

Basal Cell Carcinoma (BCC)

BCC is the commonest skin cancer and can occur at any age, but typically are more common with age.

Where do they occur?

They tend to occur on skin that has had a lot of sun exposure. They are most commonly found in certain areas, often around the nose, ears and eyes. Whilst BCCs do not spread throughout the body they can be very difficult to treat when found in these areas.

How do I know I may have a BCC?

There many types of BCC, all of which look quite different. Of course you won't go to your dermatologist or GP concerned that you may have a BCC (unless you have had many before), but you will become concerned that you have an area of skin that is changing, possibly bleeding or scabbing, or that just looks different.

The following are the different types of BCC.

- **Nodular**- shows as a small lump which may ultimately ulcerate and bleed
- **Superficial** – a red, slightly scaly flattish patch
- **Morphoeic**- looks more like a scar, yellow-white in colour and feels firm
- **Pigmented**- frequently quite dark in colour mimicking a melanoma
- **Mixed** – showing mixed features

What are the treatment options?

BCCs are slowly growing compared to Squamous Cell Carcinomas (SCC) and Melanoma. If left untreated, they will gradually enlarge to involve quite large areas.

Diagnosis of larger BCCs may be relatively simple to the clinician, but early BCCs may be quite subtle and require biopsy and subsequent microscopic diagnosis by pathologist. Biopsy is frequently necessary, even in larger lesions, to accurately classify the type of BCC, so that the correct treatment is chosen.

Treatment depends on many factors, including the type of BCC and anatomic site.

Treatment options include:

- Surgical excision including Mohs Surgery
- Curettage and cautery
- Radiotherapy
- Photodynamic Therapy (PDT)
- Aldara
- Cryotherapy

Remember not all BCCs are the same and will require the correct treatment in order to be cured. BCCs are notoriously prone to recur, and the most common reason for this is inadequate or inappropriate treatment in the first instance. BCCs which occur in the difficult anatomic sites are generally best treated surgically, ideally with Mohs Surgery.

Further reading:

SCC

Melanoma

Mohs Surgery

Curettage and Cautery

Radiotherapy

Photodynamic Therapy (PDT)

Aldara

Cryotherapy