Basal cell carcinoma in the labial filter: surgical treatment and reconstruction with bilateral perialar advancement flap in ascending

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ABSTRACT

The bilateral perialar advancement flap in ascending is a good option for restoring complex upper lip defects. We report a patient presenting with a basal cell carcinoma in the upper lip filter, submitted to reconstruction with bilateral perialar advancement flap in ascending: a technique that is easy to perform, under local anesthesia and with excellent esthetic results.

INTRODUCTION

Basal cell carcinoma is the most common cutaneous malignant tumor, being the face the more common localization[1]. It presents slow growth and rarely generates metastasis. It has unique clinical characteristics, and several clinical forms and the nodular variant form the more prevalent[1,2]. Most of them come up without apparent cause, but there are factors considered predisposing, such as clear skin, chronic exposure to the sun, smoking, alcoholism, immunosuppression, chronic human papillomavirus infection[2].

Of the lip neoplasias, 5% involve the upper lip, where basal cell carcinoma predominates[2]. They present a higher incidence in males, over 40 years. Female lips are supposed to be more protected due to the use of cosmetics and less exposure to aggressive factors[3].

The metastases of basal cell carcinoma occur very rarely[2]. Although a rigorous physical examination should be performed on all patients, seeking to rule out regional lymphadenopathy. If there are affected ganglia, excisional biopsy or fine-needle aspiration is indicated to rule out metastasis[3].

The standard gold treatment is surgical; however, radiotherapy reveals good results when used in combination with surgery or palliatively in unresectable tumors[3]. Is reported, therefore, a case of surgical treatment with bilateral perialar advancement flap in ascending of a basal cell carcinoma in the upper lip region.

CASE REPORT

A 74-year-old male patient from Campo Grande (MS) had a tumor on the upper lip that had been slowly evolving for about three years. The dermatological examination was shown an infiltrated erythematous plaque with the presence of central ulceration located in the medial region of the upper lip. He underwent incisional biopsy (punch biopsy), and histopathological examination showed nodular basal cell carcinoma. After anatomopathological confirmation, surgery was performed, which consisted of tumor excision with a safety margin of 5mm, where all lateral and deep margins were compromised (Figure 1).Secondly, the margin was enlarged, with the removal of the total thickness of the tissue, including oral mucosa and musculature, to obtain a wedge defect, removing a lesion more extensive than one-third of the upper lip (Figure 2).The incision is then extended, and part of the base bases, nasal sills and the base of the columella are resected. It is also necessary to release the mucosa of the buccal sulcus (Figure 3).The reconstruction is then elaborated, and the result is a full-thickness cheek flap (Figure 4).The immediate postoperative period was uneventful (Figure 5) and the patient has been followed for six months after surgery, with no signs of relapse until the last consultation, with a very satisfactory aesthetic result (Figure 6).

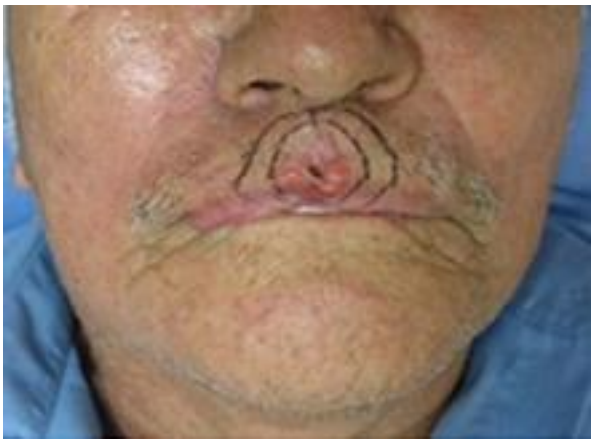

Figure 1: Pre-procedure lesion marking

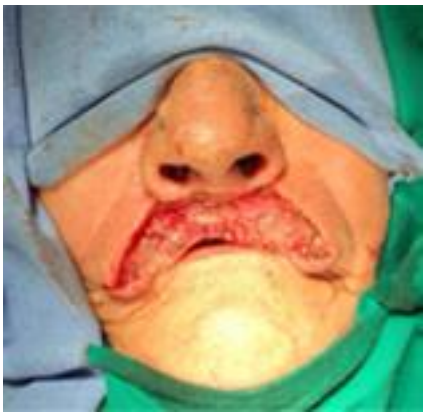

Figure 2: Exeresis of the lesion. Defect higher than one-third of the upper lip.

