

Management of Giant Basal Cell Carcinoma with Atypical Location

İ Ferhat Bozkurt,¹ İ İrfan Özyazgan,¹ İ Bilgeys Naghizade,¹ İ Özlem Canöz,²
İ Sevil Demiray²

¹Department of Plastic, Reconstructive and Aesthetic Surgery, Erciyes University Faculty of Medicine, Kayseri, Türkiye

²Department of Pathology, Erciyes University Faculty of Medicine, Kayseri, Türkiye

ABSTRACT

Background: Giant basal cell carcinoma (BCC) is a rare, locally aggressive variant of the most common cutaneous malignancy. It often develops due to delayed diagnosis and may occur in atypical, sun-protected areas, making clinical recognition more challenging.

Case Report: An 82-year-old male presented with a 12 × 8 cm ulcerated lesion in the posterior axillary region, an uncommon and sun-protected location. Surgical excision was performed with clear margins, and the resulting defect was reconstructed using a fasciocutaneous transposition flap. The patient's postoperative course was uneventful, with no signs of recurrence on follow-up.

Conclusion: This case underscores the importance of clinical vigilance for atypical presentations of BCC. Early recognition, combined with a multidisciplinary approach, is essential for achieving optimal oncologic control and functional reconstruction, even in rare and complex presentations.

Keywords: Atypical location, locally advanced BCC, rare, reconstructive surgery, skin cancers.



Cite this article as:

Bozkurt F, Özyazgan İ, Naghizade B, Canöz Ö, Demiray S. Management of Giant Basal Cell Carcinoma with Atypical Location. J Clin Pract Res 2025;47(5):560–562.

Address for correspondence:

Ferhat Bozkurt.
Department of Plastic,
Reconstructive and Aesthetic
Surgery, Erciyes University Faculty
of Medicine, Kayseri, Türkiye
Phone: +90 352 207 66 66
E-mail:
ferhatbozkurt@erciyes.edu.tr

Submitted: 07.05.2025

Revised: 13.05.2025

Accepted: 29.07.2025

Available Online: 21.10.2025

Erciyes University Faculty of
Medicine Publications -
Available online at www.jcpres.com

INTRODUCTION

Basal cell carcinoma (BCC) is the most frequently diagnosed skin cancer, accounting for 80% of all cases. It typically presents as a slow-growing, non-metastatic tumor, most often in sun-exposed areas, particularly the head and neck region. Early diagnosis and treatment are crucial for optimizing patient outcomes and preserving quality of life.^{1,2} Giant BCC is a rare, aggressive variant characterized by a tumor measuring more than 5 cm in its greatest dimension, regardless of histologic subtype, local invasion, or metastatic potential.³ Giant BCCs can negatively impact patients' quality of life. These tumors pose a risk of becoming a source of infection, potentially leading to severe sepsis or septic shock, and they carry a risk of metastasis. Moreover, the surgical management of giant BCCs is complex, and the reconstructive process can be challenging due to the limited availability of tissue for flap coverage. Therefore, it is crucial to emphasize the importance of early diagnosis in rare and atypical giant BCC cases.^{4,5}



This work is licensed under
a Creative Commons
Attribution-NonCommercial
4.0 International License.

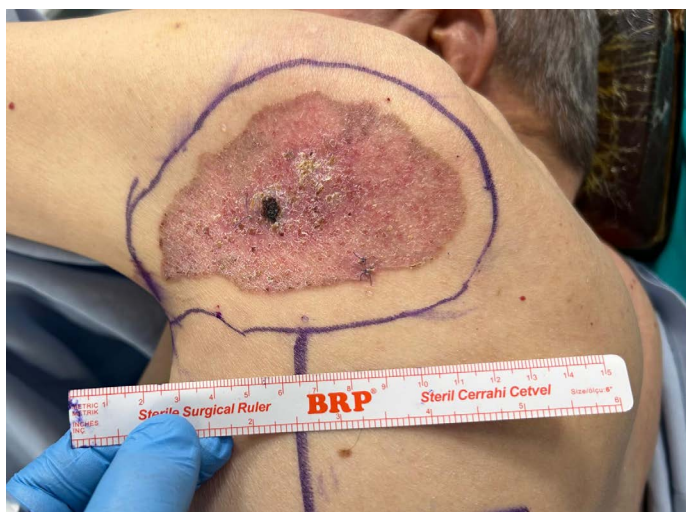


Figure 1. Lesion measuring approximately 12 × 8 cm with a patch-like appearance and surrounding tissue irregularity, located in the left posterior axillary region.

CASE REPORT

An 82-year-old male patient presented with a wound in the left posterior axillary region that has been present for approximately one year. The patient reported that the lesion was initially small but was not taken seriously, so no healthcare consultation was sought. He presented to our clinic after the wound gradually enlarged. There was no significant risk factor for skin cancer in his medical or family history. On physical examination, a lesion measuring approximately 12 × 8 cm, with a patch-like appearance and surrounding tissue irregularity, was observed in the left posterior axillary region (Fig. 1). Radiological examinations revealed that the lesion was confined to the skin and subcutaneous tissues, without invasion into the muscle planes. Following an incisional biopsy, which confirmed histopathological findings consistent with BCC, wide excision and reconstruction with a transposition flap were planned.

During the surgical procedure, the lesion was excised with a 1 cm safe surgical margin. To minimize the defect area, the portion extending to the deltoid region was primarily sutured. A transposition flap was then designed according to the remaining defect size, elevated as a fasciocutaneous flap, and adapted to cover the skin defect, completing the procedure.

