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Supplementary information to:

Case report:

BELL'S PALSY OR AN AGGRESSIVE INFILTRATING BASALOID CARCINOMA POST-mRNA VACCINATION FOR COVID-19? A CASE REPORT AND REVIEW OF THE LITERATURE

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EPISODE NUMBER: [redacted]

CLINICAL:
A 56 year old male smoker with a suspected right parotid malignancy - 5 month history, severe pain, fixed.
CNV II palsy and Trigeminal neuralgia.
Area of ulceration noted pretragal.
Mass biopsied.

MACROSCOPIC:
The specimen container is topographically unlabelled, but is marked with the patient's details. The specimen consists of multiple small tissue fragments, the largest measuring 3 x 1 x 1mm.
dl/cp

MICROSCOPIC:
Sections show cores of skin tissue fragments exhibiting extensive solar elastosis with associated inflamed granulation tissue. Infiltrating islands composed of basaloid cells with peripheral palisading and stromal clefting are present, but no connection to the overlying epidermis is demonstrated. There is no evidence of parotid parenchyma.

IMMUNOHISTOCHEMICAL STAINS:
p63: positive
CK5: positive
EMA: negative
BER-EP4: positive

COMMENT:
The histomorphologic and immunophenotypic features are most consistent with part of a basal cell carcinoma.

Skin origin from the pretragal ulcerated lesion should be further investigated.

DIAGNOSIS:
Right parotid lesion, biopsy:
- c/w Basal cell carcinoma - please see comment.

Supplementary Figure 1: Immuno-histopathology evaluation of patient biopsy revealed extensive infiltrations of basaloid type cells that formed an invasive basal cell carcinoma

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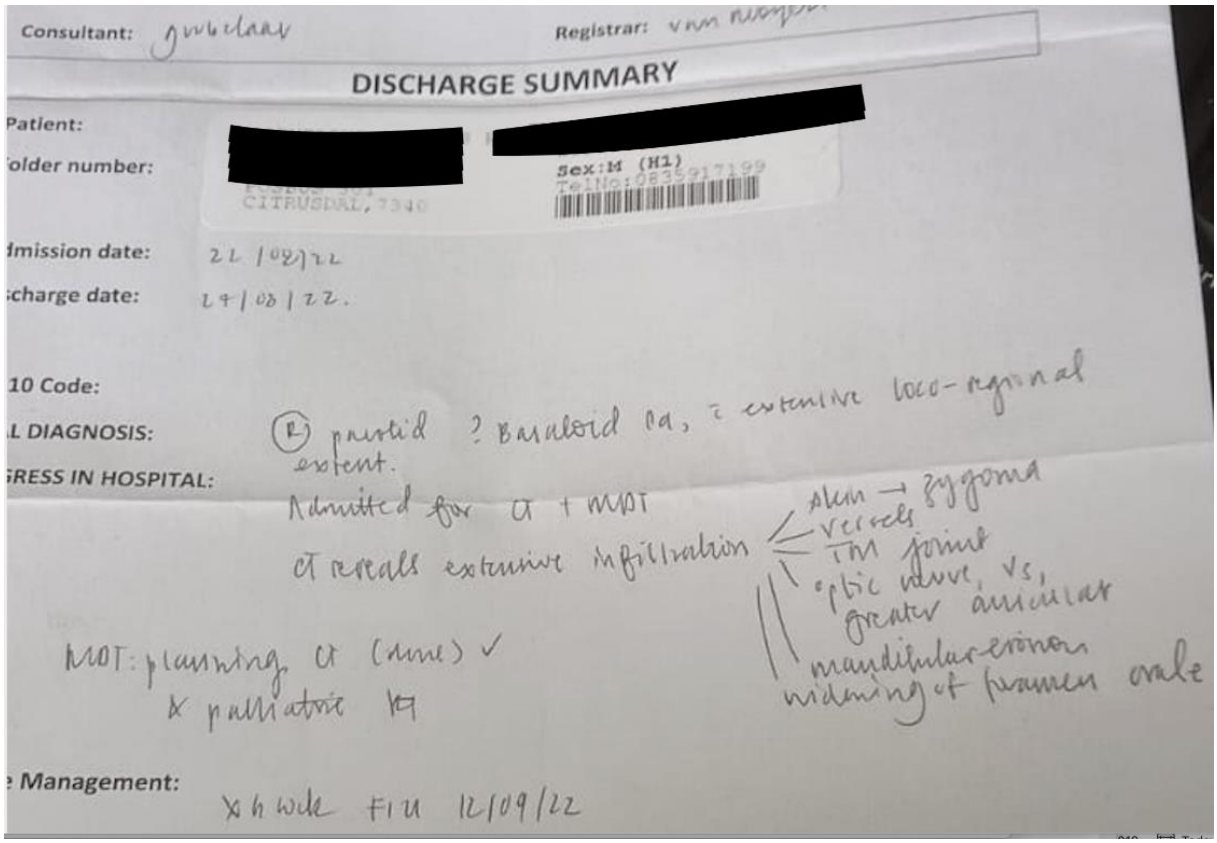

Supplementary Figure 2: The hospital discharge summary of patient described extensive infiltrations of basaloid type cancer cells inside the zygomatic, temporomandibular joint, optic nerve, fifth cranial nerve and greater auricular nerve. This indicated perineural invasion or spread of cancer to neural tissue. Widening of foramen ovale and mandibular lesions is also described.