

Basal Cell Carcinoma

Basal Cell Carcinoma (BCC) is the most common form of skin cancer. Basal cells line the very bottom of the outermost skin layer (the epidermis). BCC is diagnosed by a simple skin biopsy (removing a small piece of skin) and is treated easily when detected **early**. Occasionally, BCCs can be more aggressive and difficult to treat. Although they can cause scarring and sometimes disfigurement, BCCs are not life threatening.

Types of BCCs:

There are several types of BCC, ranging in shapes, sizes and color. They can resemble a pimple, a mole, a scar or eczema.

Warning signs:

BCCs may or may not have symptoms of itching, pain, crusting, or bleeding. If you are at high risk and are worried about a spot, it is best to have it checked. The following types of lesions would be considered suspicious for BCC:

- **Any open sore that does not heal** within a reasonable time (2 months or so).
- **Any reddish patch or irritation** that does not go away. It may itch, hurt, crust, or have no symptoms.
- **Any area that looks like a scar** (without history of burning yourself, etc)
- **Any pink growth or shiny bump** that is new, especially if it grows or develops blood vessels.

Sun exposure:

Most skin cancers, including BCC, are caused by the sun or other ultraviolet radiation, usually from accumulated sun damage after many years of exposure. People with a history of frequent or intense sun exposure (especially blistering sunburns) are at higher risk. Even if you have not been in the sun for several years, your skin cancer is most likely to have occurred from sun damage acquired in the past. The sun exposed areas of the body are frequent sites of BCC. The only gender difference is that men, because of hair styles, tend to get more BCCs on the scalp, and women, because of the low-cut shirts, on the chest. People with outdoor occupations are at higher risk, as are those with fair skin, light-colored eyes and hair.

Treatment:

Depending on the type and extent of the BCC,

- **Cryosurgery** — liquid nitrogen freezing.
- **ED&C** — scraping out the lesion with a sharp curette.
- **Excision** — cutting out the lesion including approximately a 1/8th inch margin.
- **MOHS Surgery** — cutting out “just enough” because the pathology is read at the time of the surgery to make sure the lesion is entirely gone. We refer out for this to a specialist.
- **Chemotherapy** — applied topically or injected into the lesion.

Follow-up:

Once you have been diagnosed with a skin cancer, you are at greater risk for developing a new skin cancer of either the same type or a different type. Regular skin exams (at least yearly if not more often) are important to check for new growths, as well as to monitor the skin cancer sites for re-growth.

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