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중증 치매를 동반한 초고령 환자의 비익 기저세포암에서 방사선치료 단 독 치료: 조기 완전 임상 반응

Radiotherapy Alone for Nasal Ala Basal Cell
Carcinoma in a Very Elderly Patient with
Severe Dementia: Early Complete Clinical
Response



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Purpose: Basal cell carcinoma (BCC) of the nasal ala is typically managed surgically; however, operative treatment may be impractical in very elderly patients with severe cognitive impairment due to poor compliance and high risk of postoperative wound-care failure. We describe the early clinical response and feasibility of radiotherapy alone for nasal ala BCC in an 81-year-old woman with severe dementia.

Methods: An 81-year-old woman with hypertension, diabetes mellitus, and severe dementia presented with a right nasal alar lesion present for 1 year (Fig. 1). Punch biopsy confirmed BCC (approximately 1.0 × 1.0 cm). Given markedly poor compliance (e.g., immediate removal of dressings after biopsy) and high risk of postoperative wound-care failure, surgery was deferred. Definitive intensity-modulated radiotherapy (IMRT) was delivered to the primary lesion only, using a hypofractionated regimen of 40 Gy in 10 fractions (Sep 29–Oct 15, 2025). Acute toxicity and clinical response were assessed during and after treatment.

Results: The planned radiotherapy course was completed without interruption. Immediate post-treatment findings showed expected acute erythema/erosion (Fig. 2), without significant documented toxicity requiring intervention beyond brief topical care. At 1 month post-radiotherapy, the nasal alar lesion demonstrated complete clinical resolution with minimal residual dyspigmentation/scarring (Fig. 3), and follow-up was concluded.

Conclusion: Radiotherapy alone may be a practical option for selected very elderly patients with nasal ala BCC when severe cognitive impairment and poor compliance make surgical treatment and postoperative wound care unreliable.



Fig. 1. Pre-radiotherapy clinical photograph showing an ulcerated lesion on the right nasal ala, confirmed as basal cell carcinoma by punch biopsy



Fig. 2. Immediate post-radiotherapy appearance after completing hypofractionated RT (40 Gy in 10 fractions), demonstrating expected acute erythema/erosion.



Figure 3. One-month post-radiotherapy photograph showing complete clinical resolution with minimal residual dyspigmentation/scarring.