

TREATMENT RESULTS OF BASAL-CELL CARCINOMA CASES TREATED AT THE HUE CENTRAL HOSPITAL BASE 2 FROM 2016 – 2018

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ABSTRACT

The treatment of facial basal cell carcinoma requires extensive surgical removal of tissue around the tumor to prevent recurrence – This increases the difficulties for wound to close, and to rehabilitate face functions and facial aesthetic. After 02 years of treating 48 cases of facial basal cell carcinoma, the authors make some conclusions on epidemiological, clinical issues related to skin cancer, suggesting suitable surgical approaches, and covering the defects of face after surgery.

Key words: basal-cell carcinoma

I. INTRODUCTION

In dermatological diseases, skin cancer is the most common. According to Silverberg and Lubera, in 1987, more than 400.000 cases of skin cancer were diagnosed in the USA. Basal cell carcinoma is the most frequently encountered histologic types and 90% of cases of basal cell carcinoma occur in areas such as the nose, ear, and forehead that expose to the greatest amount of solar radiation.

Frank's studies on 1623 cases of oral cancer found that 1546 cases (95.25%) were epithelial carcinoma, in which, basal cell carcinoma accounted for 82.5%. Therefore, the treatment of facial skin cancer is very important and must be paid attention to two aspects: the type of cancer and functional and aesthetic acceptability.

Based on the experience of large medical centers/ based on previous researches.... in Ho Chi Minh City, with professional and technical assistance from German, Belgian and French cosmetic surgeons ... we performed surgeries for 48 patients with basal cell carcinoma. The results of the surgery are acceptable and contribute to make patients life better. The objectives of the research: *To assess the*

clinical characteristics, subclinical and results of treatment of basal cell carcinoma.

II. RESEARCH OBJECTIVES AND METHODS

2.1. Research objectives: To assess the clinical characteristics, subclinical and results of treatment of basal cell carcinoma on 48 patients with basal cell carcinoma treated at Odonto - Stomatology Center and Hue Central Hospital 2 from 01/2016 to 01/2018 with the age from 08 to 83.

2.2. Research method: Resuscitation combining prospective, cross sectional description

- Diagnostic tools and techniques in Pathology department.

- Criteria for evaluating the results of treatment by surgery.

+ Excellent: scars under natural wrinkles, beautiful mat, no shrinkage, no deformation facial features, not affecting the eyes closed, narrow nose, pull the mouth.

+ Good: scars healing, soft, no shrinkage, facial deformation less, not affecting the function of the eyes, nose, mouth.

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+ Moderate: scars healing, with little pull, less affection to the function of the eyes, nose, mouth.

+ Bad: Scars pulling much, affecting many functions, recurrence.

Data processing: Medcalc medical statistics program.

III. RESULTS AND CONCLUTIONS

3.1. General feature

Table 1. Age distribution

Age	Male	Female	%
< 20	0	1	2.1
20 – 49	3	2	10.4
50 – 70	13	24	77.1
>70	2	3	10.4
Total	18	30	100

The incidence of BCC in facial is higher among women than among men (1,67:1), and Basal cell carcinoma is also more common among individuals who are over the age of 50.

Table 2. Region distrubution

Region	n	%
Rural area	12	25
Urban area	6	12.5
Highland	8	16.7
Coastal	22	45.8
Total	48	100.0

According to research results, we realised that patients in rural and coastal high areas (70.8%) were more likely to be exposed to toxic chemicals and sunlight. In urban areas, low rates may be due to less UV-induced work and a stronger sense of health.

Table 3. Occupation distribution

Occupation	n	%
Farmer	16	33.3
Fisherman	8	16.7
General labor	18	37.5
Worker	4	8.3
Other	2	4.2
Total	48	100.0

As the results shown, patients who exposed to sunshine, chemical toxic, dust would have high risk to develop facial skin cancer (87.5%).

According to Roberston's experiment on animals, evidences show that ultraviolet B which mean UV rays with length 290-320 nm can potentially cause skin cancer. This kind of UV light can also cause sunburn when sunbathing. Hence, solar radiation is the most significant risk factor causing skin cancer.

