Nasal Dorsum Non-Healing Wound: A Case of Basal Cell Carcinoma

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Context

Basal cell carcinoma (BCC) is the most common skin cancer, typically arising in sun-exposed areas. It rarely metastasizes but may cause substantial tissue destruction through local invasion. Family physicians play a key role in recognizing non-healing skin lesions early and referring patients in a timely manner instead of prolonging unnecessary topical treatments.

Methods – Case Description

E.N., a 73-year-old male, presented to family medicine with a 4–5-year history of a non-healing wound on the nasal dorsum that intermittently crusted and never fully resolved, requesting "an antibiotic cream prescription." Examination revealed a shiny nodular lesion on the nasal dorsum with a central ulcer/necrosis and prominent peripheral telangiectasias. Suspecting malignancy, the patient was referred to plastic surgery. Incisional biopsy confirmed basal cell carcinoma, followed by surgical excision and regular wound care.

Originality

This case is noteworthy in demonstrating that a long-standing lesion in a sun-exposed area, previously managed with multiple topical therapies, should not be repeatedly approached as a "simple infection" in primary care. Instead, a malignancy-oriented evaluation and timely referral can accelerate diagnosis and treatment.

Lessons Learned and Future Implications

In primary care, all chronic, crusted, ulcerated, or unexplained bleeding skin lesions should prompt consideration of BCC and other skin cancers in the differential diagnosis. Family medicine training curricula should include practical education, algorithms, and encouragement of dermoscopy use for recognizing suspicious skin lesions.

Discussion

BCC is more common in older adults, individuals with chronic sun exposure and fair skin, and often presents on the face, particularly the nasal dorsum, as nodular, pearly, telangiectatic lesions. In this case, the 4–5-year non-healing course and resistance to repeated topical antibiotics were warning signs of an unfavorable healing pattern.

Conclusion

Family physicians should keep BCC in mind in long-standing, treatment-resistant nasal lesions and remember that timely referral to an appropriate specialty can prevent severe cosmetic and functional tissue loss.