

Perianal Basal Cell Carcinoma: A Diagnostic Challenge

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Case Presentation

A 70-year-old woman with a history of uterine prolapse presented with an asymptomatic ulcerated dark plaque with mucocutaneous involvement in the anorectal region (Figure 1A). Dermoscopically, the lesion exhibited globular blue-black areas with atypical vessels, blue-grey dots, and white structureless areas (Figure 1B). Melanoma was first suspected; however, the biopsy revealed an infiltrating pigmented basal cell carcinoma (BCC) (Figure 1C). The MRI examination revealed a mucosal involvement with extension up to the internal sphincter (Figure 1D). At the multidisciplinary tumor board, oral hedgehog inhibitor therapy with

vismodegib was initiated, with remarkable shrinkage after three months and good tolerance, thus avoiding mutilating surgery.

Teaching Point

BCCs in non-sun-exposed areas are exceedingly rare, the anorectal region being the rarest site, comprising less than 0.2% of all BCC cases. This rarity, combined with its tendency to present atypically, often makes diagnosis challenging as it can mimic benign conditions but also malignant tumors like pigmented squamous cell carcinoma or melanoma, as they are more frequent than BCC in this location.



Figure 1. (A) Clinical and (B) dermoscopic images of the perianal lesion. (C) Infiltrated basal cell carcinoma. (D) MRI shows mucosal involvement up to the internal sphincter.

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