

Rodent Ulcer Management with Forehead Flap (Case Report)

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ABSTRACT

Rodent ulcer is another name for basal cell carcinoma, it was called rodent ulcer because this kind of cancer sometimes looks like tiny rodent bite on the skin.

Basal cell carcinoma develops in basal cells in the lower level of the epidermis. Basal cell carcinoma is the most common non-melanoma skin cancer, it commonly infiltrates locally and rarely metastasis.

Keywords

Basal cell carcinoma, Rodent ulcer, Axial forehead flap.

Introduction

Basal cell carcinoma is the most common non-melanoma skin cancer arising from basal layer of skin, its commonest malignant skin tumor [1,2].

It is common in middle aged and elderly men which appears over sun exposed skin as slow growing locally invasion lesion [3].

Majority is found on the head and neck, many histopathological subtypes have been defined including nodular, cystic, pigmented, superficial, infiltrating sclerosing and basosquamous [4,5].

Herein, we present an important case of BCC.

Case Report

A 71-year-old male has consulted the oral and maxillofacial clinic because of asymptomatic ulcer on his nose from about 6 months.

Within 2 weeks he had an incisional biopsy of the lesion.

The biopsy report from the previous surgeon described basal cell carcinoma.

The patient is well developed with no signs of cachexia.

There is an obvious ulcer on his right nose, red in color with soft

center and moderately hard borders (this is the ideal appearance of rodent ulcer).

Neck

No cervical lymphadenopathy is noted, there is no pain on palpation of neck (bcc commonly infiltrate locally and rarely metastasis). The CBC, PT, PTT, INR were within normal limits.

Treatment

After the oral and endotracheal intubation and sterilization of the working area, we isolated the working area and determine the margins of the lesion with safe sides (Figure 1).

The lesion was removed according to the borders determined, then the right axial forehead flap was designed to appropriate the size of the defect and was sutured to the borders of the defect with broad pedicle (Figures 2-5).

In second stage after 20 days, and in general sedation with local anesthesia the flap was separated and sutured (Figure 6).

And the figure 7 shows the follow up after 1 month (Figure 7).

Discussion

Bcc is rarely associated with a fatal outcome and has good prognosis [6].



Figure 1: Determining the margin of the lesion, and borders of forehead flap.



Figure 4: Suturing of flap with defect borders.



Figure 2: The defect appearance after ulcer removal.



Figure 5: The lesion after removal with safe sides.



Figure 3: Application of forehead flap on the defect.



Figure 6: Separation of flap after 20 days.



Figure 7: Follow up after 1 month.

Rodent ulcer usually appears in sun exposed regions in head and neck, so in treatment we have to take esthetic appearance in consideration [7,8].

In this case, axial forehead flap gives ideal solution to repair this defect.

Conclusion

The available data suggest that surgical methods remain the gold standard in BCC treatment. And the surgeon must have the ability to deal with complex cases anatomically, surgically and cosmetically.

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