Actas Dermosifiliogr. 2007;98:291-5

LETTERS TO THE EDITOR

Linear Basal Cell Carcinoma. Report of Two Cases

R Pardavila, E Rosón, C de la Torre, B González, C Posada, C Feal, and M Cruces
Servicio de Dermatología, Complejo Hospitalario de Pontevedra, Spain

To the Editor:

Linear basal cell carcinoma—a rare morphological variant of basal cell carcinoma—was first described by Lewis in 1985.[1] Since that time, there have been further reports of this condition, which is increasingly recognized by dermatologists. Certain unique clinical and histological characteristics differentiate it from other basal cell carcinomas, with some authors considering it a different clinical entity.[2-5] We present 2 cases of this entity. The first was an 83-year-old woman who consulted for a linear lesion on the right area of the neck with onset 1 year earlier and with no evidence of trauma or any previous trigger. The examination showed a violaceous lesion of linear morphology with a pearly, scarred appearance and measuring 4×0.5 cm (Figure 1). A skin biopsy was taken and found to be consistent with basal cell carcinoma, confirming the diagnosis of linear basal cell carcinoma. The lesion was removed by simple excision and the wound was closed directly, with the surgical margins found to be free of tumor cells. No recurrence had occurred after 1 year of follow-up.

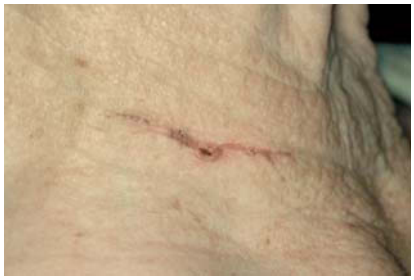

Figure 1. Linear lesion with pearly, scarred appearance on the right lateral region of the neck.

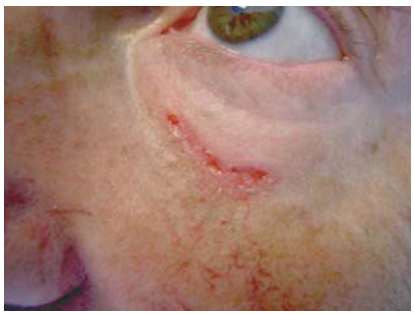

Figure 2. Linear lesion with eroded surface on the lower left eyelid.

In the second case, a 69-year-old man came for consultation due to a linear lesion on the lower left eyelid, with an eroded, crusty surface, that measured 2.5×0.4 cm (Figure 2). The lesion was excised, with histology confirming the diagnosis of basal cell carcinoma.

The linear form of basal cell carcinoma occurs equally in both sexes with an age ratio similar to that of other forms of basal cell carcinoma.[2] It is most commonly found in the periocular region.[3]

These tumors are oriented along the tension lines of the skin and, therefore, some authors have speculated on the possibility that the Koebner phenomenon is related to its linear pattern.[4,5] However, as in our patients, no history of trauma has been reported in any of the published cases.[2] Other mechanisms that have been suggested include lateral limitation to lesion spread secondary to dermal fibrosis[6] or interactions of the stroma with the Langer lines.[2]

The most common histological subtype is nodular.[7] Proportionally, this morphological variant presents more aggressive histological subtypes,[2] although cases of metastasis in patients with these tumors have not been reported to date.

Orientation along the tension lines of the skin allows technically simple excision, easy healing, and good cosmetic results.[7] However, the tumor has often been found to extend laterally, even though this is not clinically apparent, making excision with some margin advisable. In some cases, Mohs surgery might be recommended; indeed some authors consider this technique to be the treatment of choice.[2]

References

1. Lewis JE. Linear basal cell epithelioma. Int J Dermatol. 1985;24:124-5.
2. Lim KK, Randle HW, Roenigk RK, Brodland DG, Bernstein SC, Marcil I. Linear basal cell carcinoma: report of seventeen cases and review of the presentation and treatment. Dermatol Surg. 1999;25:63-7.
3. Mavrikakis I, Malhotra R, Selva D, Huilgol SC, Barlow R. Linear basal cell carcinoma: A distinct clinical entity. J Plast Reconstr Aesthet Surg. 2006;59: 419-23.
4. Peschen M, Lo JS, Snow SN, Mohs FE. Linear basal cell carcinoma. Cutis. 1993;51:287-9.
5. da Silva MO, Dadalt P, Santos OL, Ishida CE, Sodre CT, Maceira JP. Linear basal cell carcinoma. Int J Dermatol. 1995;34:488.
6. Chopra KF, Cohen PR. Linear basal cell carcinomas: report of multiple sequential tumors localized to a radiotherapy port and review of the literature. Tex Med. 1997;93:57-9.
7. Lewis JE. Linear basal cell epithelioma. Int J Dermatol. 1989;28:682-4.