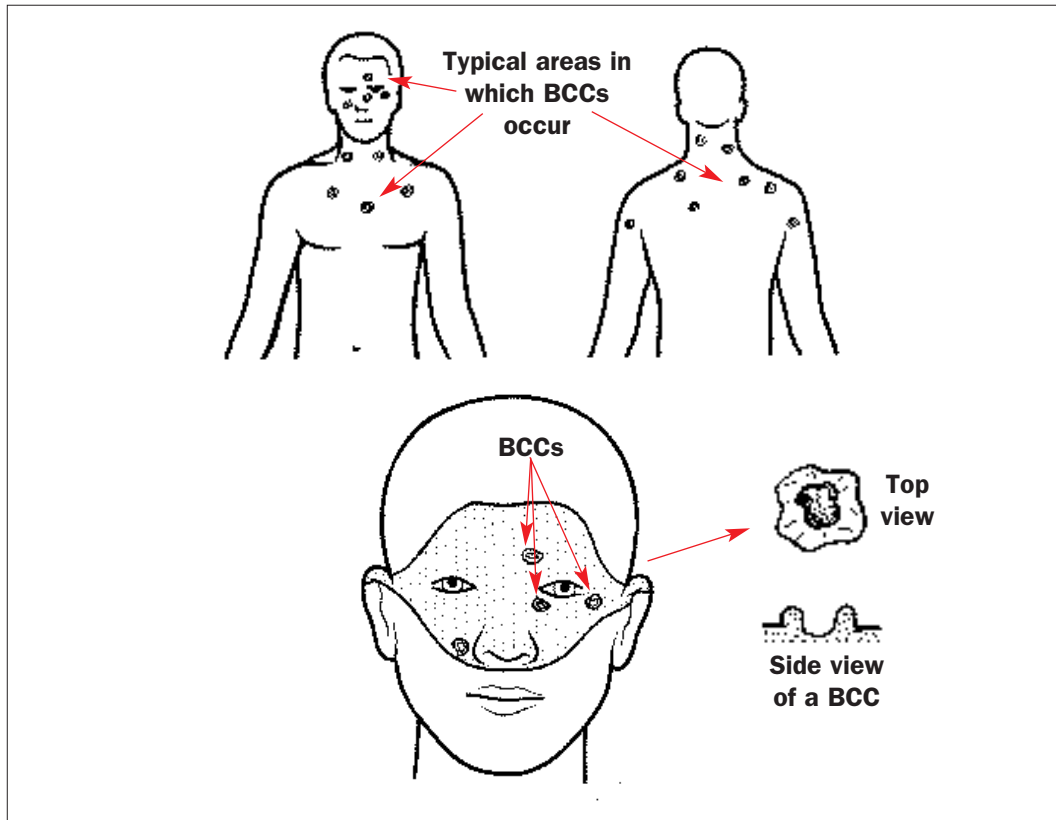


Basal cell carcinoma



What is basal cell carcinoma (BCC)?

BCC is the most common type of skin cancer. It develops in cells in the basal or lower layer of the surface of the skin. Changes in these cells result in a malignant tumour which then becomes ulcerated. The ulcer usually grows very slowly over several years, destroying the tissue as it spreads.

It was called a rodent ulcer by our forebears because it looked as though rodents were eating away the skin.

However, it is rare to see large ulcers these days and fortunately, unlike other growths, it rarely spreads (metastasises) to other parts of the body.

What is the cause of BCCs?

The cell changes are usually caused by damage as a result of long-term unprotected exposure to strong sunlight.

The risk increases with:

- Age over 50 years.
- Exposure to excessive sunlight, especially sufficient to cause sunburn in children.
- Fair complexion.
- Lack of sun protection.

Who gets BCCs?

They can affect anyone of both sexes but are more common in middle-aged and elderly people with light skin. BCCs are also common in people in their 30s and 40s. They are rare in people with dark skin because the extra melanin (dark pigment) in the surface

skin cells protects the underlying basal cells from sunlight.

Where do BCCs usually occur?

BCCs can occur on any part of the body but the most common site is on the face, especially next to the eyes or nose. It is useful to think of it developing in an area covered by an eye mask.

Another common area is the neck, and the upper back and chest are becoming more common sites for BCCs these days.

What are the symptoms and signs?

A small flesh-coloured skin lump that does not heal within a few weeks or months is the first sign. It is usually symptomless, that is, it does not hurt, itch or burn and is not tender. It enlarges slowly.

It may have the following features:

- A “pearly”, shiny-looking lump.
- Slow growing.
- Ulcerated — about 5mm in the centre.
- Edges rounded or rolled.
- Small blood vessels on edges.
- Scars or crusts that come and go but the ulcer does not heal.
- The ulcer may bleed.

What are the risks?

As a rule, BCCs pose few risks because they grow so slowly (over years) and do not usually spread to distant areas. They only cause problems if grossly neglected.

A large untreated ulcer can grow and ulcerate and destroy part of a nearby structure such as an eye or nose. Death from BCC is extremely rare.

What is the treatment?

Diagnosis of BCC is usually made after visual examination. It then should be removed. There are several ways to do this.

It may be excised, frozen by cryosurgery such as liquid nitrogen, destroyed by radiotherapy or laser therapy, or curetted with a sharp, spoon-like instrument. All of these methods have a high success rate and leave only a slight scar.

When cut out, the tumour is examined under the microscope to make sure of the diagnosis and to ensure all of it has been removed.

Follow-up after removal

It is advisable to have regular check-ups because sometimes ulcers can recur in other areas of skin or in the old area from remaining basal cells. This usually occurs within two years or so. Many people have several BCCs removed in their lifetime. Patients can learn to perform a skin self-examination.

It is important to adopt preventive measures such as wearing a broad-brimmed hat and sunglasses while in the sun, avoiding direct sunlight and using a factor 15+ or greater sunscreen on exposed skin.

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