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Case Report

Long-standing basal cell carcinoma of the nasal wing in an elderly female

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ABSTRACT

This case report describes a 75-year-old female with a long-standing basal cell carcinoma (BCC) of the left nasal wing, which had been present for approximately ten years. The lesion was characterized by a pigmented, irregular, plaque-like appearance with telangiectasias, and diagnosis was confirmed by biopsy. Surgical excision with reconstruction was planned to achieve complete tumor removal and restore nasal function. Managing BCC in the nasal area requires careful consideration to prevent potential complications such as tissue destruction, cartilage or bone invasion, and functional impairments, including nasal obstruction. The importance of early detection and the utilization of Mohs micrographic surgery as the preferred treatment option for high-risk or long-standing BCCs in cosmetically sensitive regions are emphasized. Long-term follow-up is crucial to detect recurrences and new skin malignancies, ensuring optimal outcomes.

Keywords: Basal cell carcinoma, Nasal lesion, Long-standing skin cancer, Mohs surgery, Facial reconstruction, Skin cancer management, Nasal tumor, Dermatologic oncology

INTRODUCTION

Clinical features of a long-standing BCC on the nasal wing typically include a slowly enlarging, pearly or translucent papule or nodule, often with telangiectasia, rolled borders, and central ulceration or crusting. Chronic lesions may become infiltrative, ulcerated ("rodent ulcer"), or display ill-defined borders, especially in high-risk facial sites such as the nasal ala. Induration, fixation, and destruction of adjacent structures (e. g., cartilage) may be present in advanced cases.[1-5]

CASE REPORT

The 75-year-old female reports a lesion on her left nasal wing that has been present for approximately 10 years, initially appearing as a small macule that gradually increased in size, with a slightly rough surface and a dark

brownish-red coloration, without associated symptoms (Figure 1).

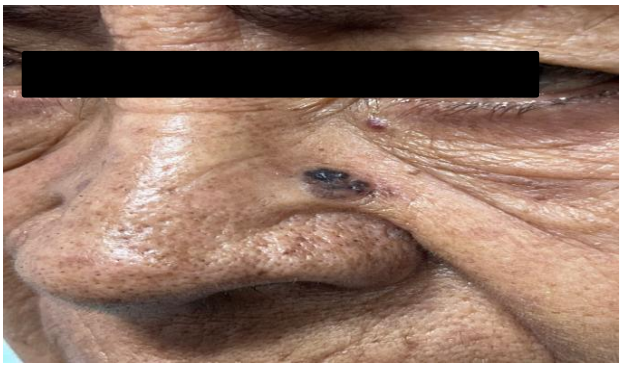

Figure 1: Nasal wing lesión.

Figure 2: Immediate postoperative image after resection

In 2024, during management of her metabolic conditions with her geriatrician, the lesion was identified and suspicion raised, leading to her referral to dermatology at a third level center, where a biopsy confirmed nodular basal cell carcinoma. She was scheduled for reconstructive surgery on May 28, 2025, which was performed successfully (Figure 2). Currently, she remains asymptomatic, with no urinary or bowel complaints, and no recent fever. On physical exam, she is conscious, oriented, cooperative, with good skin tone, Fitzpatrick IV skin type, and Glogau IV photoaging. The lesion appears as a well-defined, irregular, dark brown plaque measuring approximately 1×0.8 cm on the left nasal wing, with surface telangiectasias, and no other skin or mucosal abnormalities. The neck is cylindrical, no palpable lymphadenopathy; the trachea is central and mobile; the thorax and abdomen are unremarkable apart from adiposity; extremities are symmetric with normal perfusion. Laboratory results from 05/23/2025 are within normal limits, including hemoglobin 14.2 g/dL, hematocrit 40%, leukocytes 3.7 thousand, platelets 306,000, and basic metabolic panel, with chest X-ray and ECG showing no abnormalities. The biopsy confirmed nodular basal cell carcinoma, and she is now in stable condition, with a reserved prognosis pending post-operative evolution, highlighting the importance of complete surgical excision with reconstruction for optimal outcome.

