FP1650 LARGE SUPERFICIAL BASAL CELL CARCINOMA OF THE UPPER LIMB SUCCESSFULLY TREATED WITH IMIQUIMOD 5% CREAM.

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Background: Superficial basal cell carcinoma (sBCC) usually appears as multiple, slow-growing, shiny pink or red, slightly scaly lesions that most often develop on the trunk and shoulders. It may attain giant proportions due primarily to recurrence and neglect, causing extensive local invasion and disfigurement. Large lesions of sBCC, may be difficult to treat due to the potentially large resulting defect after removal. Imiquimod is an immune response modifier approved by the FDA for the treatment of superficial BCC lesions and its use is gradually expanded to various off-label precancerous and cancerous skin lesions.
Objectives: To report a case of large sBCC present for over the previous 4 years successfully treated with imiquimod 5% cream once daily 5x/week for a 16-week period.
Methods: A 61-year-old white man with Fitzpatrick type I skin presented with a 4-year history of an enlarging red scaly patch over his right arm. On examination an ovalar, erythematous and slightly infiltrated plaque of 7 × 4 cm in size, partly eroded and crusted, was evident on the dorsal aspect of his right upper limb. Histopathological examination of a biopsy specimen showed the typical features of sBCC. The patient had no history of BCC, arsenic intake and irradiation. He was otherwise well with no significant medical conditions. Treatment with imiquimod 5% cream once a day for 5 consecutive days followed by 2 days without any treatment over a 16-week period was started. Clinical follow-up was conducted 1, 4, 6, and 12 months after treatment
RESULTS: Apparent clinical and histologic clearance was achieved. The treatment was well-tolerated and the patient completed the treatment schedule without a rest period, despite the eruption of numerous circular erythematous papules between 1 and 2 cm around the treated area in the second month of therapy.Twelve months after treatment the neoplastic lesion has cleared with no residual tumor leaving a cosmetically acceptable result. The inflammatory lesions resolved without any additional therapy within 4 weeks after the treatment was stopped.
CONCLUSION: The availability of a locally effective, nonsurgical therapy such as imiquimod 5% cream is a potentially valuable alternative in the management of large sBCC.

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