

Short Communication

The successful cure of wide gluteal basocellular epithelioma: a combination therapy of imiquimod cream with cryotherapy

Sir, a 75-year-old female patient presented to our clinic for evaluation and treatment of a slowly expanding lesion for approximately for 6-8 years on her gluteal area (**Figure 1**). The dermatological physical examination revealed a an 8x10cm noduloulcerative plaque on the right aspect of gluteal area. On systemic examination, there was no pathology. On histopathology, the lesion was diagnosed as basocellular epithelioma (BCE). As our patient did not accept surgical treatment, we started topical imiquimod 5% cream once daily, 5 days a week. After 1 year, when she came for follow-up, the BCE plaque had become smaller in size but with new nodular lesions in the center (**Figure 2**), which turned out to be BCE on histopathology. Cryotherapy of 1x2 seance was applied to these new lesions. After 1 month follow up, five new lesions appeared which were treated with cryotherapy 1x2 seance. Four months later, two recurrent lesions were noted and again 1x2 seance cryotherapy was applied. The newly erupting lesions were subjected to histopathology each time before treatment with cryotherapy. Full recovery of the lesions was observed after 4 years (**Figure 3**).

Discussion

The optimal treatment could not be given to our patient as she lived outside the city and did not



Figure 1 A crusted and ulcerated plaque on right buttock.



Figure 2 New nodular lesions in the center.



Figure 3 Complete recovery after four years.

come for follow up; hence was treated with topical imiquimod. In the literature, there are many reports about cure or regression of basal

cell carcinoma (BCC) lesions with imiquimod. It has also been used in Bowen's disease and invasive squamous cell carcinoma.⁶ When imiquimod was applied 5 times a week, twice a day total cure was gained in BCC.¹ Clinical cure rate was found to be 84% one year after treatment with imiquimod.² In another study nodular BCC patient was treated with imiquimod for 6 weeks, 95.7% cure and 6.6% recurrence was seen in 10 months.³ 19 patients with nodular BCC were treated with imiquimod for 12 weeks and 93.3% cure was seen. No recurrence was observed in 23 months follow up of the patients.⁴ Still another study reported 71% cure.⁵ Our patient applied imiquimod treatment for nearly one year regularly. When she came for follow up, we observed that the scar had regressed with a few new nodular lesions at the center. Cryotherapy was applied to these nodular lesions which did not regress with imiquimod treatment. Cryotherapy was applied repeatedly to both older and newly emerging BCE lesions. The lesions cured totally at the end of the treatment.

Cryotherapy is an established therapy for BCC/BCE. We think that in patients with big nodular BCC, where surgery is not an option, the combination therapy of imiquimod with cryotherapy is a good choice.

References

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Zerrin Ogretmen*, **Secil Engin Uysal****, **Hacer Köksal Onvural****

* Department of Dermatology, Faculty of Medicine, Canakkale 18 Mart University, Çanakkale Türkiye

** Department of Dermatology, Atatürk Training and Research Hospital, İzmir Türkiye

Address for correspondence

Dr. Zerrin Ogretmen

TOKİ 960 Konutları, C-16 Blok ,D;11 Boğazkent

Kepez 17100 Çanakkale Türkiye

E-mail: zogretmen@gmail.com