Basal Cell Carcinoma (Skin Cancer)

Basal cell carcinoma (BCC) is the most common form of all skin cancers. Those at highest risk include people:

- With fair skin.
- Light (blonde) and red hair.
- Light-colored eyes (blue, green, or gray).
- With childhood freckling.
- With repeated sunburns.

Dark skin offers more protection. Sun exposure is the most important environmental risk factor for getting BCC. Those whose occupations require long hours outside or who spend leisure time in the sun over a long period of time (from childhood to adulthood) are in the most danger. Older people, particularly men who worked outdoors, are the most commonly affected. Childhood sun exposure appears to be more important than sun exposure as an adult. In addition, people who use tanning beds (especially young women) are at risk for developing BCC early. People with a weakened immune system (from organ transplants for example) are also at greatest risk. These cancers start in the basal cells, which are at the bottom of the outer skin layer (*epidermis*).

SIGNS AND SYMPTOMS

Five signs of basal cell carcinoma:

- **An Open Sore** that bleeds, oozes, or crusts, and remains open for three or more weeks and does not heal, may be an early sign. BCC can mimic a pimple that will not heal.
- **A Reddish Patch** or irritated area which may crust, itch, or cause discomfort, occurring on areas exposed to the sun. These patches might be easier felt than seen.
- **A Shiny Bump** or nodule, that is pearly or translucent, and is often pink, red, or white. The bump can also be tan, black, or brown, especially in dark-haired people, and can be confused with a mole.
- **A Pink Growth** with a slightly elevated, rolled border, and a crusted indentation in the center. As the growth slowly enlarges, tiny blood vessels may develop on the surface.
- **A Scar-like Area** which is white, yellow or waxy, and looking like shiny stretched skin, often with irregular borders, may be a sign of a more aggressive tumor.

CAUSES

Continual exposure to sunlight is the cause of almost all basal cell carcinomas. Because of that, they occur most frequently on the parts of the body exposed to the sun including:

- Scalp.
- Ears.
- Neck.
- Face.
- Arms.
- Back of the hands and legs.

However, BCC can occur anywhere on the body. Rarely, lumps (*tumors*) develop on non-exposed areas. Some cases are found with exposure to:

- Arsenic.
- Radiation.
- Complications of:
  - Burns.
  - Scars.
  - Vaccinations.
  - Tattoos.

DIAGNOSIS

Your caregiver may be able to tell what is wrong on examination but most of the time taking a tissue sample (*biopsy*) or surgical removal is required. The tissue will be looked at under the microscope by a specialist in looking at tissues and cells and diagnosing abnormalities in them (*pathologist*).

TREATMENT

The treatment for a BCC depends on its type, size, location, number to be treated, and the choice of your caregiver and yourself. Possibilities include:

- Mohs Microscopic Surgery (commonly known as Mohs) – a special surgical procedure done by a skin doctor (*dermatologist*) in his/her office using local anesthesia. This is the treatment of choice with a high cure rate.
- The tumor can be removed surgically and the skin stitched up.
- The tumor can be treated by freezing it using liquid nitrogen (*cryotherapy*).
- Sometimes the tumor can be removed by shaving off the top layer of skin. This usually heals well without stitches.
- Patients with large tumors may require a plastic surgical procedure to remove them.
- Radiation treatment can be used for those on the face.
- The tumor can be treated with a special chemical (a photosensitizing chemical like Metvix cream), followed with light exposure to activate the chemical and treat the tumor. This is called photodynamic therapy.
- Imiquimod cream and interferon injections (other special chemical treatments) may be used to remove superficial basal cell carcinomas with minimal scarring.

Regardless of treatment, BCC can nearly always be cured and almost never metastasize (spread to other areas of the body). It may come back at the same site (recur), but they can be treated again safely.

PREVENTION (THE THREE S'S):

- Slap on a hat.
- Slip on a shirt
- Slosh on the sunscreen.

Do not spend time out in the sun if your shadow is not longer than you are tall. Sunscreens with SPF 15 or higher and with UVA and UVB block should be applied every day, even for a brief exposure to sunlight. It is important to reapply every 2 to 3 hours when spending long periods out in the sun, and especially with swimming.

Wearing protective clothing (long sleeved shirts, wide-brimmed hats that cover the ears, long pants) is the best preventive measure.

You should have regular visits with the dermatologist for example once a year for skin checks. If you have had a BCC before, these visits should be more often.

Self-examination is also important. Look for new spots and look for changes in your existing spots including:

- Changes in color.
- Growth.
- Becoming itchy or painful.

Avoid tanning. Tanning beds are not safer than tanning in the sun and can cause just as much damage to your skin and may lead to BCC.

THE FIVE WARNING SIGNS OF BASAL CELL CARCINOMA

An Open Sore that bleeds, oozes, or crusts and remains open for three or more weeks. A persistent, non-healing sore is a very common sign of an early basal cell carcinoma.

A Reddish Patch or irritated area, frequently occurring on the chest, shoulders, arms, or legs. Sometimes the patch crusts. It may also itch or hurt. At other times, it persists with no noticeable discomfort.

A Shiny Bump or nodule, that is pearly or translucent and is often pink, red, or white. The bump can also be tan, black, or brown, especially in dark-haired people, and can be confused with a mole.

A Pink Growth with a slightly elevated rolled border and a crusted indentation in the center. As the growth slowly enlarges, tiny blood vessels may develop on the surface.

A Scar-like Area which is white, yellow or waxy, and often has poorly defined borders. The skin itself appears shiny and taut. Although a less frequent sign, it can indicate the presence of an aggressive tumor.

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