



Contents lists available at ScienceDirect

Journal of Oral and Maxillofacial Surgery, Medicine, and Pathology

journal homepage: www.elsevier.com/locate/jomsmmp

Case Report

A case of basal cell carcinoma of the buccal mucosa with black pigmentation



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ARTICLE INFO

Article history:

Received 25 November 2014

Received in revised form 10 July 2015

Accepted 18 August 2015

Available online 2 December 2015

Keywords:

Basal cell carcinoma

Malignant tumor

Pigmentation

ABSTRACT

Basal cell carcinoma (BCC) is a malignant tumor that most often occurs in the head and neck, particularly near the midline skin region. In recent years, several reports have documented the occurrence of BCC in the trunk, axilla, and scrotum. However, BCC arising from the oral mucosa is rare. Through a literature review, we identified 13 cases of BCC arising from the oral mucosa, reported mainly by European and American clinicians. Moreover, 3 of these cases were reported to arise from the buccal mucosa. Herein, we report a case of multifocal superficial type BCC with black pigmentation. An 85-year-old woman was referred by her dentist for evaluation of erythema with black pigmentation in her oral cavity. Histopathology revealed a palisading arrangement of basal-like cells and decreased space between the surrounding tissues at the epithelium. Differentiation from peripheral ameloblastoma was required. Therefore, we performed immunohistological staining. The lesion showed positive staining for Ber-EP4 and negative staining for KL-1. From these results, in combination with a clinical examination, superficial type persistent BCC (in accordance with the World Health Organization classification) was diagnosed. The patient declined surgery but was monitored for a period of over 5 years since the initial diagnosis. During this time, the lesion showed slow growth.

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1. Introduction

Basal cell carcinoma (BCC) is a malignant tumor that most often occurs in the head and neck, particularly near the midline skin region. BCC has a high potential for destruction of local tissue, but distant metastasis is extremely rare [1]. BCC arises from multipotent cells in the epidermis or skin appendages. Around the oral cavity, several cases of BCC of the vermilion border have been reported to infiltrate into the oral mucosa [2,3]. Previous reports indicated that BCC arising from the oral mucosa originates from either odontogenesis or the salivary glands [4–14]. Moreover, BCC

of the oral mucosa was considered to be oral squamous cell carcinoma, skin squamous cell carcinoma, peripheral ameloblastoma (PA), or peripheral ameloblastic carcinoma [15]. The present case was diagnosed using Ber-EP4.

2. Case report

The patient was an 85-year-old woman with a history of cerebral infarction, diabetes, and hypertension. About 20 years ago, the patient noticed haphalgesia in her oral cavity, but the lesion was left unattended.

Subsequent dental examination revealed erythema and black pigmentation in her oral cavity. The dentist prescribed dentures and continued to monitor the mucosa lesion. Her condition did not improve over time, and 2 years after the initial examination, the dentist referred her to a specialized hospital for further evaluation.

After a thorough examination, the cause of the lesion was determined cryptogenic. The lesion was monitored but left untreated for several years. Six months later, the patient consulted a different dental clinic regarding haphalgesia around the right buccal mucosa.

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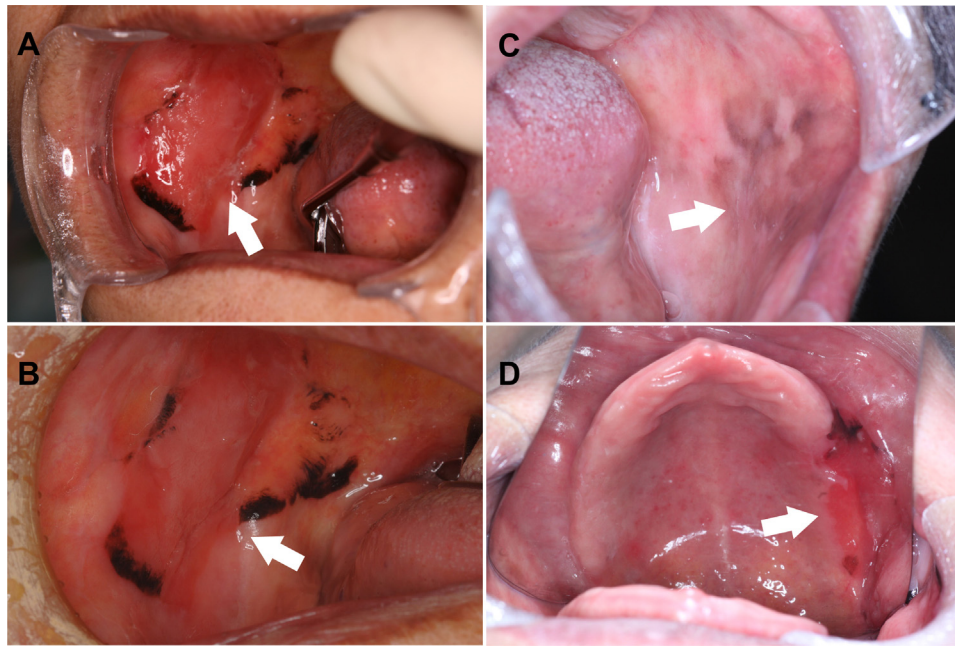


