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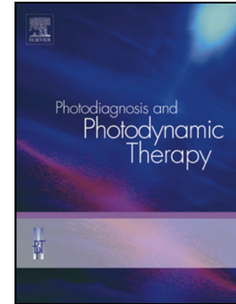

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New Combination Strategy of Photodynamic Therapy and Surgery in Treating Recurrent Basal Cell Carcinoma, a Case Report

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Abstract

Background There are several options for BCC treatment. But sometimes, even Mohs surgery isn't desirable because of predicted aggressive surgery. Treatment of recurrent basal cell carcinoma can be a challenge for dermatologists. **Methods** We describe a case of a man with an invasive recurrent basal cell carcinoma on his face. The tumor was difficult to be removed completely by excision. Thus one-time photodynamic therapy was performed in the defect during surgery. **Results** No recurrence has been found at 1-year follow-up and the cosmetic result was excellent. **Conclusions** The tumor was successfully treated by combing surgery with photodynamic therapy at same time. This new strategy of treatment can be an option for cases as ours.

Key words

photodynamic therapy, ALA, basal cell carcinoma, Mohs surgery

Introduction

Basal cell carcinoma (BCC) is the most prevalent type in non-melanoma skin cancer. There are several options for BCC treatment, including surgical excision, photodynamic therapy (PDT), cryotherapy, imiquimod and topical fluorouracil. PDT is demonstrated to treat superficial basal cell carcinomas and certain thin nodular BCC by standardized protocols with high efficacy and superior cosmetic outcome over conventional therapies. For invasive tumor, recurrent BCC for instance, PDT is not recommended[1], and Mohs surgery is regarded the gold standard treatment. We report a man with recurrent BCC on his face, which even surgical excision couldn't obtain free margins. We used a new approach of combination of photodynamic therapy and surgical excision to treat the recurrent BCC successfully.

Case report

A 60-year-old man presented to our department with 1–year history of painless ulcer on his face. He had had a surgical excision on the same location 5 years ago because of BCC, but pathologic classification was not clear. Physical examination showed a 1.3×2.7mm ulcer on left zygomatic regions, with no crust, bleeding or nodule. Punch biopsy histologically confirmed diagnose of BCC.

Mohs surgery was initially performed. The tumor was excised including a 3mm extensive

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