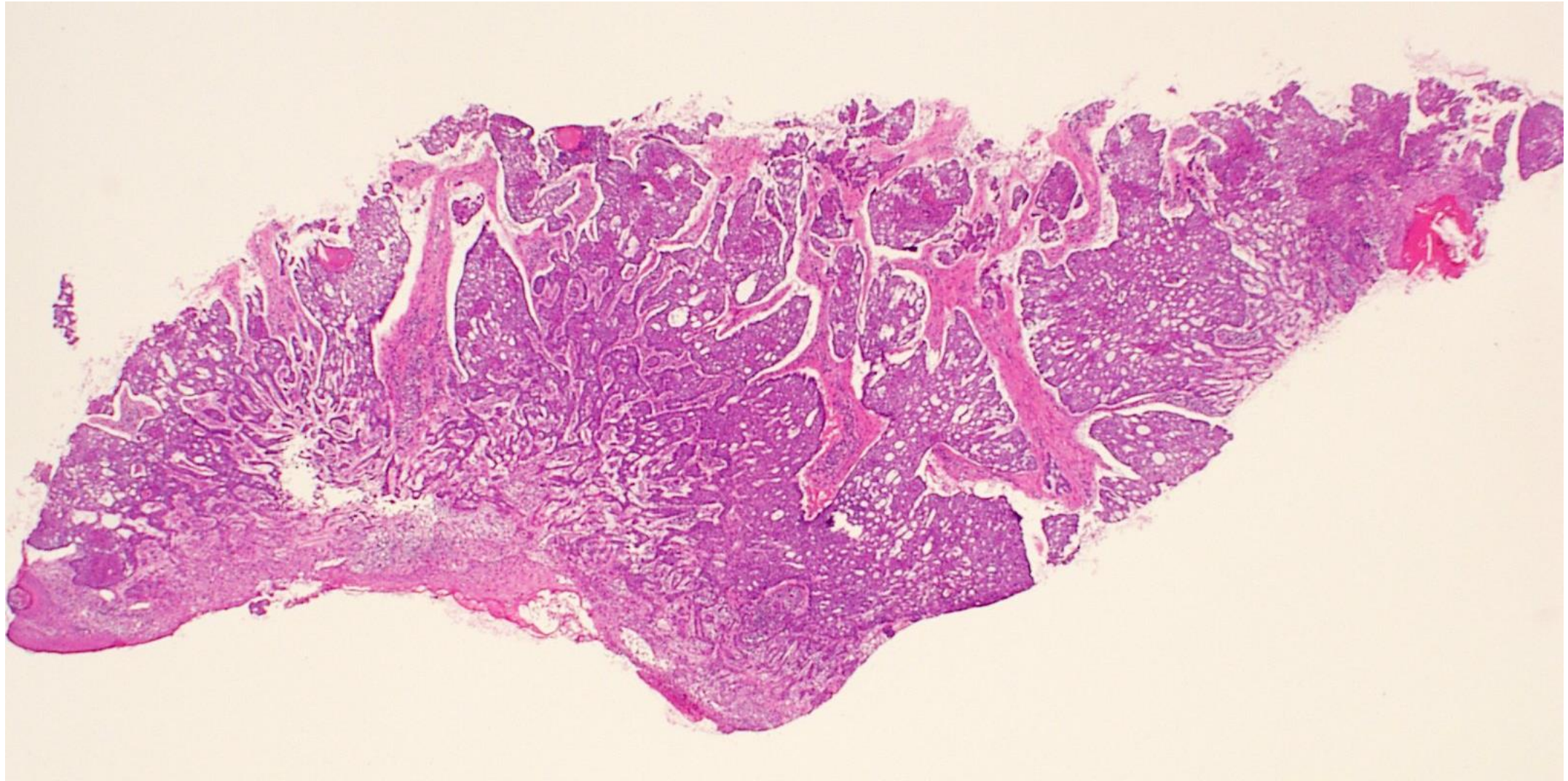


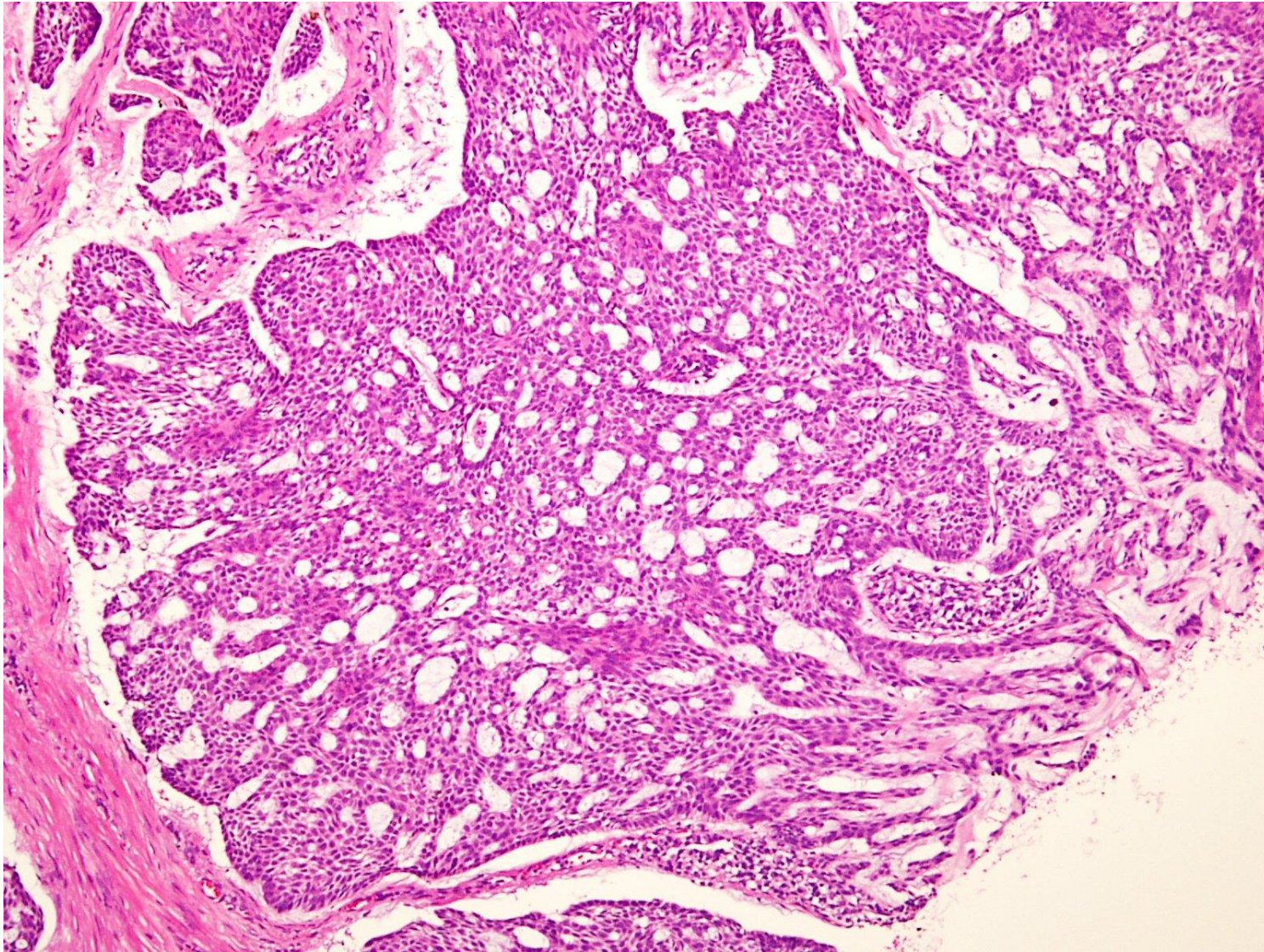
# Basal cell carcinoma, adenoid cystic type

Basal cell carcinoma (BCC) most commonly occurs on the head and neck. BCC exhibits a varied morphology such as adenoid, keratotic, sebaceous, basosquamous, apocrine, eccrine or fibroepithelial. The tumor may resemble cutaneous adenoid cystic carcinoma. Immunostaining acts as an adjunct in reaching an accurate diagnosis. Namely, bcl-2 is diffusely positive, while CK7, EMA, CEA and S-100 protein are negative.

