

Nandhini Periasamy¹, Geeti Khullar¹, Shruti Sharma²

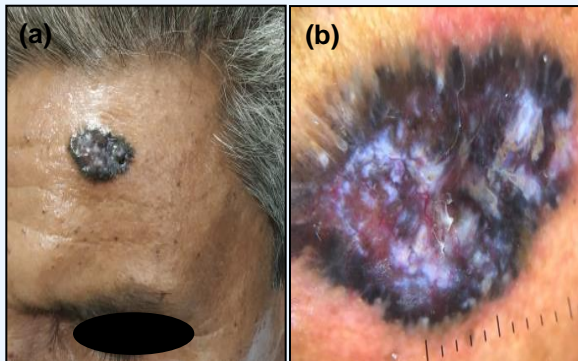
¹Department of Dermatology, Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi, ²National Institute of Pathology (ICMR)

Introduction

- ◆ Infundibulocystic basal cell carcinoma (IFC-BCC) is a rare histological variant of BCC with follicular differentiation
- ◆ It was first reported by Ackerman in 1987 in association with Gorlin syndrome

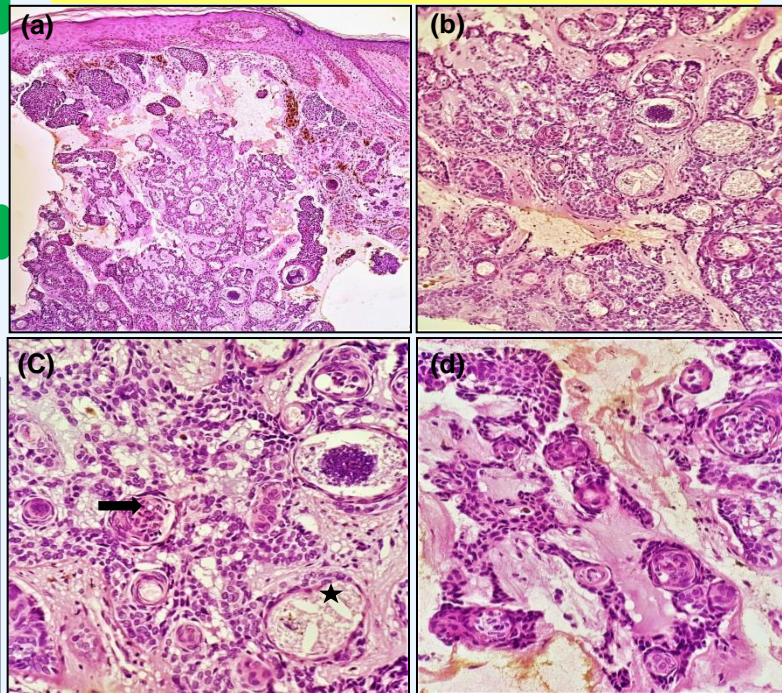
Case description

- ◆ A 67-year-old healthy male had a asymptomatic, gradually progressive pigmented lesion over forehead since 2 months
- ◆ No significant lymphadenopathy



(a) Hyperpigmented plaque of size 2x2 cm with rolled out margins (b) Blue-gray dots and globules with white streaks & telangiectasia (DermLite 4, 10X)

Histopathologic findings:



(a) Hyperkeratotic and acanthotic epidermis. Dermis shows melanin pigment, anastomosing buds and cords of basaloid cells in a loose myxoid stroma (H&E, 40X) (b, c, d) Basaloid cells in the periphery and squamoid cells (arrow) in the centre arranged around small keratin-filled cysts (asterisk). Retraction artefact in the stroma (H&E, 100X, 200X, 400X respectively)

Conclusion

IFC-BCC is less aggressive than other variants, which can rarely complicate with ulceration and extension into subcutis & skeletal muscle

HISTOLOGICAL DIFFERENTIALS

IFC-BCC	TRICHO-EPITHELIOMA	BASALOID FOLLICULAR HAMARTOMA
Dermis - cords & nests of basaloid cells with cyst like structures	nests of basaloid cells	malformed follicles of basaloid cells
Follicular bulb - absent	present	absent
Stroma - scanty	fibrotic	scanty
Extension into subcutis - present	absent	absent

Reference

1. Marin RR, Osuna SL. Infundibulocystic basal cell carcinoma: dermoscopic findings and histological correlation. *Dermatol Pract Concept* 2014;4(3):9