

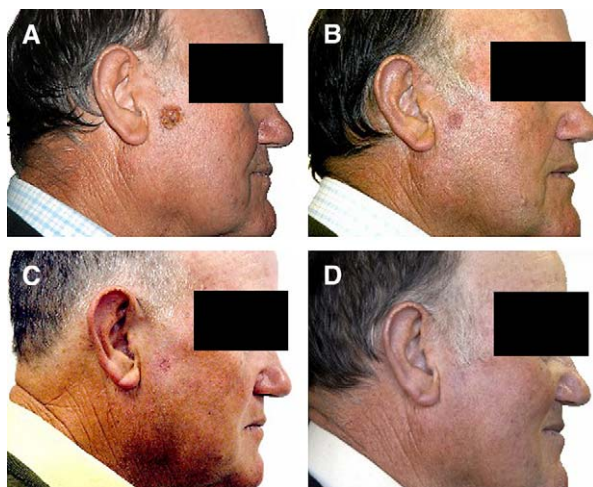
## CASE LETTERS

**Treatment of basal cell carcinoma with dobesilate**

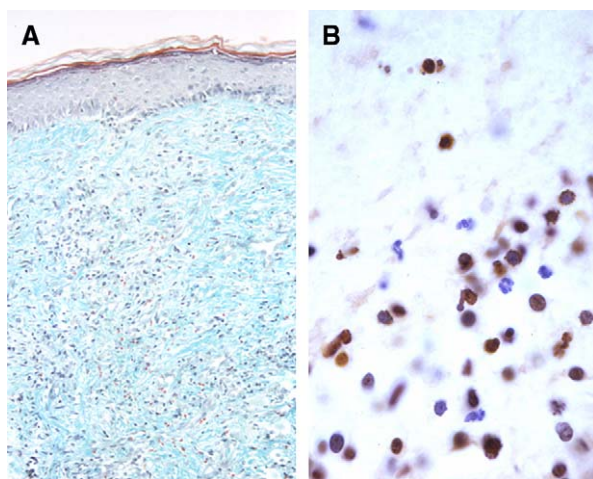
*To the Editor:* Upregulated expression of acidic and basic fibroblast growth factors (aFGF; bFGF) by cancer cells controls tumorigenesis by promoting cell proliferation and angiogenesis and by inhibition of apoptosis.<sup>1</sup> Since the apoptotic index in basal cell carcinoma (BCC) is less than 0.6%,<sup>2</sup> the agents promoting apoptosis may be considered useful candidates for nonsurgical treatment of these tumors. Because epidermal skin cancers overexpress FGF,<sup>3</sup> blocking FGF signaling may be a therapeutic strategy for BCC treatment. Calcium dobesilate (calcium dihydroxy-2,5 benzenesulfonate; Doxium; OM Laboratories Ltd, Meyrin-Geneva, Switzerland) has been used widely for treating vascular disease, especially diabetic retinopathy and chronic venous insufficiency.<sup>4</sup> Based on our previous demonstration that dobesilate inhibits cell proliferation and promotes apoptosis in glioma cell cultures by acting as an FGF inhibitor,<sup>5</sup> we assessed the effect of topical dobesilate treatment on one case of BCC.

**CASE REPORT**

A nodular BCC on the face of a 62-year-old man (Fig 1, A) was treated with calcium dobesilate (2.5% in a suspension formulation, applied twice daily by the patient) for 4 weeks. A progressive decrease in tumor size was observed (Fig 1, B). After 4 weeks (Fig 1, C) there was nearly complete clinical resolution of the disease, and a biopsy was performed. Biopsy punch specimen sections were stained with Masson's trichrome or for TUNEL method, and examined for residual BCC and apoptotic nuclei. Histopathologic study revealed slight dermal fibrosis with scattered neoplastic cells between fibroblasts (Fig 2). Mitotic images were not observed. No angiogenic vessels were detected in the superficial dermis. Microscopic cell counting in TUNEL-stained sections showed an apoptosis index of 37%, suggesting that dobesilate killed cancer cells mainly by apoptosis. No irritation nor adverse events were observed. Fig 1, D shows the patient 6 weeks after finishing dobesilate therapy. Five months after treatment the patient still has no evidence of tumor recurrence, indicating that dobesilate may have suppressed the function of FGF by blocking signal pathways in BCC cells.



**Fig 1.** Patient with BCC at presentation (A) and at 2 (B) and 4 (C) weeks of treatment with dobesilate. D, Patient at 6 weeks posttreatment.



**Fig 2.** Histopathology after 4 weeks of treatment. A, No evidence of BCC. B, Same specimen as A, with many TUNEL-positive cells showing brown nuclei. (A, Masson's trichrome staining; original magnifications: A,  $\times 22$ ; B,  $\times 65$ .)

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#### Retroperitoneal non-Hodgkin's lymphoma presenting as periumbilical erythema

*To the Editor:* Retroperitoneal masses produce few, if any, symptoms or signs until they are large enough to induce compressive, infiltrative, or systemic effects, and therefore many patients present late.

#### CASE REPORT

A 44-year-old white female with a 2-week history of vomiting, constant central abdominal pain, low grade fever, and periumbilical redness presented to our emergency department. She was obese, with a body mass index of 56. The main positive clinical finding was a tender, large circum-umbilical area of redness (Fig 1). Apart from a raised C-reactive protein, blood count and biochemical indices were normal. The redness did not resolve with broad-spectrum antibiotics. Uncontrasted total body computed tomography scans demonstrated pleural effusions, oval pericardial nodules, enlarged para-aortic nodes, and a retroperitoneal mass left of the midline and adjacent to the kidney and pancreas (Figs 2 and 3). Pleural fluid cytology showed lymphoid cells expressing leucocyte common antigen and B-cell markers (CD20, CD79A) consistent with a large B-cell lymphoma. Bone marrow trephine biopsy confirmed infiltration with lymphoid cells positive for the above markers as well as for CD10. Computed tomography-guided Trucut biopsy of the retroperitoneal mass confirmed a high grade B-cell non-Hodgkin's lymphoma. She succumbed to the disease soon after commencing chemotherapy.

Periumbilical erythema has been described in association with diverse retroperitoneal hemorrhages, including pancreatitis (Cullen's sign),<sup>1</sup> retroperitoneal necrotizing fasciitis,<sup>2</sup> and omphalitis.<sup>3</sup>



Fig 1. Large periumbilical erythema.



Fig 2. Computed tomography scan of the abdominal cavity showing a retroperitoneal soft tissue mass obscuring the space between the left kidney, stomach, spleen, and pancreas.



Fig 3. Computed tomography image demonstrating the involvement of the pancreas and other retroperitoneal structures.