

Basal cell carcinoma resection on the left cheek using the Limberg technique. A case report

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Case Report

Plastic Surgery



Background: Objective: To describe a case report of basal cell carcinoma surgical treatment with surgical resection using Limberg technique.

Introducción: Basal cell carcinoma (BCC) is the most common malignant tumour in white populations. The first-line treatment of BCC is complete surgery.

Case report: year old male with a diagnosis of basal cell carcinoma on left cheek which required wide resection and rotation of the Limberg flap.

Conclusion: Timely resection of basal cell carcinoma is a surgical procedure that helps reduce the risk of spread and improves the patient's prognosis.

Keywords: Basal cell carcinoma, Plastic surgery, Limberg, flap, resection, surgical.

Basal cell carcinoma (BCC) is the most common malignant tumour in white populations. The first-line treatment of BCC is complete surgery. Micrographically controlled surgery shall be offered in high-risk and recurrent BCC, and BCC located on critical anatomical sites. Topical therapies and destructive approaches can be considered in patients with low-risk superficial BCC. Photodynamic therapy is an effective treatment for superficial and low-risk nodular BCCs. Management of ‘difficult-to-treat’ BCCs should be discussed by a multidisciplinary tumour board. (1)

BCC, a skin carcinoma derived from epidermal cells, is the most frequent malignant tumour in humans. Named for the optical similarity in appearance between the cells at the periphery of tumour islets to the cells of the basal layer of the epidermis, BCC is nowadays thought to arise from stem cells of the hair follicle (2)

Facial H-zone lesions (such as periocular, perinasal, perioral, and auricular regions) are considered high-risk, whereas other facial sites, such as the cheek or forehead, are usually intermediate risk unless additional high-risk features are present. On the trunk and extremities, tumors ≥ 2 cm are regarded as high-risk, while on non-H-zone facial sites, tumors ≥ 1 cm may also fall into the high-risk category. Considering the recurrence risk in such cases, the traditional recommendation for surgical excision with a margin of 4-6 mm has been revised. (3)

Case report

A 55-year-old male began his current condition 6 years ago prior to being evaluated in a medical consultation due to the progressive growth of a lesion he had. He therefore attended the dermatology department, where a biopsy was performed, which reported basal cell carcinoma. He was subsequently referred to the surgical oncology department with a diagnosis of basal cell carcinoma. Upon evaluation, a dermatosis located on his left cheek was observed, consisting of a papule approximately 4 cm in diameter, irregular and heterogeneous (Figure 1). Therefore, an elective outpatient oncoplastic surgery was scheduled, involving wide resection of the basal cell carcinoma and rotation of the Limberg flap (Figure 2-3). The patient was followed up with a medical consultation (Figure 4-5), where favorable clinical progress and wound healing were observed (Figure 6).

Discussion

Basal cell carcinoma (BCC) is the most common form of skin cancer. In the advanced stage, BCC exhibits aggressive behavior, leading to local tissue destruction. Thus, a multidisciplinary approach and specialized treatment strategies are required for effective disease management and improvement of the patient quality of life. For low-risk disease, surgical intervention is the modality of choice while

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Figure 1. Lateral view of left cheek affected area



Figure 2. View of the basal cell carcinoma marked with Limberg technique.



Figure 3. Surgical wound of flap with Limberg technique.



Figure 4. Surgical wound 1 week after surgery.



Figure 5. Surgical wound 2 weeks after surgery.



Figure 6. Surgical wound 3 weeks after surgery.

radiotherapy is indicated in unresectable tumor, positive margins post-surgery when re-excision is not feasible, and in the presence of high-risk features for recurrence. (4)

Conclusion

It is necessary to perform a timely assessment and diagnosis to offer the best management to follow, in surgical management it is important to make the necessary margins in the resection, also consider multidisciplinary management depending on the patient.

Conflicts of interests

I declare no potential conflicts of interest in this scientific report.

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