



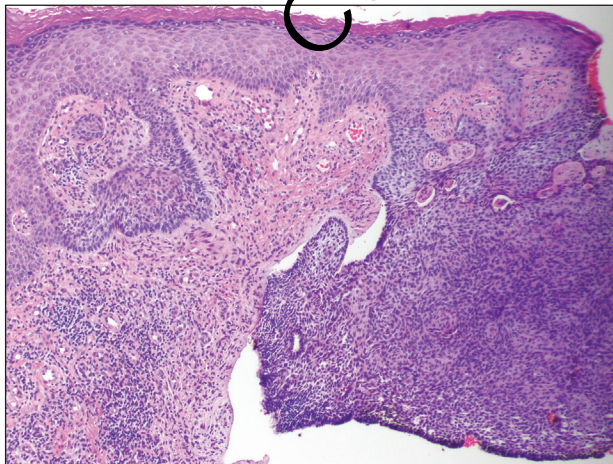
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The lack of resolution on reevaluation of the lesion 1 year later raised the possibilities of amelanotic melanoma, squamous cell carcinoma, and lichen planus. Basal cell carcinoma was much lower in the differential diagnosis, as BCCs rarely are found in this area of the body; in fact, BCCs account for 0.2% of all anorectal neoplasms,<sup>3</sup> and less than 0.08% of BCCs will occur in the perianal region.<sup>2</sup>

This challenging presentation is common for BCCs found in the perianal and perineal regions, as they are difficult to diagnose and often are overlooked as inflammatory dermatoses.<sup>4,5</sup> The infrequency of perianal BCC reported in the literature as well as the predominance of BCC in



**FIGURE 1.** A 1-cm, pinkish-red plaque in the left perianal region prior to excision with Mohs micrographic surgery that was later confirmed on histology as a perianal basal cell carcinoma.



**FIGURE 2.** Superficial nodular perianal basal cell carcinoma demonstrating classic features of basaloid epithelial proliferation budding off of the epidermis with peripheral palisading and clefting of tumor cells from the surrounding myxoid stroma (original magnification  $\times 10$ ).

sun-exposed areas makes it difficult for dermatologists to diagnose perianal BCC without biopsy. Another feature indicative of this diagnostic difficulty is that the average size of perianal and perineal BCCs has been found to be 1.95 cm.<sup>2</sup> Without thorough and routine total-body skin examinations, there is no reliable way to catch asymptomatic BCCs in the perianal region until they have progressed far enough to become symptomatic. When possible, we recommend that dermatologists check the genital and anal regions during skin examinations and biopsy any suspicious lesions.

This case also highlights the challenge of missed appointments, which dermatologists also consistently face. Nonattendance rates in US dermatology clinics have been estimated at 17%,<sup>6</sup> 18.6%,<sup>7</sup> 19.4%,<sup>8</sup> and 23.9%<sup>9</sup> and present a challenge for even the best-run practices. Among patients with missed appointments, the most frequently stated reason in one survey was forgetting, and 24% of those contacted reported that they had not been reminded of their appointment.<sup>8</sup> Many of the patients surveyed also expressed that they had preferred methods of receiving reminders such as e-mail or text message, which fell outside of traditional contact methods (eg, phone calls, voicemails). Confirming appointments ahead of time can reduce the number of missed appointments due to patient forgetfulness, and incorporating multiple communication modalities may lead to more effective appointment reminders.

### Conclusion

Perianal BCC is challenging to diagnose and easy to overlook. Basal cell carcinoma is rarely found in the perianal regions and accounts for a fraction of all anorectal neoplasms. We recommend thorough total-body skin examinations that include the genital region and gluteal



**FIGURE 3.** Site of primary closure of an excised perianal basal cell carcinoma following a 2-stage Mohs micrographic surgery procedure.

