

PHOTOLETTER TO THE EDITOR

Basal cell carcinoma on the vermilion lip

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Abstract

The vermilion and vermilion border are rare locations for basal cell carcinoma. We report a case of a 72-year-old woman, who presented with an asymptomatic erosive lesion on the vermilion area of the upper lip. Histopathology examination was consistent with basal cell carcinoma. We suggest that basal cell carcinoma should be included in the differential diagnosis of erosive/ulcerative lesions arising on the vermilion area of the lip. (*J Dermatol Case Rep.* 2015; 9(1): 25-26)

Key words:

basal cell carcinoma, head and neck, lip, mucous membrane, skin cancer, ulcer

Introduction

Basal cell carcinoma (BCC) on the lip is uncommon.¹ A 72-year-old woman, with previous medical history of actinic keratoses, presented with an asymptomatic erosive lesion on the lip that had progressively grown during the last four months. She did not recall previous traumatism on that site. On physical examination, a slightly indurated, well-defined lesion was evident on the vermilion border and the outer mucosa of the upper lip. The lesion was centrally ulcerated and measured 5 mm in diameter (Fig. 1). With the suspected diagnosis of epithelioma, excision was proposed. Histopathology study revealed a superficially ulcerated tumor, composed of nests of epithelial basal cells, reaching the mid dermis (Fig. 2A). Tumor cells showed the characteristic peripheral palisade (Fig. 2B). Therefore, clinical and histological data confirmed the diagnosis of nodular BCC.

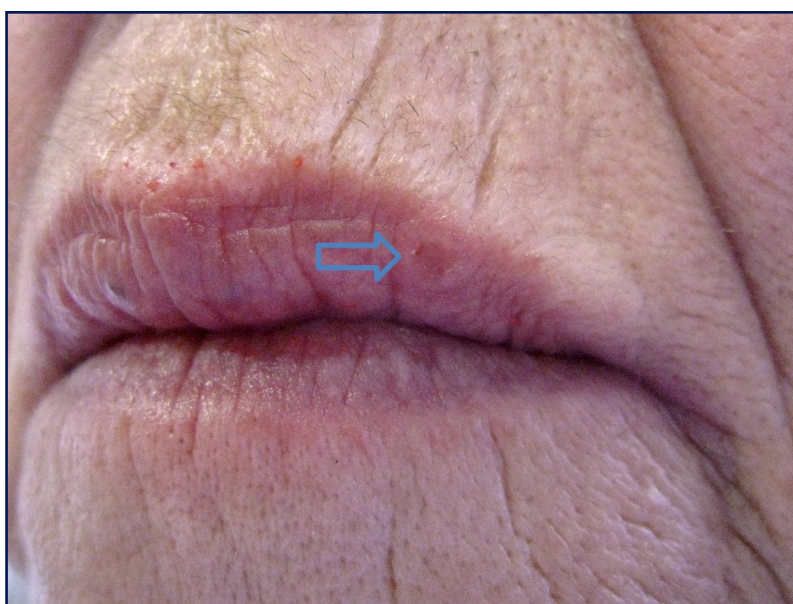


Figure 1

Umbilicated and ulcerated tumor on the vermilion area on the upper lip.

Discussion

Epithelium of the lip contains four regions: the skin, the vermilion border, the outer mucosa (vermilion), and the inner mucosa.² BCC on the vermilion and vermilion border is rare. Squamous cell carcinoma is more common in this location.² In addition, with respect to the anatomical site, a division exists between both tumors, with squamous cell carcinoma commonly involving the lower lip, and BCC the upper lip.¹⁻² There are few reports in the literature of BCC on the vermilion area. Although less common, primary BCCs located on the inner mucosa of the lip, have also been described.³ A larger case series, which included 18 patients with BCC on the vermilion, showed that the malignancy developed predominantly on the upper lip.² In 6 of them, neural, muscular or vascular infiltration was shown on the histological exam.² The second larger series revised a total of 3477 BCCs. Six cases involved the vermilion area, 5 on the lower lip and only one on the upper lip.⁴

In that location, BCC seems to initiate at the vermilion border, invading later the remaining vermilion. The inner mucosa might be subsequently affected.² An early invasion of deeper structures could be explained by the thin submucosal layer of the lips.²

Histogenesis of BCC of the vermilion is still unclear. Several hypotheses have been proposed, such as an origin related to pluripotential epithelial cells, traumatic epithelial implantation, migration of pilosebaceous units from the skin to the vermilion, or the presence of ectopic sebaceous glands.¹⁻² Surgery is the treatment of choice in BCC of the vermilion area.⁵

Conclusions

In summary, we consider that this case is of interest to remark that BCC should be included in the differential diagnosis of lesions located on the vermilion area of the lip.

