



# Growth on Cheek

Benjamin Barankin, MD, FRCPC

A 67-year-old female presents with a slowly enlarging plaque on her cheek. It is asymptomatic. She has a history of hypertension and diabetes for which she takes numerous medications; however, she cannot recall their names.

### 1. What is the most likely diagnosis?

- a. Sclerosing basal cell carcinoma
- b. Amelanotic melanoma
- c. Keratoacanthoma
- d. Hypertrophic actinic keratosis
- e. Seborrheic keratosis

### 2. Which of the following are subtypes of this lesion?

- a. Sclerosing
- b. Superficial
- c. Nodular
- d. Pigmented
- e. All of the above

### 3. How could you manage this lesion?


- a. Aggressive liquid nitrogen cryotherapy
- b. Surgical excision
- c. Mohs surgery
- d. Electrodesiccation and curettage
- e. All of the above

A basal cell carcinoma (BCC) is the most common malignancy in humans and typically has local, destructive effects. Metastases and death are rare, but have occurred. This slow-growing tumour is most commonly found on the face, especially the nose, but can be present almost anywhere on the body. BCCs are more common in fair-skinned individuals, and patients with a history of chronic sun exposure. The sclerosing form of BCC is more



Figure 1: Plaque on patient's cheek

aggressive and has a higher risk of recurrence, and represents 10% of basal cell cancers. Superficial and nodular BCCs are the most common subtypes.

Treatment options include electrodesiccation and curettage, surgical excision, Mohs surgery, and radiation. Aggressive liquid nitrogen cryotherapy is sometimes used as well, depending on factors affecting each patient. Topical imiquimod can be used for superficial BCCs, but is less effective than surgical means and thus requires monitoring. 

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

Dr. Barankin is a Dermatologist in Toronto, Ontario.