



BASAL CELL CARCINOMA

Basal cell carcinoma (BCC) is the most common type of skin cancer in man. It is a malignancy that develops from cells in the basal layer of the epidermis. The incidence of BCC has risen rapidly in recent years due to the influence of excessive sun exposure in a generation that is now approaching its golden age. An estimated 1 million new cases are diagnosed in the U.S. annually.

Many different variants of BCC are seen in the daily practice of a dermatologist, but the most common presentation is of a smooth, pink, dome-shaped bump on the nose or other sun-exposed part of the body. Often, it is described as a scab that repeatedly heals over, breaks down, and just will not go away. Other, less common, presentations are of a long-standing scaly patch, ulcer, or scar. A diagnosis of BCC is established with a simple skin biopsy performed under local anesthesia in the office.

BCCs grow slowly and have a very low risk of metastasis, which is good; nevertheless, they are a malignancy. They will never cease to grow on their own, so they must be treated at the earliest possible stage. This will ensure the best prognosis and the finest cosmetic outcome, as well.

Surgical excision remains the standard treatment. Mohs surgery, a special technique performed by dermatologists, should be employed in difficult locations, for large tumors, and when there is increased risk of recurrence or metastasis. For early or superficial lesions, or in special circumstances, other approaches such as radiation therapy, curettage and electrodesiccation (C&E), cryosurgery, laser therapy, photodynamic therapy, or topical treatment with imiquimod or 5-fluorouracil can be employed.

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