



# “What’s on my stomach?”

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A 44-year-old female presents with an erythematous and slightly scaly, slowly-expanding plaque on her abdomen. She has been treated thus far with topical steroids and antifungals without benefit.

## 1. What is the most likely diagnosis?

- Psoriasis
- Nummular eczema
- Basal cell carcinoma
- Tinea corporis
- Squamous cell carcinoma

## 2. What is the most common location of this lesion?

- Nose
- Ears
- Arms
- Back
- Lip

## 3. How might you manage this lesion?

- Topical antifungal
- Potent topical steroid
- Electrodessication and curettage
- Topical ciclopiroxolamine
- All of the above

Basal cell carcinoma (BCC) is the most common malignancy in humans, typically appearing on sun-exposed skin. BCCs can result in significant local destruction and even disfigurement, especially if located around the nose or eyes. They rarely metastasize (< 0.1%). In Caucasians, there is approximately 25% to 35%



Figure 1. Enlarging plaque on abdomen.

lifetime risk of developing a BCC. These lesions are rare in dark skin types. The likelihood of BCCs increases with age and they are considered uncommon in patients < 40-years-of-age.

Clinical presentation can vary based on subtype, which includes:

- nodular BCC,
- superficial BCC,
- pigmented BCC,
- cystic BCC and
- morpheaform/sclerosing BCC.

Treatment options include curettage with or without electrodesiccation, surgical excision, Mohs surgery (especially for facial BCC, recurrent BCCs, sclerosing BCC) and aggressive cryosurgery. For superficial BCC, topical imiquimod and 5-fluorouracil are options as well.



Answers: 1-c; 2-a; 3-c

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