Introduction

Basal cell carcinoma is the most common type of skin cancer, 85% are located in the head and neck area, of which 30% occurs on the nose. Basal cell carcinoma arises in basal keratinocytes in the deep layer of the epidermis. This carcinoma grows by direct extension, it does not. Blood vessels or lymphatics metastasize.

Common risk factors of BCC:
- chronic sun exposure: UVA and UVB radiations, 85% occur on the face and neck;
- repeated sunburns;
- ionizing radiation for acne;
- HIV diseases;
- rare genetic diseases-xeroderma pigmentosa;
Sunlight with ultraviolet light may cause premature skin aging or skin cancer.

Diagnosis of basal cell carcinoma is done of histopathological exam. The preferred type of biopsy depends on the extent of the skin cancer
- biopsy suspicious looking lesion;
- excise the complete tumor;

Treatment
There are many treatment options which depend on the location and size of the defect, finally the outcome to be aesthetically and functionally satisfying for the patient:

Case report
The patient is 78 years without significant pathological personal and family history referred ENT For a year and a half, the patient has a lesion in the nose, which gradually extends patients lesion extending neglect ENT – In service is harvested biopsy, the diagnosis of basal cell carcinoma which sets

Conclusions

Basal cell carcinoma is the most common type of skin cancer in malignant tumoral pathology of the nose; - It spreads locally and does not metastasize; - It grows very slowly but in condition with incorrect treatment, after a period can expand rapidly to the Figure 1 The most frequent location for BCC was the nasal ala; - In this study the majority of the tumours were new presentations; - Treatment options depend from the tumour location and extension. The therapeutic success or failure: to have or not a safety margin when excise the tumour. - Of choice in nasal BCC is the radical surgical excision. Facial plastic and reconstructive surgery correct with good results the loss of facial function and aesthetic integrity after radical surgical excision. The good aesthetic and functional outcome offer an acceptable quality of patients life for several years.

References