

Pulmonary Metastasis of Basal Cell Carcinoma

A Rare Manifestation of a Common Disease with Variable Clinical Course

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CASE 1

A 67-year-old man presented to the Thoracic Oncology Clinic for evaluation of multiple pulmonary nodules and masses (Figure 1). The patient had a history of basal cell carcinoma involving the face that was diagnosed 18 years earlier. The tumor had multiple local recurrences that required excisions, radiation treatment, and enucleation of the left eye. He had no evidence of recurrence for 5 years before this presentation. The patient underwent computed tomography-guided biopsy of one of the pulmonary lesions. The pathology was consistent with metastatic basal cell carcinoma. Positron emission tomographic scan showed increased uptake in the pulmonary lesions with a maximum standard uptake value of 4.2. There was no abnormal activity outside the lungs. The patient had no significant pulmonary symptoms, and so he was observed with no active treatment. After 4 years of follow-up, the patient remained minimally symptomatic with no significant change in the size of the pulmonary lesions.

CASE 2

A 48-year-old man was referred to the Cancer Center for evaluation of multiple pulmonary masses associated with severe dyspnea (Figure 2). The patient had a history of facial basal cell carcinoma that was diagnosed 3 years earlier. He underwent excision of the primary tumor and neck dissection for metastatic cervical lymphadenopathy. This was followed by radiation therapy. The patient was in remission until the current presentation. He underwent

computed tomography-guided biopsy of one of the pulmonary lesions that confirmed metastatic basal cell carcinoma. He was enrolled in a phase I chemotherapy trial; however, the thoracic disease progressed despite chemotherapy, and the patient died.

Metastases from basal cell carcinoma are rare and estimated to range from 0.003 to 0.05% of cases.¹ Described risk factors for metastatic basal cell carcinoma

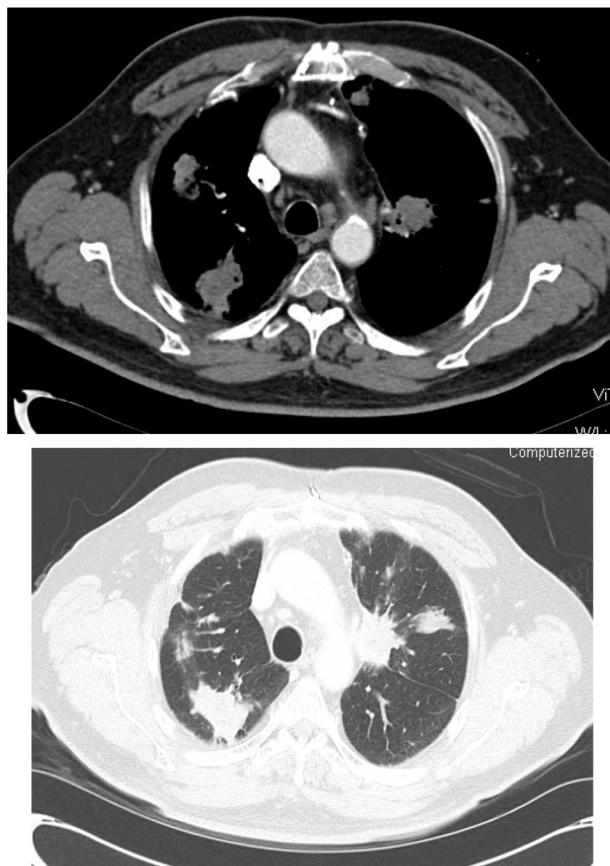


FIGURE 1. Computed tomography of the chest showing multiple pulmonary masses for the patient in case 1. These masses remained stable after approximately 4 years of observation.

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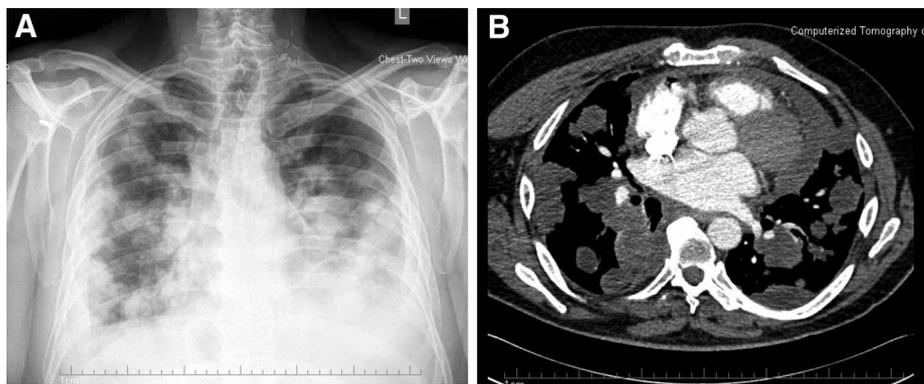


FIGURE 2. A, Chest radiograph and B, computed tomography of the chest showing multiple pulmonary masses, pericardial, and pleural effusions for the patient in case 2.

include large primary tumor, perineural invasion, and multiple local recurrences.² Pulmonary metastases from basal cell carcinoma have been reported in small number of case reports.³ These reports suggest that the prognosis of these cases is generally poor with inconsistent response to chemotherapy or surgery.⁴ These two cases suggest that this rare complication of a common malignancy may have a variable clinical course.

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