Symptom management and palliative care in advanced basal cell carcinoma

Opieka paliatywna w zaawansowanym raku podstawnomórkowym skóry

Łukasz Pietrzyński, Maciej Kaspera, Joanna Symela, Mateusz Rajchel, Tatiana Pietrzyńska

Śląski Uniwersytet Medyczny w Katowicach

Abstract

Basal cell carcinoma (BCC) is the most frequent malignant neoplasm of the skin. If a neoplasm is recognized and an accurate treatment is implemented, the prognosis is very positive. However, negligence of the neoplasm could lead to infiltration of the adjacent bone, cartilaginous or vascular structures as well as the eyeball, which could result in its damage and anatomical deformations. The presented case illustrates the possible aggressive and destructive impact of facial skin basal cell carcinoma with rare involvement and destruction of the underlying bone. Long-term growth of the neoplasm resulted in an ulcerative lesion of the forehead area, disability, severe depression and social isolation, as well as numerous somatic complications. This article presents the issues and challenges of palliative care of a patient with advanced facial skin cancer.

Key words: BCC, surgery, palliative medicine.

Streszczenie

Rak podstawnomórkowy (BCC) jest najczęstszym nowotworem złośliwym skóry. W przypadku rozpoznania nowotworu we wczesnym stadium i wprowadzenia właściwego leczenia BCC rokowanie jest bardzo dobre. Długo nieleczzone zmiany mogą jednak naciekać sąsiadujące struktury kostne, chrzęstne, naczyniowe lub gałkę oczną i prowadzić do ich zniszczenia oraz deformacji anatomicznych. Przedstawiony przypadek ilustruje niszczący wpływ zaawansowanego raka podstawnomórkowego skóry twarzy o wieloletnim przebiegu z zajęciem i destrukcją kości czaszki. Długotrwały wzrost nowotworu stał się przyczyną: głębokiego owrzodzenia skóry twarzy, niepełnosprawności, izolacji społecznej i ciężkiej depresji pacjentki, a także licznych powikłań somatycznych. W artykule przedstawiono metody stosowane w paliatywnej terapii pacjentów z zaawansowanym rakiem skóry twarzy.

Słowa kluczowe: podstawnomórkowy rak skóry, chirurgia, medycyna paliatywna.

Address for correspondence

Łukasz Pietrzyński, Śląski Uniwersytet Medyczny w Katowicach, ul. Poniatowskiego 15, 40-055 Katowice, e-mail: lpietrzynski@gmail.com

INTRODUCTION

Basal cell carcinoma (BCC) is the most frequent malignant neoplasm of the skin (over 80% of cases). It usually occurs in areas particularly exposed to ultraviolet radiation, which is the disease’s main causative factor. In approximately 70% of cases, the primary tumor is located on the skin of the face and neck [1–3]. Because of BCC’s slow growth and local malignancy, over 95% of cases can be diagnosed at an early stage and fully cured [1]. However, due to a lack of pro-health behaviors, BCC can develop to a stage which makes standard ways of treatment insufficient or impossible to perform. Being locally malignant over a long period of time, BCC can lead to infiltration and damage of adjacent bone, cartilage, vascular or neural structures. This can result in occurrence of ulcerations, severe bleeding and significant anatomical deformations that are particularly unpleasant for patients, as they usually concern the face and neck area of the skin [4, 5]. This could lead to social stigmatization, loneliness and mental suffering of the patients, as well as numerous somatic complications.
CASE DESCRIPTION

A 62-year-old woman was admitted to the palliative care department due to extensive neoplastic ulceration caused by left-side forehead area BCC resulting in extensive destruction of the left frontal bone, bleeding, pain and one sided sight loss. The first symptoms of the disease started in 2007 in the form of a small, painless tumor. The clinical diagnosis of basal cell carcinoma was confirmed by punch biopsy of a skin specimen from the forehead. Surgical excision of the lesion was performed with direct closure with tissue expansion. One year after the surgery the patient noticed reappearance of the tumor at the site of prior excision. Although she suspected that the lesion was associated with recurrence of basocellular cancer, she refused to report for any follow-up visits at her oncological outpatient clinic and also refused any diagnostic procedures or treatment of the growing tumor, which was suggested by her general practitioner for about 9 years.

Over the course of the years, slow but steady growth of the neoplasm resulted in painful and bleeding ulceration as well as sight loss in the left eye due to infiltration of the neoplasm. As the growing facial lesion was unaesthetic and embarrassing, the patient developed an aversion to interaction with other people and to leaving the house, which resulted in severe depression. During the course of her disease, the patient refused to undergo any diagnostics or treatment of the lesion, and due to her unhygienic lifestyle, she developed multiple comorbidities: hypertension, diabetes, ischemic heart disease and obesity. After total both sided sight loss (as a result of a cataract in her right eye) she decided to start oncological diagnostics and treatment. A histopathological examination of tissue confirmed the diagnosis – recurrence of BCC.

