Case Report

An unusual case of basal cell carcinoma in the scrotum

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INTRODUCTION

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A biopsy was done, and histopathology confirmed the presence of infiltrating basal cell carcinoma. Then, the patient was admitted for surgery. All preoperative investigations were normal.

Under spinal anesthesia, wide local excision with a margin of 2 cm of normal skin was performed (Figure 3).

Histological examination confirmed a basal cell carcinoma with clear margins (Figures 4a-d). The postoperative period was uneventful and the patient was advised to follow up for review.

DISCUSSION

Basal cell cancer is one of the most common cutaneous malignancies worldwide, comprising around 65-75% of all skin cancers. The percentage of skin cancer in the Asian population is around 2-4% compared to 35-40% in Caucasians and 1-2% in Black populations.

Though the overall incidence of skin cancer is low in India, the absolute patient load might be significant given the population size.\(^1\)

The average age of patients with scrotal BCC as per previous studies is 42-82 years, which our patient is well within. As with prior cases, as with prior cases of scrotal BCC, our patient did not have any known risk factor for BCC. Wider excision (2 cm) more than the recommended 4 mm margins were taken to ensure complete excision which the prior literature is in agreement with.\(^4\) Regular follow ups have been advised to evaluate recurrence and metastasis.

The role of HPV in BCC in the scrotum remains controversial. Genetic polymorphism for certain detoxifying enzymes might play a role in BCC development.\(^14\) Risk factors remain unclear from the cases so far.

Possible complications include bleeding, ulceration, infection apart from metastasis. Prior reviews suggest scrotal BCC to be more aggressive, with higher chance of metastasis than when located at other locations.\(^15\) Metastasis of BCC overall is approximately 0.1%.\(^12\) Men are twice as likely to be predisposed to metastatic BCC than women.\(^13\) However there is insufficient data with regards to metastasis from scrotal basal cell carcinoma.
The objective of our report is to remind surgeons, urologists, dermatologists of the possibility of basal cell carcinoma in scrotal masses, especially slow growing masses not responsive to treatment.

Further studies are needed to understand the etiology, risk factors and molecular basis of scrotal BCC especially in the Indian population.

CONCLUSION

While basal cell cancer is rarer amongst pigmented individuals, a higher grade of suspicion would be prudent given the findings of our study.

Proliferative lesions in the genital area are generally considered unlikely to be BCC which is common in sun-exposed areas. However, it would still be wise to biopsy proliferative slow growing scrotal lesions before further management.

Further studies are needed to evaluate the risk factors that could lead to BCC in the genital region.

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REFERENCES
