

Rodent Ulcer

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A 68-year-old male has been experiencing progressively increasing ulcers over his nose for the past two years. Upon examination, a 3*3 cm ulcerative growth was identified on the left dorsum of the nose, with the destruction of the ala (Fig. 1a). The biopsy indicated basal cell carcinoma (Fig. 1b). The patient underwent complete excision of the growth and reconstruction with a forehead flap. He remains asymptomatic at the six-month follow-up. Basal-cell carcinoma is also referred to as 'Rodent ulcer' because it gnaws away the skin (like rodents). It is the most common cancer in Caucasian people worldwide, with an estimated incidence ranging from 25 to 172 new cases annually per 100,000 in Europe, to 1,500 to 1,800 new cases annually per 100,000 inhabitants in the US and Australia.¹ It is most frequently observed in sun-exposed areas of the body, especially the face, and is a locally infiltrative tumor that rarely metastasizes.^{1,2} It is also observed in Basal-Cell Nevus Syndrome, or Gorlin Syndrome, characterized by keratocystic odontogenic jaw tumors, palmar or plantar pits, calcification of the falx cerebri, and rib abnormalities.² Three subtypes are clinically identified: nodular, superficial, and morphea. The superficial type presents as an erythematous patch on the trunk of patients and carries a low risk of recurrence, whereas nodular or morphea forms have an increased risk of recurrence.² The presentation varies from a small shiny nodule to a deep infiltrative ulcer, usually on the face. The diagnosis is confirmed through biopsy, which shows nests of tumor cells with peripheral palisading. Treatment options depend on the tumor's size, site, and depth. They range from surgical excision, application of topical chemotherapy like 5-fluorouracil and imiquimod, to photodynamic therapy with Methyl aminolevulinate and cryosurgery. The prognosis is excellent for early tumors, and they can be completely cured; however, advanced tumors can cause significant cosmetic disfigurement and morbidity.^{1,2}



Figure 1. (a) Patient with a deeply eroding ulcer on the dorsum of the nose. **(b)** Sub-epithelium containing aggregates of basaloïd tumor cells, with peripheral palisading invading the dermis (HE, 40X).



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