INTRODUCTION:

Basal cell carcinoma (BCC) though the most common skin cancer in the world, comparatively uncommon in Asian countries. As they are typically identified early, it is rare to see bcc’s grow beyond 5 cm in diameter; when this does occur; the term giant basal cell carcinoma applies. Because of the rarity of such extensive lesions, there is no consensus on treatment. We present here a 65 year old male patient attended our outpatient department with a Giant BCC without any predisposing factors.

CASE HISTORY:

A 65 year old Male, farmer by occupation, came with complaints of ulcerative growth over right forehead existing for past two years. No history of pain or bleeding from growth. No significant comorbid illness present. On examination 5*6cm ulcerative growth over right forehead just over the eyebrow with beaded margins. No fixity to underlying muscle.

Regional lymph nodes were not palpable and the remainder of physical examination was not contributory. Laboratory test results including complete blood cell count, urine analysis, liver function test, chest X-ray and electrocardiogram were within normal limits or negative.

Biopsy taken from edges showed budding and irregular proliferation of tumor tissue attached to the undersurface of the epidermis. The peripheral cell layer of the...
tumor formations usually displayed palisading. In addition, a mild amount of a nonspecific chronic inflammatory infiltrate was present in the upper dermis, which is a typical feature for superficial BCC. Considering its locally invasive nature we planned for surgical wide local excision (WLE) and primary reconstruction by flap cover. Anterior branch of Right Superficial Temporal artery based flap cover with split skin graft done after excision.

**DISCUSSION:**

The American Joint Committee on Cancer Classification of Skin tumors is based on the largest diameter: (T1, ≤2 cm; T2, >2 cm but <5 cm; T3, ≥5 cm). Giant BCC is a T3 tumor. Giant BCC only accounts for 0.5% of BCC’s, with some common epidemiological factors that include race, multiplicity of tumors, development on sun-covered areas, neglect and tumor chronicity. In contrast to patients who develop a single small BCC, giant BCC frequently develops on skin that is not typically exposed to sunlight, including the back, shoulder, leg and thigh3. Although typically an indolent, slow-growing cancer, these can become aggressive and locally invasive if left untreated. For the treatment of giant BCC, a variety of modalities have been used with inconsistent results. Treatment includes surgical excision and grafting, radiation therapy, and chemotherapy.

**CONCLUSION:**

Giant BCCs greater than 20 cm in diameter are exceedingly rare. Treatment is often difficult; metastatic rates and mortality dramatically increase with these large lesions. Beyond all these facts we presented this case to share these features:

1. Giant BCCs greater than 5cm in diameter are exceedingly rare;
2. Lesion involving more than two subunits (eyebrow, forehead) is unusual.
3. Nil donor site morbidity in our reconstruction
4. Achieved 100% functional reconstruction without ptosis.
5. Major vessel preserved (superficial temporal artery)

**REFERENCES :**