3.2. Clinical signs and pathology results

Table 4. Clinical signs

Clinical signs	n	%
Superficial erosion	22	45,8
Prurigo nodule	9	18,8
Ulceration, Bleeding	6	12,5
Hard infiltration, hyperpigmentation	4	8,3
Abnormal scars	7	14,6
Total	48	100,0

Table 5. The time from appearance of abnormal signs on skin to examination

Time	n	%
< 1 year	10	20.8
1 – 3 years	7	14.6
3 – 5 years	27	56.3
> 5 years	4	8.3
Total	48	100.0

In Table 4 and 5, we found that the majority of patients with lesions such as ulcers, lump also have hyperpigmentation and easy bleeding, the time from the onset of abnormalities to the examination usually 3-5 years (56.3%), suggesting that basal cell carcinoma is progressing slowly, while showing less attention to facial injuries.

Table 6. Tumour location

Location	n	%
Forehead	6	12,5
Sub-orbital	10	20.8
Cheek, zygoma	7	14.6
Nose, paranasal	8	16.6
Chin	3	6.3
Upper lip	4	8.3
Lower lip	3	6.3
Temple	3	6.3
Angle of the mandible	4	8.3
Total	48	100,0

Approximately 85% of all BCCs appear in the middle face, nose, forehead, sub-orbital, with only 10% occurring in the other areas. This characteristic underscores the importance of wide local excision to achieve excisional control and to avoid recurrence.

Table 7. Size of tumour, Nodes, Metastasis

Classification	n	Node (N)	Metastasis (M)
T ₁	7	0	0
T ₂	30	0	0
T ₃	11	2(N1)	0
Total	48	2	0

Most of the patients diagnosed with big-size tumour (T2, T3) therefore the tumor need to be removed in a large area, that it is crucially important for surgeons to choose right types of flats as well as techniques used to perform the surgery.

Table 8. Pathological results

Microscopic result	n	%
Basal cell carcinoma	46	95.83
Basal and squamous cell carcinoma	2	4.17
Total	148	100.00

The majority of results microscopic are merely basal cell carcinoma and tissue structure comprised of strips of epithelium in the middle of a stromal fibrosis cells have a nucleus that contains the base, less cytoplasm, no fibers linked cells. Two cases of microscopic have a combined pattern of basal and squamous cell carcinoma after 6 months of recurrence and are located in the lower lip. Although the number of studies is low and the duration of follow-up is not continuous and long-term, it also suggests that primary skin cancer is less likely to occur and less relapsed or metastatic.

Table 9. Surgery procedures

Type of flaps	n	%
Direct closure	8	16,7
Sliding flaps	22	45.8
Advancement flaps	11	22.9
Rotation flaps	5	10.4
Free flaps	2	4.2
Total	48	100.0

Table 10. Treatment results

Results	n	%
Very good	27	56.3
Good	11	22.9
Medium	8	16.7
Bad	2	4.1
Total	448	100.0

Choosing therapies: The majority of patients have no peripheral lymph nodes (2 cases of small mobility cervical lymph nodes) and no cases of metastatic, therefore we choose excisional surgery and primary closure, dissect the lymph nodes or lymphadenectomy.

Surgical procedure:

The principle of surgery: the tumor is completely removed, together with some of the surrounding healthy flesh in order to provide a safety margin, and be cut deeply into the dermis.

Most patients are over age 50, so the resilient level of skin is relatively favorable for the sliding flaps, rotation flaps, but the tumor in some specific positions such as paranasal, sub-orbital, upper and lower or corner of the eye are quite difficult for the surgeons to use local flaps.

IV. CONCLUSION

1. Basal cell carcinoma is most common and is the leading cause of skin cancer in the facial-maxillary. It is more common in people over 50 years of age, female than male, rural and coastal than in urban areas. Solar radiation is an important risk factor.

2. Basal cell carcinoma is often diagnosed lately. The clinical signs that need to take into consideration of a cancer are: ulcer does not heal, growing over time, lumps, ulcers, dark, bleeding easily, hard infiltration, old scars develop abnormal. Basal cell carcinoma is a progressive, no node metastatic, and non - metastatic.

3. Removal around large tumors and the use of local flexible flap depending on position for good aesthetic and functional results, basal cell carcinoma have good prognosis.

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