Fig. 1. Intra-oral photographs showing the location of erythema and black pigmentation. (A and B) Right buccal mucosa. Erythema and high contrast black pigmentation. (C and D) Erythema and low contrast pigmentation.

The dentist performed a biopsy of the oral mucosa and submitted the tissue for pathological examination. The results indicated basal cell cancer, and therefore, the patient was subsequently referred to our hospital for a more detailed examination.

In the oral cavity (Fig. 1), the erythema was located near the black pigmentation over a wide region of the maxillary molar area of the alveolar process (maxilla tuberosity), extending from the lower ridge of the buccal mucosa. The black pigmentation and erythema in the right buccal region were clearly visible, and a similar lesion with black pigmented erythema was found on

the left side as well. The patient experienced haphalgnesia on the erythema lesion. A repeat biopsy was performed on the buccal mucosa and histopathology was conducted.

The biopsy revealed microscopic findings of growing basal-like cells and hyperplasia of the epithelial bottom. The lesion exhibited a palisading arrangement of basal-like cells and a decreased space between the surrounding tissues at the epithelium and cleft formation between tumor nest and epithelium (Fig. 2). The sections were of insufficient quality to decide if the tumor cells exhibited atypia. However, the basal layer Ki-67 staining revealed multiple

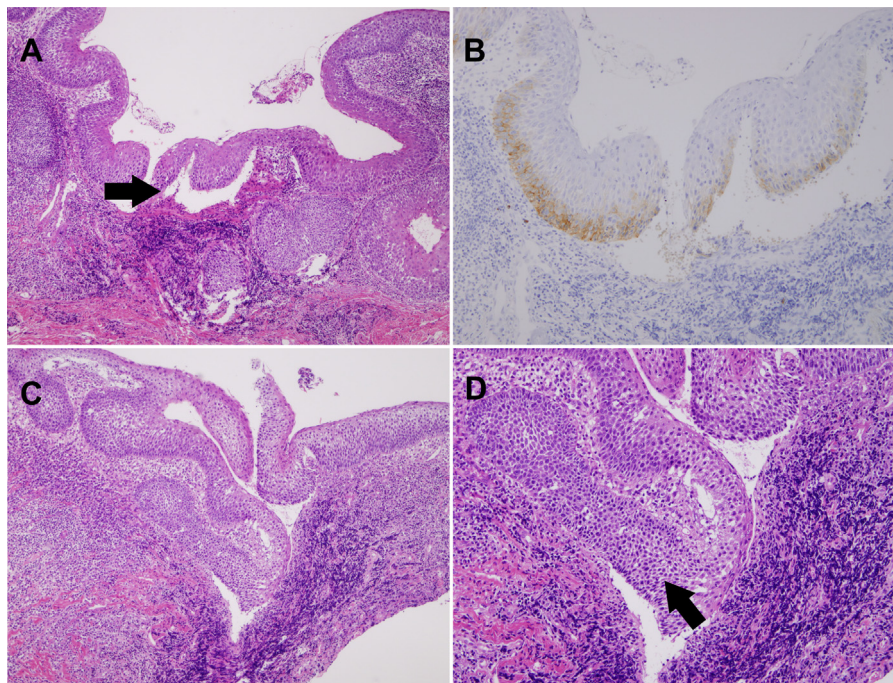


Fig. 2. (A) Histopathology finding for hematoxylin and eosin (HE) stain. Growing basal-like cells and hyperplasia of the epithelial bottom and cleft formation between tumor nest and epithelium [10 \times]. (B) Immunohistological finding for Ber-EP4 staining. The lesion showed staining for basal cell [20 \times]. (C and D) The lesion exhibited a palisading arrangement of basal-like cells and a decreased space between the surrounding tissues at the epithelium and surrounding melanophages [20 \times , 40 \times].

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