At that time, his primary care doctor diagnosed the lesion as a basal cell carcinoma and attempted to remove the lesion via standard excision. The patient claims that the excision site never fully healed and he never followed up for additional care. Over the next decade, the lesion continued to expand and would exhibit frequent bleeding, purulence, and slow but steady growth. The wound was becoming so large and necrotic, that with the help of his wife, he began adhering gauze, washcloths, and other linens to the wound each morning before work to prevent staining his dress shirts with blood, tissue, and exudate. The patient reported that he did not seek medical attention for the wound during this time due to a “busy schedule” of sculpting and teaching.

In 1995, the patient moved to a new region of the United States, which prompted him to seek out the opinion of new doctors in the area regarding the troublesome and expanding lesion, which was now roughly 10 cm in diameter. The patient sought out a more “holistic approach” since he believed traditional western medicine had failed him in the past. This led him to seek the opinion of a local chiropractor who, along with spinal manipulation, began treating the lesion with a “blue light”. Eventually, after months of poor results, the chiropractor recommended the patient be evaluated by a physician. The patient agreed to do so and was seen by a dermatologist who biopsied the lesion and, again, diagnosed the patient as having a basal cell carcinoma. The doctor thought the lesion had already spread to the patient’s muscle and bone and therefore decided not to pursue any further treatment after this diagnosis because he claims he was treated so poorly by the biopsying physician and his staff that he wished to “never return”.

Over the next 20 years the lesion continued to grow and the only treatment he received was consistent blue light therapy directly over the lesion and spinal manipulation from his chiropractor. According to the patient and his wife, these methods seemed to be working to reduce the lesion. It wasn’t until July of 2013 of the patient fell ill with headache, diarrhoea, and lethargy that the super giant basal cell was, again, discovered on his back. At this time, the wound edges were biopsied and infiltrative basal cell skin cancer with skeletal muscle invasion was proven. A CT scan was ordered and oncology was consulted. CT scan revealed a mass in the liver consistent with probable metastasis. The patient refused further biopsy, therefore metastasis was assumed but never proven. Due to the patient being a poor surgical candidate and lesion being too large for complete excision, oncology recommended the patient be treated with vismodegib. Unfortunately, the patient passed away from “complications of cancer” before the drug was received.

Discussion

While typically an indolent, slow growing cancer, basal cell carcinoma can become aggressive and locally invasive if left untreated. Giant basal cell carcinoma only accounts for 0.5% of BCCs and super giant basal cell carcinoma is exceedingly rarely reported. Literature review revealed only nine previously reported cases.4, 5 These lesions are most commonly found on the trunk and other areas usually covered by clothing. Typically, these lesions are allowed to expand due to ongoing neglect by the patient. Archotaki, et al, published a review of 53 cases of giant BCCs and 65 cases of metastatic basal cell carcinoma.6 Patients with negative lymph nodes had a measured 10.70% mortality risk versus those with metastasis at 37.5%.7

Previously, treatment options for these patients were limited to surgical excision, radiation therapy, and chemotheraphy. Vismodegib, a hedgehog pathway inhibitor, was approved by the U.S. Food and Drug Administration in 2012. Previous research revealed only nine previously reported cases.5 The lesions are most commonly found on the trunk and other areas usually covered by clothing. Typically, these lesions are allowed to expand due to ongoing neglect by the patient. Archotaki, et al, published a review of 53 cases of giant BCC and 65 cases of metastatic basal cell carcinoma.6 Patients with negative lymph nodes had a measured 10.70% mortality risk versus those with metastasis at 37.5%.

Reference


