

FP1056 TREATMENT OF LARGE SUPERFICIAL BASAL CELL CARCINOMA ON THE SCALP WITH 5% IMIQUIMOD

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Background: Imiquimod is immune response modifier that has antiviral and antitumoral activity through the Toll-like receptor 7, 8 pathway. It has been used to treat superficial basal cell carcinomas (sBCC), actinic keratosis, genital wart. sBCCs are rare and predominantly located on the trunk. We report a case of large sBCC localized on the scalp treated with 5% imiquimod.

Case report: A 71-year-old female patient presented with a scaly some crusted erythematous to violaceous measuring about 6.5 x 6.5 cm plaque with slightly raised irregular border on the scalp for 4 years. Skin biopsy showed features of sBCC such as basaloid tumor cell budding, peripheral palisading, stromal retraction. The lesion was big size and she disagreed to surgical approaches. Thus, we considered non-surgical treatment option. She was instructed to apply imiquimod, 5 to 7 times per week for 12 weeks and regularly examined every second week. During treatment, adverse skin reactions were observed such as skin burning, erythema, crusts but was relatively milder than our expectation. After 12 weeks, the first following targeted biopsy revealed remarkable regression of tumor cells but yet remained partially. After Supplementary application of imiquimod 3 times per week for 4 weeks, the posttreatment biopsy showed tumor cells were completely cleared and no recurrence for the following one year.

Conclusion: Although this case was successfully treated with 5% imiquimod, we think that the complete remission was obtained somewhat lately than previously reported studies. So we postulate that the factors of delaying treatment response are thicker skin layer of scalp, different tumor biology at various anatomical sites and relatively mild inflammatory reaction at the imiquimod applied lesion. However, further studies are needed to clarify our presumptions mentioned above.

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