DISCUSSION

The presented case of a long-standing BCC of the left nasal wing illustrates several potential complications associated with this common skin malignancy. Over time, untreated or incompletely excised BCC can cause extensive local tissue destruction, including invasion into underlying cartilage or bone, and in some cases, perineural invasion leading to more aggressive tumor behavior. Although regional or distant metastasis is rare, advanced lesions can extend into the nasal cavity or even the orbit, resulting in significant functional and cosmetic deficits such as nasal obstruction, cartilage loss, and deformity. This patient's lesion, which persisted for approximately ten years and was confirmed histologically as nodular BCC, underscores the importance of early detection and effective management to prevent such morbidity. Recurrent or inadequately excised tumors pose a higher risk for aggressive behavior and complications, emphasizing the need for precise surgical planning and complete removal.[1-9]

Regarding management, both the American academy of dermatology and the national comprehensive cancer network recommend Mohs micrographic surgery as the treatment of choice for high-risk or long-standing BCCs on the nasal wing. Mohs offers superior margin control, optimal tissue conservation, and significantly lower recurrence rates, which are especially important in cosmetically and functionally sensitive areas like the nose.[2,7] In cases where Mohs surgery is unavailable, wide local excision with careful postoperative margin assessment is an acceptable alternative, though it may require re-excision if margins are positive. Reconstruction with local flaps or grafts is typically performed after tumor removal to restore nasal form and function. For tumors that are unresectable, recurrent, or exhibit features of local invasion, adjunctive or primary radiation therapy, along with systemic therapy options such as hedgehog pathway inhibitors like vismodegib, may be considered.[2,5] Given the chronicity of her lesion and the risk of recurrence, long-term dermatologic follow-up is essential to monitor for new skin cancers and potential tumor recurrence, ensuring early intervention if needed.[1-4,10,11]

In this case, timely surgical intervention with appropriate reconstruction, guided by these recommendations, is critical to optimize both functional and aesthetic outcomes and minimize the risk of progression or recurrence.

CONCLUSION

In conclusion, long-standing basal cell carcinoma of the nasal wing poses significant risks of extensive tissue

destruction, functional impairment, and cosmetic deformity if not managed appropriately. Early recognition and precise surgical removal-preferably Mohs micrographic surgery when available-are essential to achieve clear margins, reduce recurrence, and preserve nasal function and appearance. In cases of recurrent, unresectable, or advanced tumors, adjunctive therapies such as radiation or systemic agents provide additional treatment options. Comprehensive long-term follow-up is crucial in monitoring for recurrence or new skin carcinomas, ultimately ensuring optimal patient outcomes.

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REFERENCES

1. Nehal KS, Bichakjian CK. Update on Keratinocyte Carcinomas. N Eng J Med. 2018;379(4):363-74.
2. Kim JYS, Kozlow JH, Mittal B, Moyer J, Olencki T, Rodgers P. Guidelines of Care for the Management of Basal Cell Carcinoma. J Am Academy Dermatol. 2018;78(3):540-59.
3. Christopoulos G, Sergentanis TN, Karantonis F, Dimitrios K, Grigoris H, Epaminondas K, et al. Surgical Treatment and Recurrence of Cutaneous Nasal Malignancies: A 26-Year Retrospective Review of 1795 Patients. Ann Plastic Surg. 2016;77(2):e2-8.
4. Baba PUF, Hassan AU, Khurshid J, Wani AH. Basal Cell Carcinoma: Diagnosis, Management and Prevention. J Molecular Pathol. 2024;5(2):153-70.
5. Sim V, Thomas BR, Morris SL. Non-Melanoma Skin Cancer. In Treatment of Cancer. CRC Press. 2025;417-53.
6. Kauvar AN, Cronin T, Roenigk R, Hruza G, Bennett R. Consensus for Nonmelanoma Skin Cancer Treatment: Basal Cell Carcinoma, Including a Cost Analysis of Treatment Methods. Dermatologic Surg. 2015;41(5):550-71.
7. Schmults CD, Blitzblau R, Aasi SZ, Alam M, Amini A, Bibee K, et al. Basal Cell Skin Cancer, Version 2.2024, NCCN Clinical Practice Guidelines in Oncology. J National Compreh Cancer Net. 2023;21(11):1181-203.
8. Ceder H. Enhancing the Management of High-Risk Basal Cell Carcinoma. Göteborgs universitet. 2025.
9. Daf AN, Kapse AS, Satsure MRG, Awthale MKG, Madavi MAN, Wanjari MDS, et al. Basal Cell Carcinoma: A Review. Int J Innovat Res Technol. 2024;11(2):1385-93.
10. Suzuki S, Kim SI, Barlow TK. Barriers to Mohs Micrographic Surgery in Japanese Patients With Basal Cell Carcinoma. Cutis. 2024;114(1):E16-20.
11. Kappelin J. Basal cell carcinoma-Epidemiology, risk factors, and outcome after surgical excision. Doctoral Thesis. 2024.

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