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Short communication

Topical imiquimod 5% as an alternative therapy in periocular basal cell carcinoma in two patients with surgical contraindication[☆]

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ABSTRACT

Clinical cases: The cases are presented of two patients with periocular basal cell carcinoma of the eyelid who received topical imiquimod 5%, with a good response. Both had a functional state that contraindicated surgical treatment.

Conclusion: Imiquimod cream 5% was shown to be an effective alternative to surgical treatment of periocular basal cell carcinoma, especially in those cases where surgery is not possible.

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Imiquimod 5% tópico como terapia alternativa en carcinoma basocelular periocular en 2 pacientes con contraindicación quirúrgica

RESUMEN

Casos clínicos: Presentamos los casos de dos pacientes con carcinoma basocelular periocular palpebral, que recibieron imiquimod tópico al 5%, con buena respuesta. Ambos presentaban un estado funcional que desaconsejaba el tratamiento quirúrgico.

Conclusión: La crema de imiquimod al 5% ha demostrado ser una alternativa eficaz al tratamiento quirúrgico de tumores basocelulares perioculares, especialmente en aquellos casos en los que la cirugía no es posible.

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Introduction

Basal cell carcinoma is the most frequent eyelid malign tumor and accounts for approximately 90–95% of all palpebral malign tumors. Despite its slow growth and low metastasic capacity, periocular basal cell carcinoma can be difficult to treat due to its extension or location.

Mohs micro-graphic surgery is the *gold* standard for treating periocular basal cell carcinoma, although not all patients are adequate for surgical treatment.

Imiquimod (Aldara[®], 3M Health Care Limited, Leicestershire, United Kingdom) is an immune response modifier with a relatively unknown action mechanism that has demonstrated antiviral and antitumor activity measured by alpha interferon. Imiquimod is utilized topically in multiple dermatological processes, including basal cell carcinoma, with good results. The literature comprises case studies on the use of imiquimod in the periocular area.

Two cases of patients who exhibited periocular basal cell tumor are presented. As these cases were not adequate for surgical treatment, they were treated with 5% imiquimod with good functional results. The prescription pattern was 5% imiquimod cream once a day 5 days a week during 6 weeks, associating an ocular protection protocol consisting in lubrication and ocular occlusion throughout the treatment.

The objective of this paper is to evidence the efficacy of 5% imiquimod as an alternative therapy in periocular basal cell tumors in patients with surgical contraindication.

Clinic case reports

Case 1

Female, 95, bedridden with Alzheimer's disease, who exhibited an ulcerated lesion in the internal canthus of the left eye (Fig. 1). Due to the condition of the patient, the relatives produced photographs of the lesion. 5% imiquimod treatment was prescribed. One month later, the relatives produced new photographs evidencing ulceration of the lesion (Fig. 2). However, treatment was maintained. Two months later, new



Fig. 1 - Case 1: baseline appearance of the lesion.



Fig. 2 - Case 1: ulceration at treatment month 1 with 5% imiquimod cream.



Fig. 3 - Case 1: appearance at treatment month 6.

photographs evidenced improvement in the lesion. At month 3 and 6 of treatment, the lesion appears to be healed (Fig. 3).

Case 2

Male, 52, with Acquired Immunodeficiency Syndrome (AIDS) associated to an encephalopathy and facial lipodystrophy, referred to our department by Dermatology due to biopsied basal cell carcinoma in the inferior eyelid of the right eye. The lesion covered the entire eyelid and the lipodystrophy excluded skin graft or flap (Fig. 4).

Treatment was established with 5% imiquimod. One month later, the lesion evidenced contraction (Fig. 5). At month 3 and 6 of treatment, the patient did not exhibit any lesion (Fig. 6). No tumor was found at the 6-month checkup biopsy.



Fig. 4 - Case 2: baseline appearance of the lesion.

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