

## EP-045

### 다발성 기저세포암 진단의 경각심: 귀 뒤 및 목 부위의 광범위한 침범 사례 보고

(Diagnostic Vigilance in Multi-focal Basal Cell Carcinoma: A Case Report of Extensive Postauricular and Neck Involvement)



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**Purpose:** Basal cell carcinoma (BCC) typically presents as a solitary, slow-growing lesion. However, atypical multi-focal presentations can lead to diagnostic delays or inadequate management. We report a case of multi-focal BCC involving the postauricular regions, emphasizing the necessity of thorough evaluation even when lesions appear clinically discrete.

**Methods:** A 77-year-old female presented with multiple masses on the postauricular regions persisting for 30 years. Due to their hyperkeratotic surface and clustered distribution, a provisional diagnosis of verruca vulgaris was initially made. (Fig. 1) Diagnostic evaluation began with an initial 0.6 x 0.5 cm excisional biopsy. Following the histopathologic confirmation of BCC, additional specimens (2.5 x 0.5 cm) were obtained from the postauricular area 3 weeks later to assess the multi-centric distribution (Fig. 2). Under local anesthesia, the lesions were surgically excised for pathologic analysis.

**Results:** Histopathological analysis confirmed BCC in postauricular regions. Microscopic evaluation revealed characteristic nests of basaloid cells with peripheral palisading and peritumoral clefting (Fig. 3). The tumor exhibited a fragmented distribution with significant skip lesions. Complete wide excision was achieved with clear margins. No recurrence was observed during the 24-month follow-up period (Fig. 4).

**Conclusions:** Long-standing BCC can manifest as multiple separated nodules, mimicking benign multicentric conditions. When managing multiple skin adnexal masses, clinicians must maintain a high index of suspicion for malignancy. Meticulous preoperative mapping and comprehensive biopsy are essential to ensure oncological safety and prevent recurrence.



Fig. 1 Multiple, discrete, and erythematous nodules, each approximately 0.5 x 0.5 cm



Fig 2. The excised specimen from the postauricular area measures approximately 2.5 x 0.5 cm

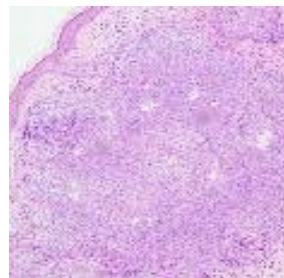


Fig 3. Histopathologic findings of BCC. H&E staining reveals basaloid cell nests with characteristic peripheral palisading and peritumoral clefting.



Fig 4. Postoperative clinical appearance at 24-month follow-up.