

A Weight on his Shoulder

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INTRODUCTION

Basal cell carcinoma (BCC) is the most common neoplasm in the United States¹. Luckily, these tumors are slow-growing at an average rate of approximately 1 mm per year. If left untreated however, the tumor may reach substantial sizes, cause significant local tissue destruction, and may grow more rapidly over time^{2,3}. A BCC qualifies as a giant basal cell carcinoma (GBCC) once tumor diameter surpasses 5 cm. GBCCs account for about 0.5-1% of all BCCs and are associated with neglect and inadequate initial treatment^{2,4}. We present a case of a 64-year-old male who presented with a large fungating mass of the anterior left shoulder. He underwent excision of the mass, and pathology demonstrated basal cell carcinoma.

CASE DESCRIPTION

History

- A 64-year-old male presented to the emergency department with a large ulcerated left anterior shoulder mass.
- He reports that he first noted a small, yellow mass on the left shoulder approximately 5.5 years ago.

Hospital Course

- Computed tomography (CT) of the chest with intravenous contrast demonstrated a 11 x 8 x 16 cm heterogeneous vascular solid exophytic mass.
- Iron-deficiency anemia was incidentally noted during his hospitalization and was attributed to the presence of pinpoint bleeding from the mass.
- The patient underwent excisional biopsy of the left shoulder mass. Per the pathology report, the operative specimen measured 12 x 8 x 16.5 cm with a weight of 958 grams.
- Pathology ultimately revealed basal cell carcinoma with histologically-confirmed negative margins. The patient was discharged prior to surgical pathology report finalization and was unfortunately lost to follow-up.

IMAGING

- Medical photography and radiology

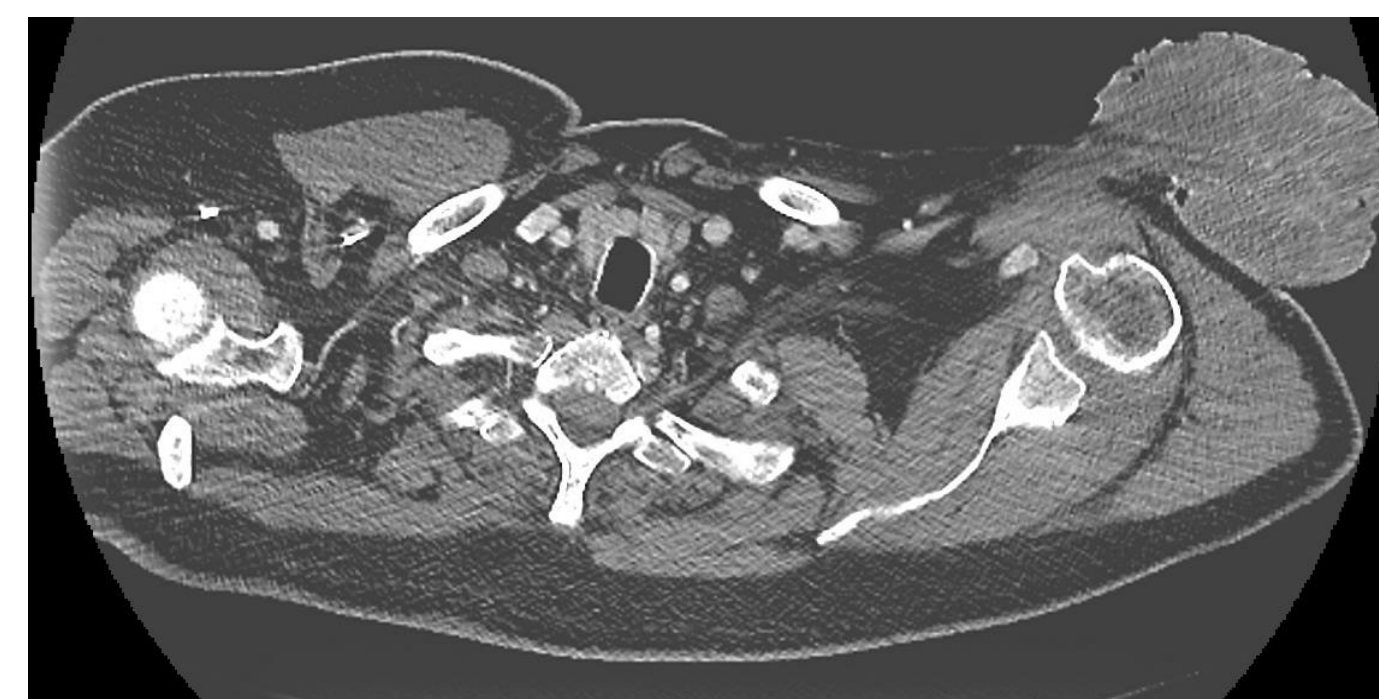


Fig. 1 (Top Left): [CT of the chest with intravenous contrast (axial) demonstrating vascular exophytic mass which penetrates the upper left chest wall at the level of the humeral head and appeared to originate from the anterior border of the deltoid muscle.]

Fig. 2 (Bottom Left): [CT of the chest with intravenous contrast (axial) demonstrating vascular exophytic mass below the level of insertion at the anterior border of the deltoid muscle.]

Fig. 3 (Top Right): [Vascular, fungating mass of the anterior left shoulder measuring 12 x 8 x 16.5 cm]

Fig. 4 (Bottom Right): [Underside of mass that appears to originate from the anterior aspect of the deltoid muscle]

LABS

ADMISSION LAB VALUES		
Component	Value	Reference Range
WBC	8.8 10 ³ /μl	4.0-10.9 10 ³ /μl
Hemoglobin	11.6 g/dL	13.5-18.0 g/dL
Hematocrit	36.1%	40.0-52.0%
MCV	72.2 fL	80.0-98.0 fL
Platelet	289 10 ³ /μl	130-450 10 ³ /μl
Albumin	3.2 g/dL	3.5-5.0 g/dL

IRON STUDIES		
Component	Value	Reference Range
Iron	25 ug/dL	45-182 ug/dL
TIBC	318 ug/dL	250-450 ug/dL
Transferrin Sat %	8 %	9-55 %
Ferritin	28.1 ng/mL	23.9-336.2 ng/mL

DISCUSSION

- GBCCs are at increased risk of recurrence and/or metastases⁵.
- A study by Snow et al. found that tumors greater than 3 cm have a 2% incidence of metastasis and approximately 80% of metastatic basal cell carcinomas arise from primary tumors that are larger than 5 cm.
- Per the TMN classification, our patient's tumor would qualify for a T3 designation based on its size of >5cm alone.
- According to this study, patients with T3 and T4 tumors should be followed up for at least 10 years due to concern for metastasis⁶.
- Sadly, our patient was lost to follow-up and never underwent imaging for staging of his tumor. Regional lymph nodes were also not evaluated at time of surgery.

CONCLUSION

- Basal cell carcinoma is a common neoplasm that can routinely be treated with local excision.
- For people with inadequate access to healthcare, these tumors may be neglected which may lead to larger dimensions of the primary tumor and increased risk of metastasis.
- Any BCC greater than 5 cm in diameter is labeled as a GBCC and should be followed for at least 10 years due to risk of metastasis.

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