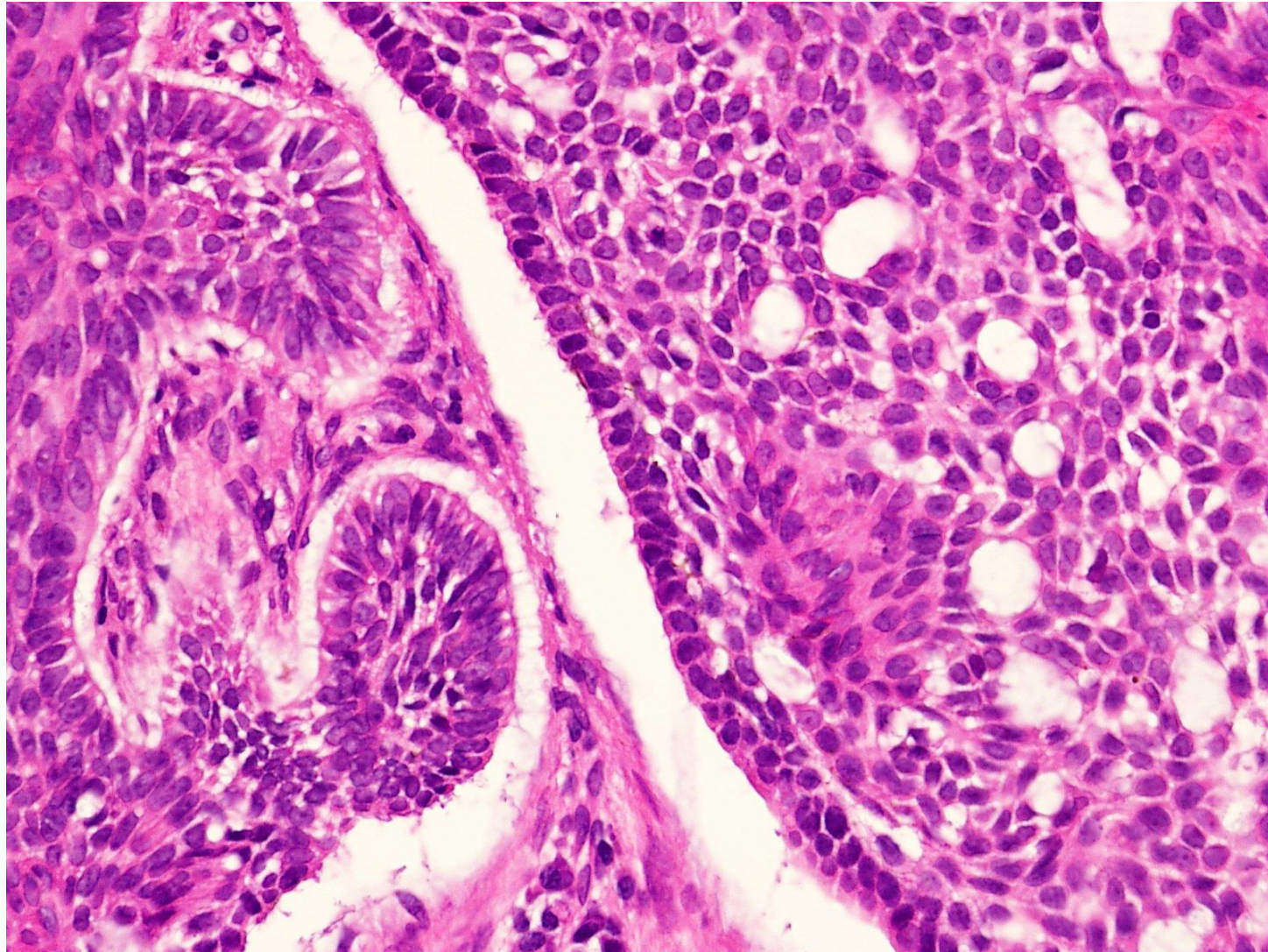
Ref.: Jetley S, et al. Adenoid basal cell carcinoma and its mimics. Indian J Dermatol 2013; 58(3): 244. doi: 10.4103/0019-5154.110874



