To the Editor,

Basal cell carcinoma (BCC) is one of the most common cutaneous malignancies. Although it constitutes 75% of non-melanoma cutaneous malignancies, it develops in the perianal region in less than 1% of cases (1,2). Even though histopathologic findings of BCC developing in the perianal region are similar to those of BCC seen in other regions, perianal cancers behave much more aggressively (1,3,4).

A 56 year old female patient with complaints of pain in the perianal region while sitting, and of swelling, applied to our general surgery department. On physical examination, erythematous, indurated appearing tissue over the sacrococcygeal area was observed, measuring approximately 7x5 cm. A hard, fixed mass was palpated in the surrounding tissue (Figure 1). She had no history of malignancy, anal coitus, inflammatory dermatoses, anogenital condyloma accumulata, or sexually transmitted disease. Histopathology showed basal cell carcinoma. MR imaging was done of the posterior cortex and the interface with the coccyx. With contrast enhancement, a heterogeneous mass lesion was observed, which was 56x22x24 mm in diameter, round, hypointense on T1-weighted sequences and hyperintense on T2-weighted sequences. Abdominopelvic and chest CT scan was taken for the purpose of detecting distant metastases, but there were no pathological mass lesions found.

Postoperative recovery was uneventful. No adjuvant radiotherapy or chemotherapy was given, as suggested by the medical oncologist. The patient has been on regular follow-up for the last two years. There has been no recurrence. In summary, the present case illustrates that basal cell carcinoma can also rarely occur on areas of the body that are not exposed to UV light, including the genital and perianal regions. Because malignancies in this region can be aggressive, taking a biopsy early in the course of non-healing lesions, and thereby allowing early diagnosis and treatment is life saving and improves the patient’s quality of life.

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Perianal basal cell carcinoma: An uncommon localization

Figure 1. Non-tender mass with a well-pigmented border in the gluteal region.
REFERENCES


