Introduction
Basal-cell carcinoma (BCC) is the most common non-melanoma skin cancer (NMSC) in white individuals. The main risk factor of BCC is intense exposure to ultraviolet radiation. The gold standard of diagnosis of BCC is histopathology. Treatment options for BCC consist of surgery, vismodegib, radiotherapy and topical or ablative treatments. Surgical excision is usually the preferred treatment for nodular and aggressive BCC subtypes.

Herein, we report the case of a 51 year-old Caucasian woman successfully treated with ingenol mebutate (IM) 0.05% gel on a large-sized (ø3cm) superficial BCC (sBCC) localized on the right shoulder. IM appears to be an effective, simple, safe and comfortable treatment even for large-sized sBCC with good cosmetic results.

Keywords: basal-cell carcinoma, topical therapy, cosmetic, ingenol mebutate, surgery

Abbreviations: BCC, basal-cell carcinoma; NMSC, non-melanoma skin cancer; IM, ingenol mebutate

Abstract
Basal-cell carcinoma (BCC) is the most common non-melanoma skin cancer (NMSC) in white individuals. For patients demanding for effective, tissue-sparing approaches with good cosmetic results, the treatment may represent a challenge particularly for large-sized BCC.

Herein, we report the case of a 51 year-old Caucasian woman, Fitzpatrick’s skin type III, successfully treated with ingenol mebutate (IM) 0.05% gel on a large-sized (ø3cm) superficial BCC (sBCC) localized on the right shoulder. Such lesion appeared as an asymptomatic, irregularly round-shaped patch. The diagnosis was ruled out by clinical and dermoscopic examinations (Figure 1), confirmed by histological examination after punch-biopsy (ø3mm).

We treated the sBCC with IM gel 0.05% applied once a day for only two consecutive days. The gel application was not restricted to the lesion area but broaden over a 2cm of surrounding area. Patient follow-up after 5 months revealed the complete regression of the lesion, verified by cytodiagnostic examination. Furthermore, the outcome was appreciable in the cosmetic point of view where as only a slight erythema, strictly confined at the application site, was yet noticeable (Figure 2A) (Figure 2B).


Claudia Costa,1 Massimiliano Scalvenzi,1 Milena Cappello,1 Francesco Martino,2 Daniela Russo,2 Francesco Merolla,2 Sara Pignatelli,2 Silvia Varricchio,2 Gennaro Ilardi2

1Department of Dermatology, University of Naples Federico II, Italy
2Department of Advanced Biomedical Sciences, University of Naples Federico II, Italy

Correspondence: Gennaro Ilardi, Assistant Professor, Department of Advanced Biomedical Sciences, Pathology Section, School of Medicine and Surgery, University of Naples Federico II, Naples, Italy, Email gennaro.ilardi@unina.it, gennaro.ilardi@gmail.com

Received: May 25, 2017 | Published: February 09, 2018

Abstract
Basal-cell carcinoma (BCC) is the most common non-melanoma skin cancer (NMSC) in white individuals. The gold standard of diagnosis of BCC is histopathology. Treatment options for BCC consist of surgery, vismodegib, radiotherapy and topical or ablative treatments. Surgical excision is usually the preferred treatment for nodular and aggressive BCC subtypes.

Here in, we report the case of a 51 year-old Caucasian woman successfully treated with ingenol mebutate (IM) 0.05% gel on a large-sized (ø3cm) superficial BCC (sBCC) localized on the right shoulder. IM appears to be an effective, simple, safe and comfortable treatment even for large-sized sBCC with good cosmetic results.

Keywords: basal-cell carcinoma, topical therapy, cosmetic, ingenol mebutate, surgery

Abbreviations: BCC, basal-cell carcinoma; NMSC, non-melanoma skin cancer; IM, ingenol mebutate

Introduction
Basal-cell carcinoma (BCC) is the most common non-melanoma skin cancer (NMSC) in white individuals.1 For patients demanding for effective, tissue-sparing approaches with good cosmetic results, the treatment may represent a challenge particularly for large-sized BCC.

Herein, we report the case of a 51 year-old Caucasian woman, Fitzpatrick’s skin type III, successfully treated with ingenol mebutate (IM) 0.05% gel on a large-sized (ø3cm) superficial BCC (sBCC) localized on the right shoulder. Such lesion appeared as an asymptomatic, irregularly round-shaped patch. The diagnosis was ruled out by clinical and dermoscopic examinations (Figure 1), confirmed by histological examination after punch-biopsy (ø3mm).

We treated the sBCC with IM gel 0.05% applied once a day for only two consecutive days. The gel application was not restricted to the lesion area but broaden over a 2cm of surrounding area. Patient follow-up after 5 months revealed the complete regression of the lesion, verified by cytodiagnostic examination. Furthermore, the outcome was appreciable in the cosmetic point of view where as only a slight erythema, strictly confined at the application site, was yet noticeable (Figure 2A) (Figure 2B).

Figure 1 Dermooscopy image: asymmetric lesion with peripheral fine short telangiectasias, shiny white to red structure less areas and small erosions.

Figure 2 A. 5 months after the treatment; B. It is noticeable a slight erythema confined at the application site.

Ingenol mebutate (ingenol-3-angelate) is a hydrophobic diterpene ester extracted from the plant Euphorbia peplus with remarked chemotherapeutic effects.2 Ingenol mebutate showed potent antiproliferative effects due to its dual action combining cytotoxic and immunomodulatory effects in which rapid lesion necrosis and antibody-dependent cellular cytotoxicity mediated by neutrophils occur. This small molecule was approved by both FDA and EMA agencies in 2012 for treatement of actinic keratosis. Adverse reactions associated with this application are restricted to moderate “local skin responses” and included erythema, flaking/scaling, swelling, crusting, erosion/ulceration and vesiculation/postulation. However, it shows a favorable safety and tolerability profile exhibiting a lack of systemic absorption and photosensitivity.3

It appears to be an effective, simple, safe and comfortable treatment even for large-sized sBCC. Compared to other non-invasive therapies (cryotherapy, curettage, electrodessication, photodynamic therapy, and radiation) possibly leaving unsightly outcomes, this approach seems to improve the deal between therapy effectiveness and patients’ cosmetic.
Conclusion

Our experience brings us to consider ingenol mebutate 0.05% gel as an effective alternative therapy for sBCC. Particularly it might be valuable either for patients demanding superior aesthetical results, or in cases of inadvisable surgery because of likely spoiling consequences.

Acknowledgements

None.

Conflicts of interest

The author declares no conflict of interest.

References