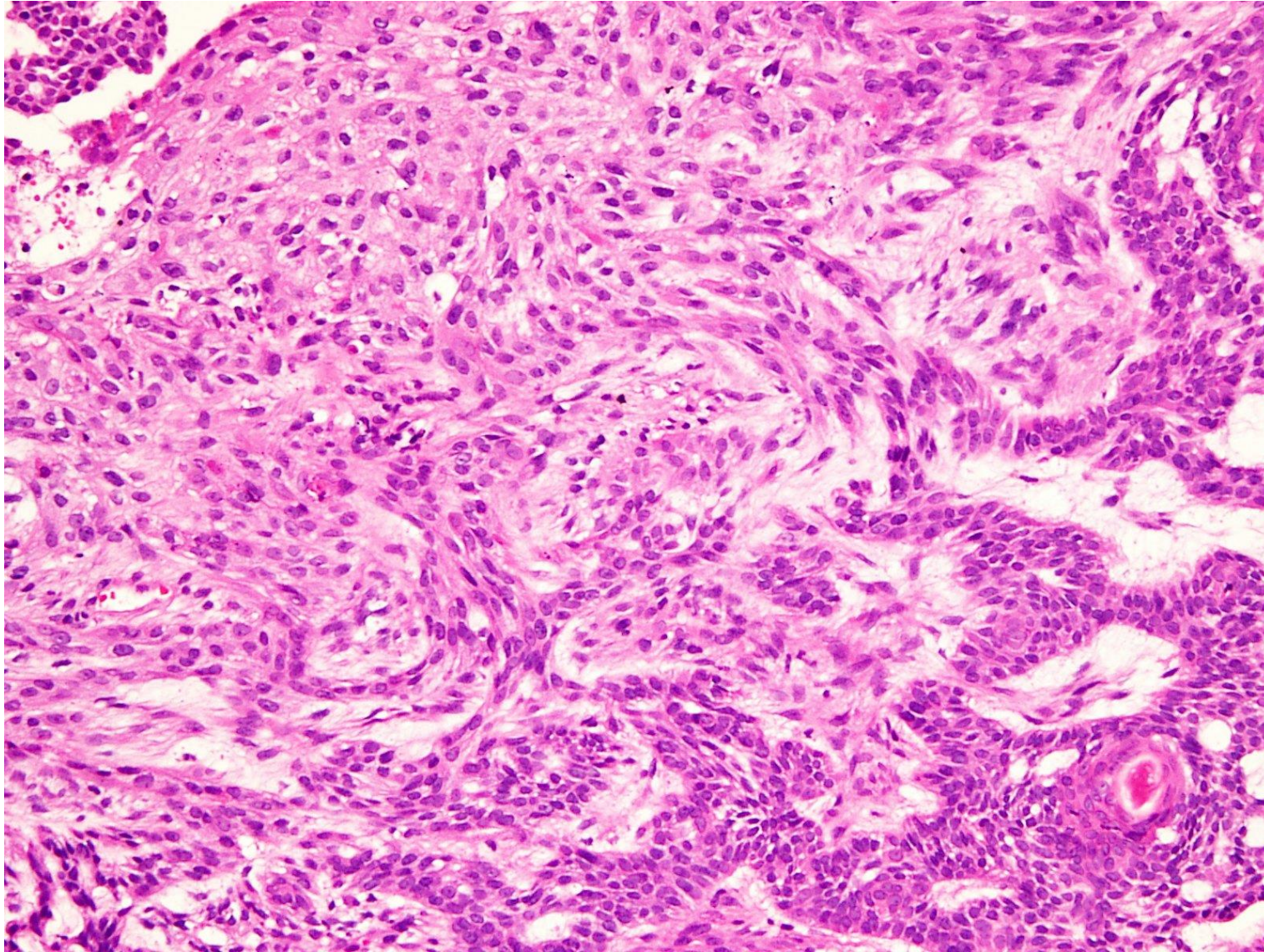
Basal cell carcinoma, adenoid cystic type, seen on the nose of a 79 y-o male patient. The whole biopsy specimen is demonstrated (loupe view). Invasive monomorphous tumor cells uniformly show an adenoid or adenoid cystic pattern of growth (H&E-1).



Basal cell carcinoma, adenoid cystic type, seen on the nose of a 79 y-o male patient. Invasive monomorphous tumor cells uniformly show a fused adenoid or adenoid cystic pattern of growth (H&E-2).



Basal cell carcinoma, adenoid cystic type, seen on the nose of a 79 y-o male patient. Invasive monomorphous tumor cells uniformly show a fused adenoid or adenoid cystic pattern of growth. Peripheral palisading is discerned (H&E-3).



Basal cell carcinoma, adenoid cystic type, seen on the nose of a 79 y-o male patient. Invasive monomorphous tumor cells show a trabecular growth pattern in association with fibrous stroma. Adenoid growth is focally noted (H&E-4).