

# Letters, Questions, Answers, etc

*"You can't see what you don't know – and you shouldn't treat what you can't see"*

## Periocular Basal Cell Cancer Treated with Cosmetic Intense Pulsed Light with Possible Delay of Diagnosis as an Outcome

**Henrik F. Lorentzen**

The Tumour/Naevus Clinic  
Department of Dermatology  
Odense University Hospital  
DK-5000 Odense, Denmark

Dear Sir,

Intense pulsed light (IPL) treatment is a relatively safe treatment for unwanted vascular changes, when performed by formally trained personal. It is indicated for the treatment of telangiectasias as a part of rosacea, actinic elastosis and other skin diseases as well as disfiguring dilated vessels arising as a side-effect of radiation therapy.

Basal cell carcinoma (BCC) is the most frequent cancer in Caucasians. The associated mortality is low but morbidity may be significant.

There are well defined high-risk areas for BCC around eyes, nose, ears and mouth. Most institutions in Denmark have clear visitation rules for these high-risk areas for BCCs. They should be treated by plastic surgeons or dermatologists. Photodynamic therapy, imiquimod or 5-fluoro-uracil topical

treatment can be used, but any sign of treatment failure must lead to prompt referral to plastic surgery. IPL treatment is not a treatment of choice for BCC.

We present here, a 43-year-old man who was seen with a biopsy-proven BCC on his left lower eye lid (Fig. 1). He first noticed a small skin tumour five years before attending our tumour clinic and consulted his general practitioner, who belittled the patient's concern about skin cancer.

In the spring 2007 the patient consulted a cosmetic non-physician-driven IPL clinic that treated his undiagnosed vascular skin changes with IPL. The patient experienced a short-lived effect but the BCC recurred shortly afterwards.

It is well known to dermatologists that BCC is increasingly seen in young individuals. Cardinal clinical findings are pellucid (mother of pearl) appearance, telangiectasias and often slate-blue dots. Dermatoscopically, BCC findings are usually unequivocal. For the untrained eye small nodular BCCs may be confused with hemangiomas or benign sebaceous hyperplasia and other conditions.

Untreated tumours in risk areas can lead to severely disfiguring disease with need for extensive surgery that in certain cases involves underlying structures e.g. the eye bulbs. For this reason, it is strongly recommended that patients undiagnosed skin lesions should be referred to a dermatologist or plastic surgeon before cosmetic laser or IPL treatments are performed.

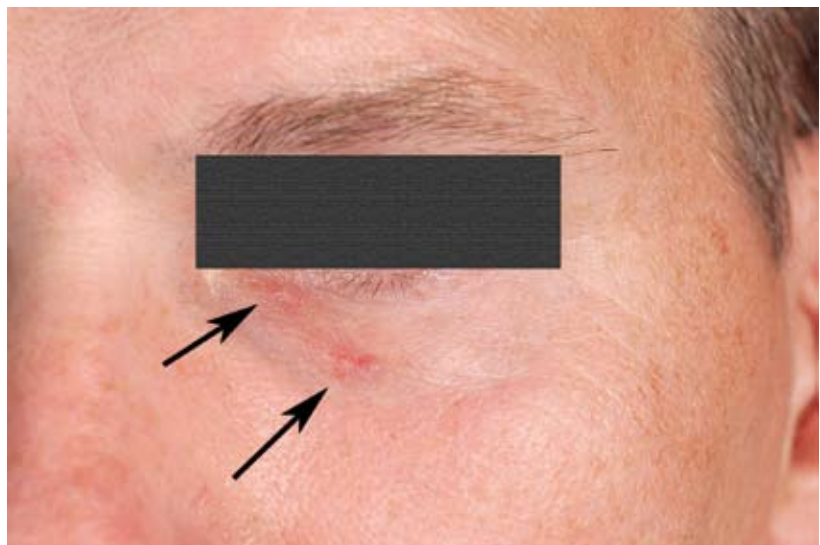


Fig. 1. Basal cell carcinoma on the left lower eye lid.