

## An Unusual Association of Favre and Racouchot Syndrome with Basal Cell Carcinomas of the Face

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Received: 29 October 2018; Accepted: 26 November 2018

**Citation:** Khouna A, Zerrouki N, Dikhaye S, et al. An Unusual Association of Favre and Racouchot Syndrome with Basal Cell Carcinomas of the Face. J Med - Clin Res & Rev. 2018; 2(6): 1-2. .

### ABSTRACT

*Favre-Racouchot syndrome (SFR) is a heliodermatitis characterized by the installation of comedones and cysts secondary to cutaneous elastosis. Sun exposure and smoking are considered the most responsible agents. Because of common risk factors, the association of this syndrome with cutaneous cancers (basal cell carcinoma, epidermoid carcinoma, or melanoma) remains theoretically possible, but rare cases have been reported in the literature. We report the case of a patient with known chronic smoking, with prolonged exposure to sunlight, with Favre-Racouchot syndrome associated with two basal cell carcinomas of the face.*

*Is this a new paraneoplastic syndrome requiring screening and systematic oversight?*

### Keywords

Basal cell carcinoma, Elastosis, Favre-Racouchot syndrome, Sun, Tobacco.

### Introduction

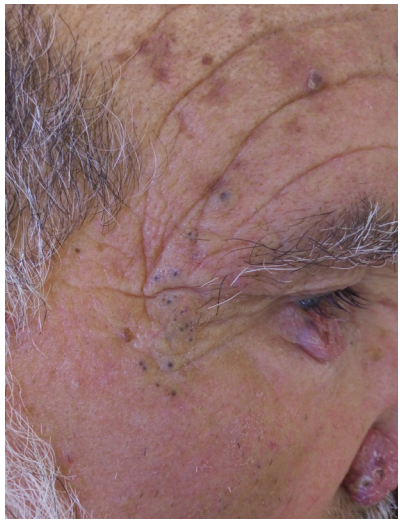
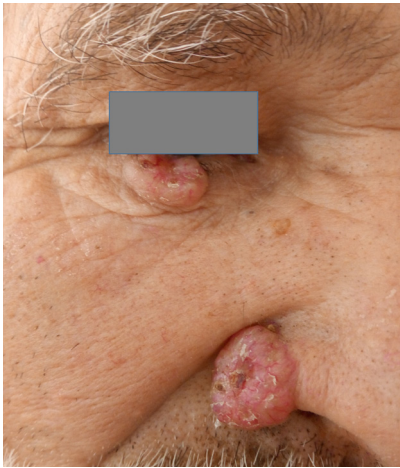
Favre-Racouchot syndrome (FRS) is heliodermatitis characterized by the installation of comedones and cysts secondary to cutaneous elastosis. Sun exposure and smoking are considered the main risk factor [1]. It is usually associated with other dermatoses, including actinic keratosis and cutis rhomboidalis nuchae. Because of common risk factors such as advanced age and chronic sun exposure, an association with epithelial cancers such as basal cell carcinoma, squamous cell carcinoma or melanoma can be expected but rarely reported [2]. Basal cell carcinoma (BCC) is probably the most common malignant tumor in humans [3]. It occurs in the photoexposed areas generally after the age of 50 [4]. We report the case of a 63-year-old patient, chronic smoker, who had a prolonged exposure to the sun, presenting a FRS associated with two carcinomas basal cell of the face.

### Observation

It was a 63-year-old patient, chronic smoker, who had been weaned for 20 years, having as antecedent prolonged sun exposure, who had consulted for an ulcer-budding lesion of the lower eyelid, that

had been evolving for 3 years, as well as a nodular lesion of the right wing of the nose evolving since 1 year. The clinical examination found a patient with phototype III, with an ulcer-budding lesion, oval, with a pearly border, making 1.5 cm of big axis, in the lower right eyelid (Figure 1), whose dermoscopic examination showed a milky pink background, with a vascularization in a tree trunk. We also noted the presence of a pink nodular lesion, well limited, making 1.5 cm long axis, at the right wing of the nose, overflowing the right nasolabial fold (Figure 1), of which the dermoscopic examination found central ulceration with peripheral telangiectasias. Moreover, the examination also found open comedones, others closed, bilateral, in the temporomaxillary zone (Figure 2). Examination of ganglionic areas found no palpable lymphadenopathy. An excision of the two lesions was performed, the anatomopathological results showed a basal cell carcinoma for both.

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## Discussion

Favre-Racouchot syndrome (FRS), described by Mr Favre and Mr Racouchot in 1951, is a condition characterized by cysts, comedones and nodular elastosis of sun-damaged skin. It is a disease of aesthetic interest, limited to the skin without internal manifestations [5]. It affects 1.4% of the general population and 6% of men over 50 years, with fair skin [2]. FRS is specifically related to sun exposure, smoking and a minority of cases following radiotherapy [5]. One theory confirms that sun exposure induces collagen degeneration and sebum retention [1].

Clinically it is manifested by atrophy of the skin becoming yellowish, wrinkles and furrows, cystic nodules and comedones punctuated, waxy, soft, open or closed. The lesions are usually photodistributed, mainly at the periorbital and temporal zones, the malar eminences, the neck, the lobes of the ears and the postauricular zones. Eruptions are generally bilateral and symmetrical but may be asymmetrical or unilateral according to the literature [5].

Histologically, the lesions in this syndrome are characterized by significant solar elastosis with epidermal atrophy and basophilic

degeneration of the upper dermis. The sebaceous glands usually have atrophy or are absent [2].

As a skin condition caused by prolonged exposure to the sun called heliodermatitis, FRS may be associated with actinic keratoses, basal cell carcinomas, epidermoid carcinomas and keratoacanthomas [5]. Although photoexposure is the most incriminated risk factor in FRS and in the pathologies mentioned above, other common risk factors exist, including advanced age, fair skin and immunosuppression, which makes association theoretically possible, but rare cases have been reported in the literature including a case of squamous cell carcinoma occurring on a Favre-Racouchot elastosis lesion [2].

Basal cell carcinoma occurs in subjects with significant heliodermia. They develop mainly on the photoexposed areas. There are 3 main clinical forms, nodular CBC, superficial CBC and sclerodermiform CBC [3]. This association pushes us to look for suspicious lesions in the subjects presenting a FRS, and to prevent the appearance of these.

Therapeutically, sunscreen protection is recommended. If the patient is a smoker, smoking cessation is highly recommended. There are 2 different approaches that can be used to treat SFR lesions: the pharmacological component includes topical retinoids, surgical techniques include excision, dermabrasion, curettage, comedone extraction and laser resurfacing [5].

## Conclusion

The association of SFR with epithelial skin cancers, especially with photoexposed areas, is explained by the existence of common risk factors, such as tobacco and prolonged sun exposure.

Is this a chance association? Or the FRS would be a new paraneoplastic syndrome, requiring regular screening and monitoring of the patient.

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