Due to a lack of patient’s consent for any radical treatment, symptomatic therapy in the stationary palliative care department was implemented. It included analgesic therapy using a transdermal fentanyl system in a dose of 50 μg/h, changed every 72 h, and short acting sublingual tablets of self-administered fentanyl 100 μg per dose; a regular schedule of hydrogel and absorbent, silver, adhesive bandage (Atrauman Ag) changing; and local pharmacotherapy with a cream containing 5-fluorouracil to lead to a superior cosmetic or functional outcome. However, as the described case shows, there are still patients suffering from an advanced neoplasm caused by a long-lasting BCC or a particularly aggressive tumor [6, 7]. Skin BCC is generally associated with a positive prognosis and, in most cases, can be fully cured. The treatment of choice is usually in the form of a surgery, during which the tumor is cut out along with a margin of healthy tissue [7, 8]. The effectiveness of the surgery can reach over 90% and results in the smallest probability of recurrence among the available treatment methods as well as ensuring an optimal aesthetic effect. The resection takes place within the healthy tissue, including a later reconstruction of the structures removed. In most cases of BCC, especially within the facial area, determination of the resection margin is anatomically limited, as it is in close proximity to important facial structures [8]. The existing research reports from 10% to 67% of recurrences after incomplete resection. The recurrence rate of BCC with negative histopathological margins is estimated to be between 5% and 14% [9–11].

Radiotherapy (RT) is an alternative to surgery for primary treatment when the surgery is contraindicated, at anatomical sites where this approach is likely to lead to a superior cosmetic or functional outcome. Also, radiotherapy can be used as an adjunct to surgery in high-risk BCC (multiple recurrences, subtotal excision, lymph node or gland invasion) [12, 13].

In the situation where radical treatment is precluded due to patient-related factors (poor performance status) or tumor-related factors (depth of invasion, size, location), palliative radiotherapy may be recommended. The treatment should be deliv-
erred in the shortest possible time for the patients’ and caregivers’ convenience. The results of a number of studies show statistically significant negative symptom relief (> 50%) and improvement of quality of life among patients with advanced BCC of facial skin after implementation of palliative radiotherapy [14–17].

In terms of skin cancer, palliative care mainly concerns the control of pain, psychosocial issues related to unaesthetic skin lesion, control of bleeding as well as reducing the possibility of infections. Pharmacological palliative treatment usually involves imiquimod and 5-fluorouracil in a creamy formula [18]. It is recommended to apply a cream formula and occlusal bandages that should be changed five times per week. Serious skin lesions and neoplasm-based ulcers require topical and systemic antibiotic therapy, and bandages reducing the amount of discharge and slough as well as absorbing unpleasant smells. One of the most important aspects of palliative therapy concerning patients suffering from an advanced tumor is analgesic treatment provided according to the WHO guidelines’ “analgesic ladder”. A subjective evaluation of a patient’s level of pain is extremely important and should be performed using the Numerical Rating Scale (NRS), which allows a numerical value to be assigned to the level of pain and, in effect, makes it measurable [19]. An untreatable skin lesion caused by a neoplasm, especially in an area that cannot be covered (the face and neck) is a huge issue, both somatic and psychosocial, for patients and their carers. It relates not only to severe pain, inflammation, necrosis, effusion or bleeding, but also to unaesthetic appearance and an unpleasant smell, which both could lead to the patient’s isolation from society, loneliness and depression. During the terminal phase of their disease, patients face the challenge of accepting their untreatable condition and its irreversible consequences such as pain, anxiety, fear or a lack of basic functions. They frequently experience negative emotions – gloom, anger or rejection – which are the result of feeling helpless and losing control over their own life (which will slowly appear as they become more and more dependent on their families and medical staff). Psychotherapy conducted by a professional psychologist aims to give direction to the patient’s defense mechanisms, so they could serve as a form of adaptation. Cooperation with a cleric and support of volunteer caretakers can also help in achieving this goal [20, 21].

CONCLUSION

The presented case highlights that long-term negligence of a growing skin lesion caused by BCC could lead to significant destruction of tissue, development of skin ulceration, and the patient’s social isolation and depression, all of which afflicted this patient. It is necessary to educate patients in terms of self-inspection and diagnostics of suspicious skin lesions and other disturbing symptoms that could indicate development of a serious disease. It is also worth noting that palliative therapy is crucial for the high quality of life of patients who do not qualify for curative therapy.

The authors declare no conflict of interest.

REFERENCES