Sclerodermiform basal cell carcinoma: rare form in a young patient

Abstract
SBCC is a rare form of CCB with invasive architecture and potentially aggressive evolution. The diagnosis is based on clinical and dermoscopic features; whereas the confirmation is histological. Early diagnosis and surgical management is the main method to reduce disfiguring surgical excisions. We report one case of SBCC.

Keywords: basal cell carcinoma, clinical, treatment, evolution

Case report
Sclerodermiform basal cell carcinoma (SBCC) is an aggressive type of basal cell carcinoma (BCC) with risk of deep invasion, rapid growth, and risk of metastasis. Early diagnosis is the main method to reduce disfiguring surgical excisions. We report one case of SBCC.

We report the cases of one 34-year-old, phototype 3, the delay of consultation was 4 years, and the factors risk was mainly sun exposure, the symptoms leading to consultation were ulceration. The clinical examination found sclerodermiform plaque, poorly limited, and erosion at the forehead. The dermoscopy revealed telangiectasia and vascularization in tree trunks, as well as ulceration. The rest of the somatic examination was normal. The diagnosis of basal cell carcinoma scleroderma was confirmed by histology. Surgical excision with margins was performed (Figure 1 & 2).

Discussion
Aggressive BCCs are not uncommon ranging from 2.5 to 44%.1–3 Some behavioral or environmental factors other than UV radiation, such as kidney transplant recipients, have been associated with a higher incidence of aggressive BCC subtypes.4,5 Among these aggressive lesions, scleroderma-like basal cell carcinomas (SBCC) are the most common type.

The sclerodermiform subtype is clinically defined by its sclerous appearance, sometimes nacreous, crusty, with fuzzy boundaries,

Figure 1 Sclerodermiform plaque, poorly limited, and erosion.

Figure 2 Dermoscopy revealed telangiectasia and vascularization in tree trunks, as well as ulceration.
with the presence of telangiectasia and often ulceration.² It has been reported that SBCC dermoscopy, consisting of whitish, shiny, nonstructural areas and smaller, less branching arboreal vessels, is finer than those seen in nodular BCC.⁶

The diagnosis is based on clinical and dermoscopic features; whereas the confirmation is histological objectifying the fusiform cell tumor cords without pallisadic border.³ The management is surgical. High recurrence rate if management is not surgical, if margins of excision are insufficient.⁸

**Conclusion**

SBCC is a rare form of CCB with invasive architecture and potentially aggressive evolution, justifying radical surgical treatment to prevent recurrence and terebrante evolution.

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None.

**Conflicts of interest**

The authors declare there is no conflict of interest.

**References**


