A Field Fire Ulcer

Madhav Parik¹ · Pritha Roy² · Ramanuj Mukherjee³ · Gouri Mukhopadhyay⁴

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Abstract Basal cell carcinoma (BCC) is the most common skin cancer, mostly affecting areas of the skin exposed to UV radiation. Though metastasis is rare, the tumour may be locally invasive with a high recurrence rate. Pathophysiology involves neoplastic transformation of the pluripotent cells of the epidermis and follicular epithelium. ‘Field fire BCC’ is an uncommon type of BCC, showing concomitant crusting, ulceration and scarring which spreads peripherally with a central area of regression.

Keywords Basal cell carcinoma · Ulcer · Skin · Malignancy

A 63-year-old female presented to the OPD with an ulcer on the left side of her scalp, with recurrent episodes of bleeding and scab formation. The patient gave a history of a small nodule which progressed to the present condition over 1 year. Physical examination showed a relatively painless, non-healing ulcer with rolled out edges, necrosis and pigmentation.

It had a central area of regression along with fleshy pink, erythematous, freshly bleeding margins—‘field fire BCC’ (Fig. 1). Shave biopsy and histopathological examination revealed it to be an infiltrative growth or a morphoeic type of basal cell carcinoma.

Basal cell carcinoma is the most common malignant dermatological neoplasm in humans. Known risk factors include exposure to solar radiation, coal tar, arsenic and irradiation. Patients with light skin are at a higher risk compared to dark-skinned patients [1]. Approximately 85% of BCCs occur on the face, head (scalp included) and neck, and less commonly on the trunk or extremities [2]. Though there is a low incidence of metastasis in basal cell carcinoma, there is local infiltration by

✉ Madhav Parik
madhavparik@gmail.com

Pritha Roy
pritharoy012@gmail.com

Ramanuj Mukherjee
docramu77@gmail.com

¹ RG Kar Medical College and Hospital Kolkata, Block C-111, Bangur Avenue, Calcutta 700055, India

² RG Kar Medical College and Hospital Kolkata, AA Block, Salt Lake, Calcutta 700064, India

³ Department of General Surgery, RG Kar Medical College and Hospital Kolkata, 136 Sarat Bose Road, Calcutta 700029, India

⁴ Department of General Surgery, IPGME&R, Calcutta, India

Fig. 1 ‘Field fire ulcer’ due to basal cell carcinoma of the scalp

ulceration (also known as ‘rodent ulceration’), causing damage to the local tissue. Patients usually do not complain of pain, but involvement of nerves can lead to sensorineural pain.

Surgical treatment includes techniques like electrodesiccation and curettage, surgical excision with a local transposition flap or Moh’s micrographic surgery [3, 4]. As these neoplasms are highly radiosensitive, radiation therapy may also be employed.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

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