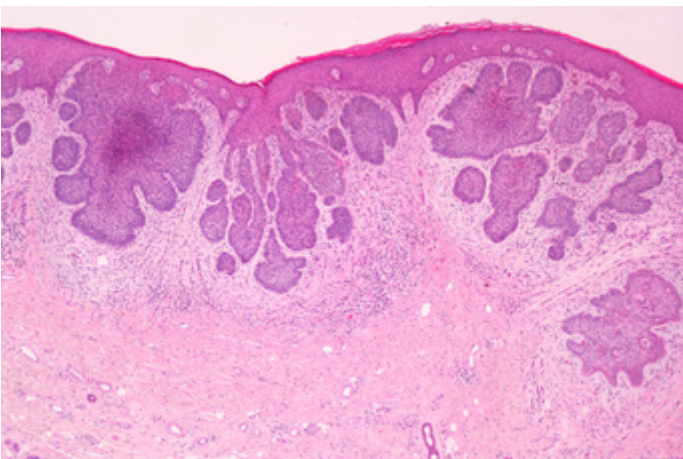
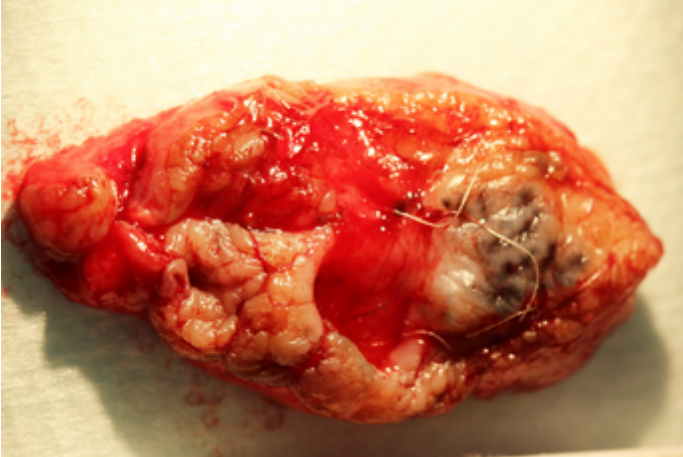
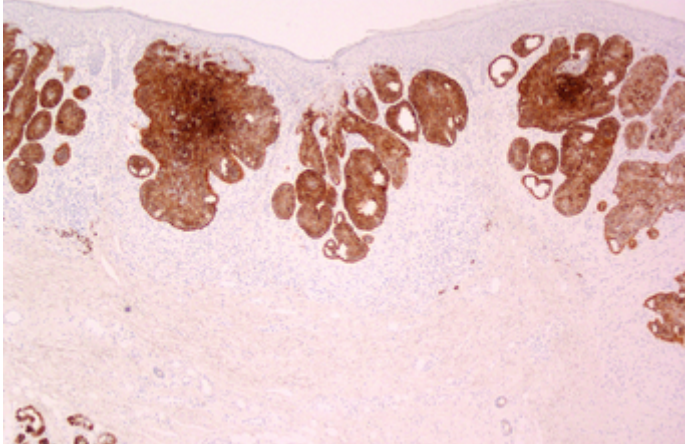
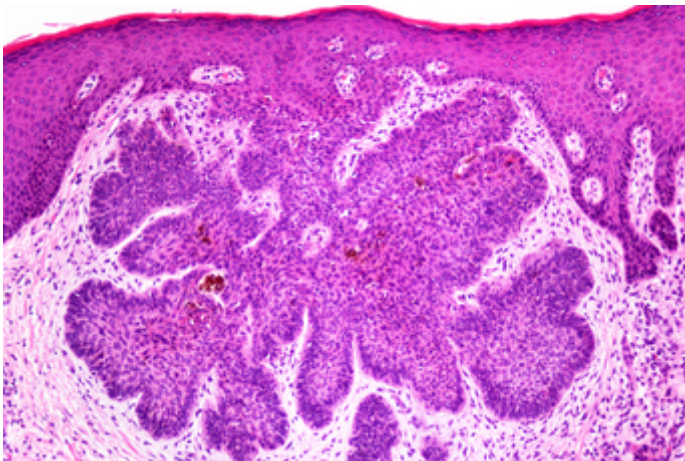
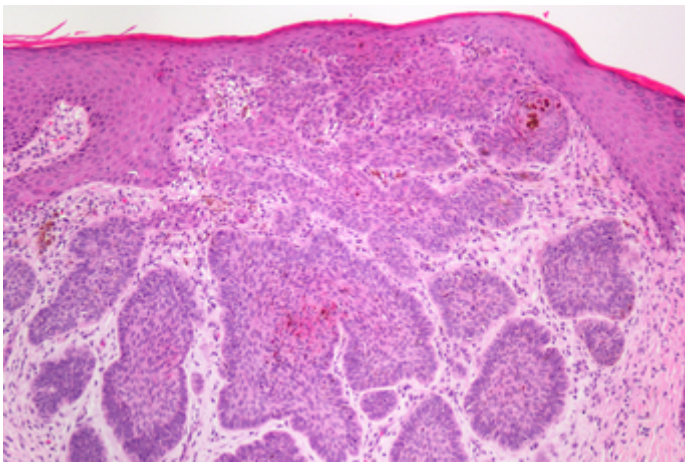


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92-year-old male with a pigmented lesion in perianal region.

What is your diagnosis?





Diagnosis:

Perianal pigmented basal cell carcinoma.

Comment:

A 92-old male noticed a perianal ulcerated lesion (Panel A). Biopsy was performed which suggested basal cell carcinoma (BCC). Tumor was excised, with a 3 mm wide free margin. Excision measured 33 x 20 mm, with a partly pigmented, ulcerated tumor measuring 9 x 6 mm (Panel B). Microscopy showed islands and nests of basaloid tumor cells with features, characteristic for basal cell carcinoma (BCC) (Panels C-E). Some tumor cells contained melanin (Panel E). Immunohistochemistry showed positive reaction for BerEP4 (Panel F) and negative reaction for p16 and S-100.

The incidence of BCC in the anal and perianal regions, in comparison to sun-exposed areas, is extremely low, comprising less than 1% of tumors at this region. They are mostly located in the perianal skin, but few cases have been reported to extend to the anal canal. The most important differential diagnosis is basaloid

squamous cell carcinoma (SCC) because of the obvious different clinical behavior and prognosis.

Immunohistochemistry may be useful, as anal SCC is positive for p16 and SOX2, while BCC is BCL2, MOC-1 and BerEP4-positive. Another distinguishing feature is the presence of HPV in anal SCC, but not in BCC. In case of pigmented lesions, differential diagnosis includes also melanoma and pigmented SCC.

BCC rarely occurs at sun non-exposed areas, and other risk factors have been proposed in anal BCC, such as radiotherapy and chronic skin irritation or infection. There is no evidence for HPV infection in anal BCC. The prognosis is favorable, no metastases have been reported yet in patients with anal/perianal BCC.

For further reading:

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