Histopathological examination confirmed a diagnosis of basal cell carcinoma, superficial subtype. The lesion showed no evidence of lymphovascular invasion, and all surgical margins were free of tumor (Fig. 2). The patient was referred to the oncology department for further evaluation and, if necessary, adjuvant chemotherapy, as well as to the physiotherapy unit

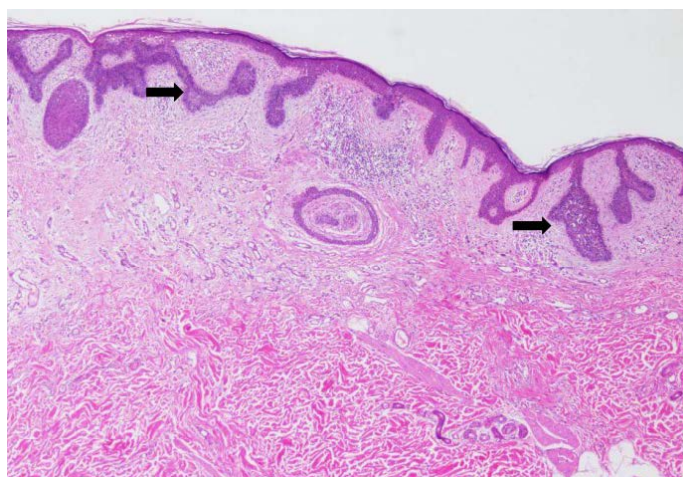


Figure 2. Histopathological image showing small nests of basaloid tumor cells attached to the epidermis (black arrow) and exhibiting characteristic peripheral palisading (hematoxylin and eosin stain, ×100).



Figure 3. Postoperative view at two months. The flap demonstrates good viability, and the patient maintains full range of motion in the affected arm without functional limitation.

for postoperative maintenance of shoulder range of motion. During follow-up, flap healing progressed uneventfully, with no signs of recurrence or metastasis (Fig. 3).

DISCUSSION

Basal cell carcinoma is the most common malignant neoplasm of the skin, typically occurring in areas exposed to sunlight. It is generally a slow-growing tumor with locally invasive characteristics. However, if left untreated in its early stages, BCC can invade deeper tissues, destroy vital structures, and, in very rare cases, metastasize. Giant BCC is defined as BCC with a diameter of 5 cm or greater and accounts for only 0.5–2% of all BCC cases. The literature links giant BCC with male gender, alcohol consumption, low socioeconomic status, and delayed access to medical care.^{1–3}

This case stands out due to the unusual anatomical localization of the lesion in the posterior axillary region—a site typically shielded from ultraviolet radiation. While chronic sun exposure remains the predominant etiological factor for BCC, its occurrence in covered regions, particularly in elderly individuals, highlights the multifactorial nature of its pathogenesis. The patient's delayed presentation, a common feature in giant BCC cases, further underscores the necessity of increasing public awareness regarding persistent or enlarging skin lesions, regardless of their location.

Wide local excision remains the mainstay of treatment, aiming to achieve oncologically safe margins while minimizing tissue loss. In this context, reconstructive strategies are essential not only for restoring form and function but also for reducing morbidity. The transposition flap utilized in this case provided adequate defect coverage, favorable postoperative outcomes, and preserved shoulder mobility.

A multidisciplinary approach, integrating oncological surveillance and physiotherapeutic rehabilitation, was crucial for comprehensive patient care. While adjuvant therapy is generally reserved for cases exhibiting high-risk histological features or recurrence, it was not warranted in this instance due to the absence of such indicators.

CONCLUSION

Early recognition and prompt surgical management are crucial to preventing the progression of giant BCC, particularly in elderly patients, where delayed diagnosis is common. Individualized reconstructive planning further enhances both functional and aesthetic outcomes.

Ethics Committee Approval: This is a single case report, and therefore ethics committee approval was not required in accordance with institutional policies.

Informed Consent: Written informed consent was obtained from patients who participated in this study.

Conflict of Interest: The authors have no conflict of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

Use of AI for Writing Assistance: Not declared.

Author Contributions: Concept – FB, İÖ, BN, ÖC, SD; Design – FB, İÖ, BN, ÖC, SD; Supervision – FB, İÖ, BN, ÖC, SD; Resource – FB, İÖ, BN, ÖC, SD; Materials – FB, İÖ, BN, ÖC, SD; Data Collection and/or Processing – FB, İÖ, BN; Analysis and/or Interpretation – FB, İÖ, BN; Literature Search – FB, İÖ, BN; Writing – FB; Critical Reviews – FB, İÖ, BN.

Peer-review: Externally peer-reviewed.

REFERENCES

1. Netscher DT, Leong M, Orengo I, Yang D, Berg C, Krishnan B. Cutaneous malignancies: Melanoma and nonmelanoma types. *Plast Reconstr Surg* 2011;127(3):37e-56e. [\[CrossRef\]](#)
2. Aziret M, Erdem H, Çetinküner S, Yaycıoğlu İ, İrkörücü O, Emir S. Basal cell carcinoma appearing as a suture reaction along the incision line. *Int J Basic Clin Med* 2014;2(2):94-7.
3. Oudit D, Pham H, Grecu T, Hodgson C, Grant ME, Rashed AA, et al. Reappraisal of giant basal cell carcinoma: Clinical features and outcomes. *J Plast Reconstr Aesthet Surg* 2020;73(1):53-7. [\[CrossRef\]](#)
4. Torresetti M, Gioacchini M, Scalise A, Di Benedetto G. Versatility of the O-Z flap for back reconstruction after giant basal cell carcinoma resection: A case report and review of the literature. *Int J Surg Case Rep* 2019;63:23-6. [\[CrossRef\]](#)
5. Hudson E, Abu Hilal M. Super giant basal cell carcinoma in an autistic patient: A case report. *SAGE Open Med Case Rep* 2020;8:2050313X20939481. [\[CrossRef\]](#)