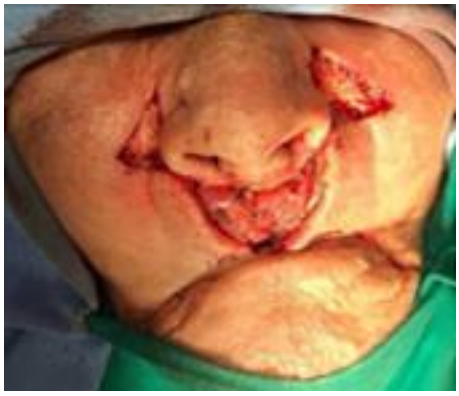

Figure 3: Release of the mucosa of the buccal sulcus

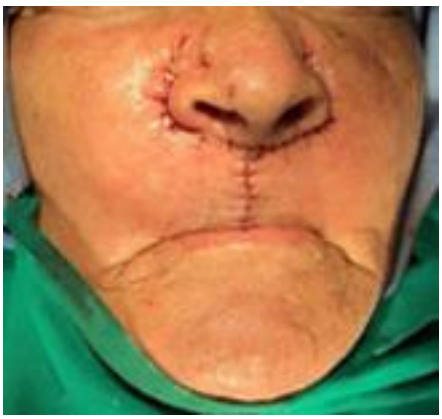

Figure 4: Immediate Postoperative

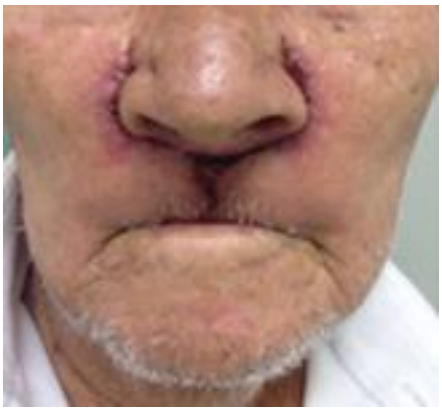

Figure 5: Seventh postoperative day

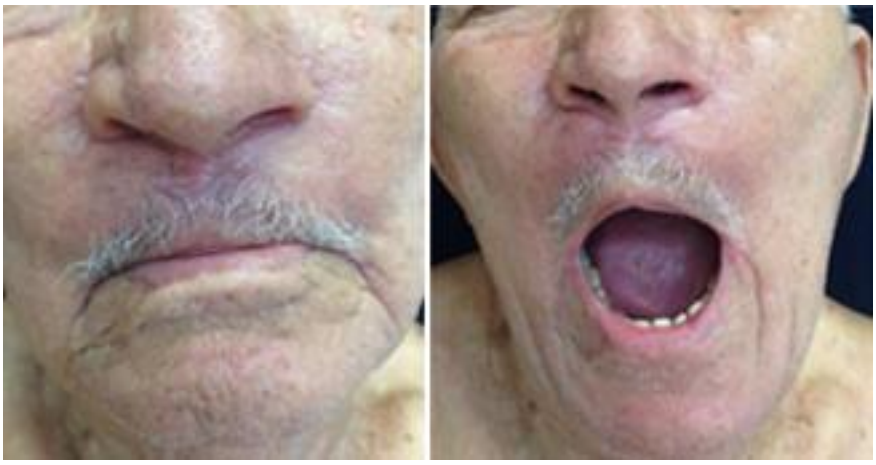

Figure 6: Postoperative for six months. Preserved functional aspect.

DISCUSSÃO

According to research from the National Cancer Institute, basal cell carcinoma represents 30% of the registered neoplasms in Brazil and 75% of cutaneous cancers[1,2,4].Despite these high rates, it is a tumor that rarely metastasizes and is usually curable with a single surgical approach[2,3,4].When located on the upper lip, reconstruction requires more considerable attention to the preservation, if possible, of critical

anatomical structures, i.e., attention to functional and aesthetic aspects[3,4].These structures include the positioning of the borderline lip line with the vermilion, the position of the filter, the maintenance of symmetry, and height concerning the nasolabial grooves[3,4].To this end, there are several techniques of excision and reconstruction, among them the flap presented in this report.

The choice of upper lip reconstitution technique should be taken into consideration by the functional and aesthetic aspects of the lips, as well as the size of the defect[3,4].In most individuals, can be resected a quarter of the lip, and the defect closed with primary synthesis without difficulty[3].If primary closure without lip distortion is not possible, should be used a flap[4].There are several techniques for reconstruction of large upper lip defects, but often challenging to perform. We report then a method of easy execution, under local anesthesia and with the good aesthetic result.

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