sized on her infiltrum (Figure 1b). There were also two flesh colored papules with telangiectasia on the left and right side of the infiltrum (Figure 1c). In addition, there was a 1.5x1.1 cm sized, erythematous and ulcerated lesion on the right side of her chin (Figure 1d). She had got signs of chronic sun damage, such as lentigo and marked wrinkling with yellow discoloration on the face.

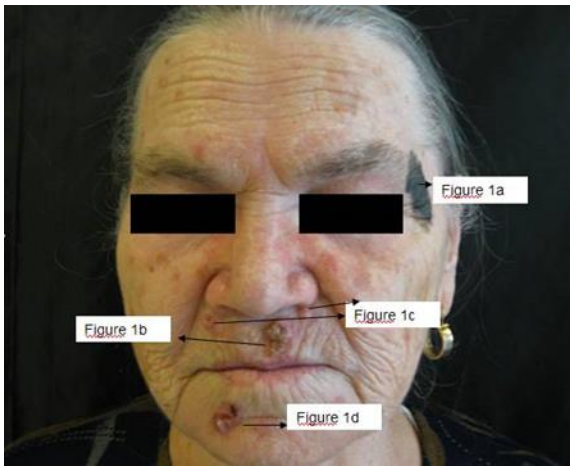


**Figure 1a.** A 3.5x2 cm sized sharply demarcated irregular bordered brown patch on her left temporal region
**Figure 1b.** A 1.5x1.2 cm sized erythematous and hyperkeratotic infiltrated plaque on her infiltrum
**Figure 1c.** Two flesh colored papules with telangiectasias on the left and right side of Figure1b
**Figure 1d.** A 1.5x1.1 cm sized, erythematous and ulcerated lesion on the right side of her chin

Dermoscopic examination of the pigmented lesion on the left temporal region showed asymmetric follicular openings. Skin biopsy specimens taken from each of the lesions showed the findings of lentigo maligna on the left temporal region, BCC in the lesions on the left corner of the infiltrum and the right side of the chin, SCC in the lesions on the infiltrum. Physical examination, routine biochemical, hematological an urine analysis were within normal limits. Our patient was diagnosed as lentigo maligna, BCC and SCC at the same time according to these clinical, dermoscopic, and histopathological findings. There was no metastasis and all lesions were excised.

## Discussion

Non-melanoma skin cancers especially BCC are the most common cancers in humans. BCC is derived from non-keratinizing cells that originate in the basal layer of the epidermis[1]. The majority of BCC (65-83%) occurs on the head and neck region[1,6,7]. The tumour characteristically occurs more frequently on sun-exposed skin of lighter-skinned individuals such as our case. The pathogenesis of BCC involves exposure to UV light, particularly the UVB spectrum (290-320nm) that induces mutations in tumor suppressor genes[1]. Cutaneous SCC is a malignant neoplasm derived from suprabasal epidermal keratinocytes. Whereas BCC is thought to arise de novo, SCC probably evolves in most cases from precursor lesions of actinic keratosis and Bowen disease. The clinic presentation of SCC can be variable, but most of the lesions can be easily identified. Similar to the etiopathogenesis of BCC, exposure to UV light plays a major role in the pathogenesis of SCC[1].

Lentigo maligna (LM) is an overgrowth of atypical melanocytes at the dermal-epidermal junction also known as melanoma in situ. It is most commonly found on the face of elderly patients with chronically sun-damaged skin. Clinically, it presents as a gradually enlarging tan to brown macular lesion with irregular borders. LM is a potential precursor of melanoma and can present with a wide variable behaviour, ranging from a rare spontaneous regression to persisting lentigo maligna melanoma (LMM) in a 5 to 20 years period[8].

Although the major risk factor in the etiopathogenesis of both of the melanoma and NMSC is UV irradiation, clear etiology, biology and pathology of these tumors have not been completely understood yet[2]. But, exposure to solar UV radiation is a major risk occurrence of three different tumors[7]. There are reported cases of multifocal primary malignancies, including BCC and SCC of the skin in the literature[2-5]. However, there is no case report about melanoma and NMSC in a patient at the same time in the literature to our knowledge. Here, we report a female patient who had BCC, SCC and lentigo maligna on her face. There were findings showing the effects of chronic exposure to UV such as lentigo and marked wrinkling with yellow discoloration in our case. She has no history of xeroderma pigmentosum, immunosuppression and any other photosensitive dermatoses. Our case was unique because of the simultaneous presence of SCC, BCC and melanoma.

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