

“Doctor, I can’t stop the bleeding!”

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A 72-year-old man presents with recurrent bleeding from a nose ulceration (Figure 1). Upon further questioning, the patient states that his problem started approximately six years ago. At first, small, white, asymptomatic papules occurred. The small nodular lesion then extended peripherally in an irregular pattern. A few years later, the centre of the lesion ulcerated and crusted, but did not bleed.

The patient has used a number of antibiotic ointments and even exposed his face to the sun on numerous occasions, but his lesion never healed; it only extended peripherally and became deeper.

During the last five months, the lesion ulcerated completely and now bleeds very often. So far, the patient has not sought any medical attention, but persistent bleeding has forced him to seek treatment.

1. What first-line investigation should be performed?

- a) Chest X-ray
- b) Head X-ray
- c) Biopsy of lesion
- d) Computed tomography (CT) scan of the orbit

A CT scan of the orbits was done (Figure 2). It showed a skin mass approximately 3 cm in diameter overlying the right side of the nose. The skin mass extended into the right upper and lower eyelid, involving the preseptal soft tissues of the orbit.

2. How would this type of basal cell carcinoma be classified?

- a) Nodular
- b) Pigmented
- c) Cystic



Figure 1. Bleeding from a nose ulceration.

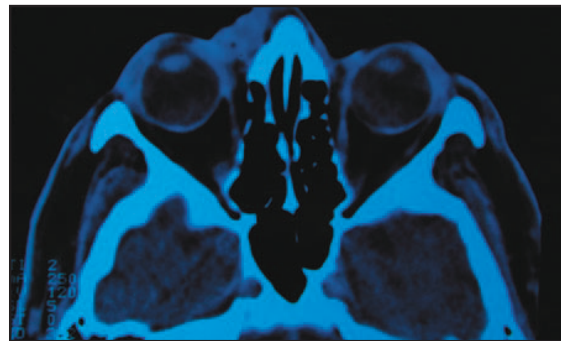


Figure 2. CT scan of the orbits.

- d) Sclerosing or morpheiform
- e) Superficial

3. How would you treat this patient?*

- a) Mohs chemosurgery
- b) Radiation therapy

*While it is important to be familiar with treatment options, this is usually determined by a specialist.

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Answers: 1-c (showed basal cell carcinoma); 2-a; 3-a