

Visual Treats in Dermatology

An ulcer invading the lower eyelid

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A 47-year-old farmer complained of progressing ulceration invading the right lower eyelid for the past 2 years. A well-circumscribed ulcer with rolled out border, crusting, and hematoma that is continuous with congested floor containing arborizing telangiectatic vessels and total destruction of the lower eyelid was present [Figure 1]. Histopathology revealed excoriated epidermis and large telangiectatic vessels. There were islands of basaloid cells with hyperchromatic nuclei arranged in a palisading pattern with a retraction cleft. Cellular atypia with mitotic figures was also present, suggestive of basal cell carcinoma [Figure 2]. Among all basal cell carcinoma subtypes, including nodular, superficial, morpheic, pigmented, and ulcerated basal cell carcinoma, this



Figure 1: A well-circumscribed ulcer with a rolled out variably pigmented border, crusting, and hematoma on a congested floor with arborizing telangiectatic vessels in the lower eyelid.

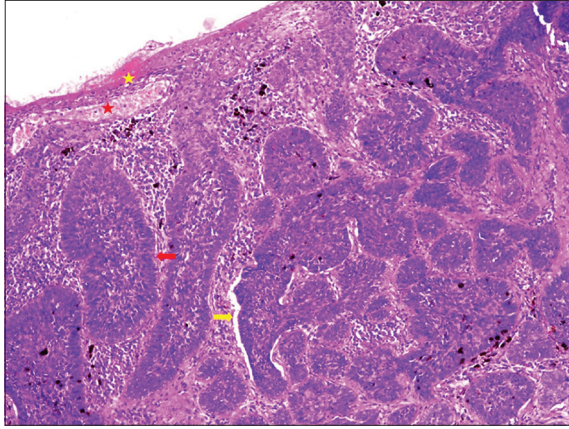


Figure 2: Palisading islands of basaloid cells with hyperchromatic nuclei (red arrow), a retraction cleft (yellow arrow) along with large telangiectatic vessels (red star) and hemorrhagic area (yellow star) were present. Melanin incontinence was also prominently present (H&E, ×40).

patient shared the feature of both ulcerated and pigmented, confirming the diagnosis clinicopathologically as a mixed pattern of ulcerative and pigmented basal cell carcinoma.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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