

# 2023 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 1, 2023.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.


Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2023


RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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## \* ABSTRACT TITLE

Super Giant Basal Cell Carcinoma of the Upper Extremity

## \* Contact Person Name

Alan Chan

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**\* Name of who will present abstract at NEHS meeting on December 1, 2023 Please note that the same person cannot present more than one abstract at the meeting.**

Alan Chan

## \* Please indicate if the presenter is:

Resident

**\* List full names of abstract authors Please note - one of the lead authors must be present at the meeting to answer questions about the paper.**

**\* ABSTRACT - should include background information and a description of methods, programs, or practices.**

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Super Giant Basal Cell Carcinoma of the Upper Extremity

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Abstract:

Basal cell carcinoma (BCC) is the most common skin cancer in the world. Compared to squamous cell carcinoma, basal cell exceeds it by 4 to 1. BCC has subtypes that are determined by histopathologic growth pattern which help to categorize their behavior. Superficial and nodular subtypes typically have indolent behavior, while micronodular and infiltrative/morpheaform types behave more aggressively. When BCC becomes greater than 5cm along with its subtype, it is also classified by "Giant Basal Cell Carcinoma". Tumors greater than 20 cm are classed as "Super Giant." Surgical excision is the preferred treatment for Basal Cell Cancer.

Here we present a case of a 52-year-old female without significant past medical history, she was evaluated at Hartford Emergency Department for fatigue, weakness and appearing pale. She did not seek regular medical care secondary to religious beliefs thus history is limited. She was found to be profoundly hypotensive and with a Hemoglobin and Hematocrit of 1.3g/dL 7.0% respectively. Her physical exam included altered mental status and large masses on her scalp and right upper arm. She was provided 3 units of un-crossmatched blood for bleeding from her upper arm. With blood transfusion she had improvement of her blood pressure along with her mentation. Given her presentation, she was admitted to Medical Intensive Care unit for further resuscitation and monitoring. During her hospital course, patient underwent biopsy of her right upper arm which was consistent with basal cell carcinoma. She was planned for surgical resection during her hospital stay however it was delayed at that time secondary to acute COVID infection. On hospital day 4, she decided to leave the hospital against medical advice. Luckily, she did follow up with Surgical Oncology as well as Plastic Surgery specialists. Ultimately, she underwent radical resection of her scalp lesion and excision of her right upper arm lesion with Surgical Oncology and Plastic Surgery teams. Both incision sites were covered with local skin flaps. The right upper extremity measured at 20.5 in its greatest dimension. Both specimens returned final pathology of basal cell carcinoma. The scalp lesion showed nodular and micronodular type carcinoma with negative margins. The right arm basal cell cancer was nodular, micronodular, focally morphea-like fibrosing with subcutaneous infiltration.

Post-operatively patient is recovering as expected. She did suffer slight delayed wound healing of both sites but ultimately healed both incisions. She is now fully active and feels well.

**Please attach files with diagrams and/or photos to support your abstract (10 MB limit)**

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**\* Please attach the abstract presenter's CV**

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