References

1. Dika E, Fanti PA, Ismaili A, Misciali C, Vaccari S, Patrizi A. Does BCC of the vermilion lip originate from the ectopic sebaceous glands? An observation in Mohs surgery. *Eur J Dermatol*. 2012; 22: 706-797. PMID: 22796660.
2. Silapunt S, Peterson SR, Goldberg LH, Friedman PM, Alam M. Basal cell carcinoma on the vermilion lip: a study of 18 cases. *J Am Acad Dermatol*. 2004; 50: 384-387. PMID: 14988680.
3. Koutlas IG, Koch CA, Vickers RA, Brouwers FM, Vortmeyer AO. An unusual ostensible example of intraoral basal cell carcinoma. *J Cutan Pathol*. 2009; 36: 464-470. PMID: 19278434.
4. de Sousa J, Sanchez Yus E, Rueda M, Rojo S. Basal cell carcinoma on the vermilion border of the lip: a study of six cases. *Dermatology*. 2001; 203: 131-134. PMID: 11586011.
5. Wollina U. Reconstructive surgery in advanced perioral non-melanoma skin cancer. Results in elderly patients. *J Dermatol Case Rep*. 2014; 8: 103-107. PMID: 25621090.

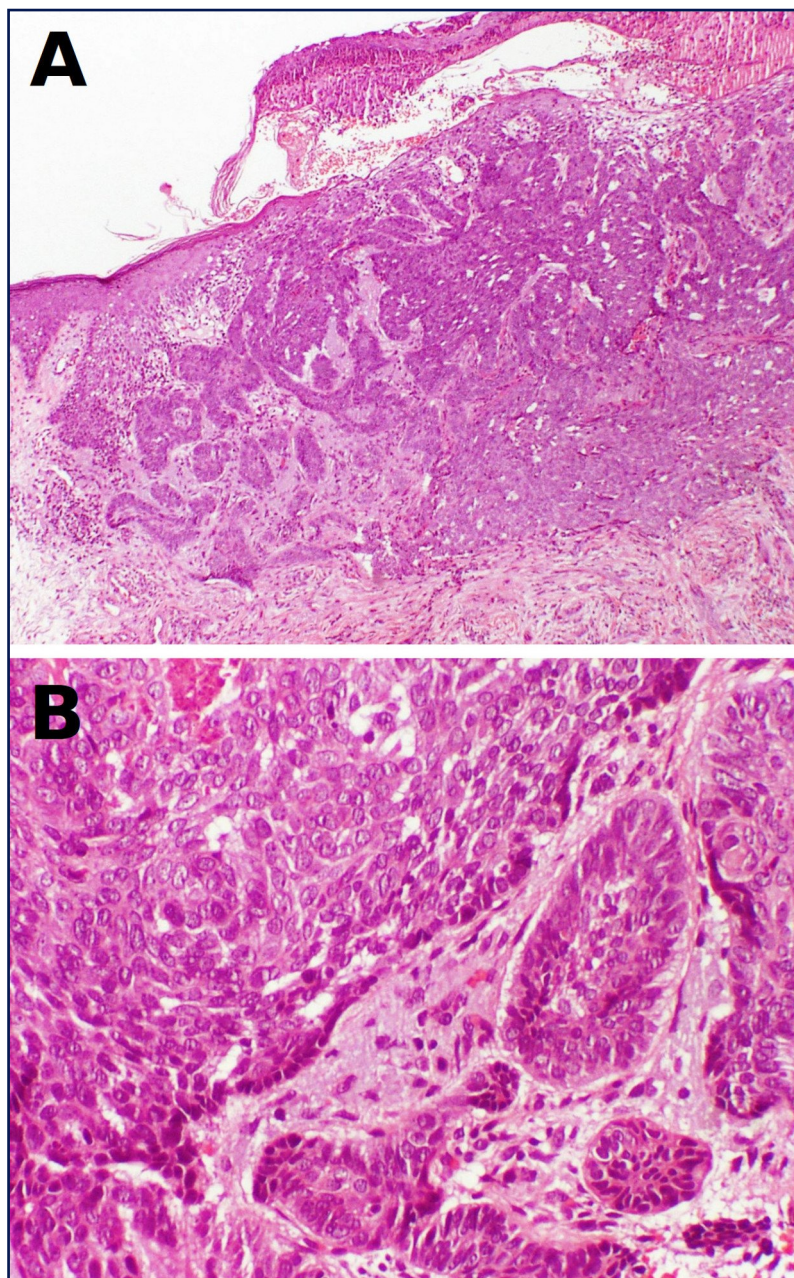


Figure 2

Ulcerated dermoepidermal tumor composed of neoplastic basal cell nests within a fibromyxoid stroma (HE, 4x) (A) and closeup view of the characteristic peripheral palisade (HE, 20x) (B).