Basal cell carcinoma is the most common skin malignancy in the United States, and its incidence continues to rise.¹ Risk factors include environmental exposure and genetic predisposition. Prevention of morbidity and mortality focuses on early screening, diagnosis and treatment.²

Acute myeloid leukemia (AML) is the most common leukemia in adults. It is a group of defined hematopoietic neoplasms characterized by proliferation of precursor myeloid cells with reduced potential to mature. Patients with AML usually present with vague, generalizable symptoms secondary to their pancytopenia.³

Case
A 68-year-old Caucasian male, who was self-employed as a farmer and had not seen a primary care physician in more than 40 years, presented to the emergency department reporting severe pain and an ulcer located on his left ear that had persisted for several months. He said the symptoms started following a spider bite more than a year earlier. Initially, he noticed a silver-appearing lesion in his antihelix that had progressed over months, becoming more painful and eventually necrotic in the center. He attempted to tamponade the then nickel-sized bleeding lesion with tissue (Figure 1) and indicated the pain had become excruciating in the past few weeks. He also reported a similar lesion on his upper back, noting the mass had become growing for four to five years (Figure 2). He believed he had been bitten by a spider there as well. The mass on his upper back measured 3x3 cm. He described it as “not terribly bothersome” compared with the one on his left ear, which was causing him substantial pain. The patient also reported increasing fatigue over several months, which had notably worsened in the last few weeks. He was admitted to our hospital service for work up.

Initial labs revealed significant pancytopenia with a hemoglobin of 3.4, white blood cell count of 1.0 and platelet count of 16,000. Further peripheral blood smears and bone marrow biopsy were performed revealing AML. The AML was difficult to classify with cytology. The patient underwent biopsies of both the border of the necrotic area of his left antihelix and the mass on his upper back. Both were revealed to be basal cell carcinoma, nodular type. The patient’s AML was given priority for treatment over the basal cell carcinoma. He underwent multiple platelet and red blood cell transfusions. The decision was made for a trial of chemotherapy. After one month, the patient entered hospice because of his inability to tolerate chemotherapy. He died approximately three months after initial presentation.

Discussion
This case highlights two issues: The first is the importance of having an established relationship with a primary care physician or other clinician. This patient had not been seen by a physician for many years. Citing that he was raised only to seek medical care when it was “really needed,” he was not aware of the need for routine visits and preventive screenings. Had our patient had an established relationship with a primary care provider, he may have felt comfortable making an appointment to discuss his ongoing and evolving symptoms.

The second is the need for skin screening whenever patients are in their physician’s office using USPSTF screening guidelines. Basal cell carcinoma is 100% curable when it has not metastasized and 95% curable when it has.⁴ Physicians should be especially diligent with those patients who have risk factors for skin (continued on page 56)