



# BASAL CELL CARCINOMA

<http://www.aocd.org>

In the United States skin cancer is the most common malignant tumor. Basal Cell Cancer will affect one in five Americans. It is most often found on the face, neck, hands, or other parts of the body that have been exposed to the sun. The good news is detection is relatively simple and if found early, treatment is simple and usually successful.

Basal cell carcinoma is also called basal cell epithelioma and basal cell cancer. This type of cancer can have many different appearances: a red patch or irritated area; a smooth, shiny and waxy looking bump; a white or yellow scar-like area; a smooth reddish growth; or an open sore that won't heal, bleeds or oozes. Not all growths on your skin are cancer. A dermatologist often has to take a **biopsy** to confidently diagnose skin cancer. Pigmented basal cell carcinoma has brown or black pigmentation and may simulate melanoma.

The usual cause of Basal cell cancer is chronic sun overexposure and sunburns. The ultraviolet light in sunlight is a form of radiation, and this damages your skin leading to skin cancer. Much of the sun exposure is from ones youth and leads to cancers that result show up years later. Basal cell carcinoma is usually a problem for people with fair skin and a poor ability to tan. Other determining factors include your family's history of skin cancer problems and an impaired immune system.

Why is there so much skin cancer today? Part of the answer is that we are outdoors more, wearing less clothing than our forefathers did. But there is more ultraviolet light coming down to earth also. This is due to the hole that has formed in the ozone layer. To what degree this is causing skin cancer is still a matter of debate. Estimates show that a 5% decrease in ozone could lead to a 10% increase in basal cell cancer.

We have learned a lot about how skin cancer forms. The skin has several layers and kinds of cells. The outermost part of the skin is called the epidermis. It is where most skin cancers start. Here you find three kinds of cells: flat, scaly cells on the surface called squamous cells; round cells called basal cells; and cells called melanocytes, which give your skin its color. These three cell types each can develop a distinctive type of cancer. The type of cancer is named after the cell- **Squamous cell carcinoma**, Basal Cell Carcinoma or **Melanoma**. Basal cell carcinoma is less serious than the other two types of skin cancer. While it rarely metastasizes it will cause extensive local damage if not treated.

The factors that influence the choice of treatment are the size, shape, location and type of basal cell cancer, and the particular expertise of the dermatologist. Other factors to consider are the availability of special facilities, the age and health of the patient and whether cancer is a recurrence of a previously treated site.

Small basal cell cancers, less than one half an inch, can be treated by many methods. Most commonly used is **curettage and electrodesiccation** (scraping away the tumor tissue and then destroying a thin surrounding layer with heat). Other commonly used treatments are surgical excision and **cryosurgery** (liquid nitrogen freezing using a temperature probe sometimes to ensure temperature of -50°C). Superficial basal cell carcinomas can be treated with topical chemotherapy.

Large or recurrent basal cell cancers are treated best with Mohs' surgery (a specialized type of microscopically controlled surgery). Radiation treatments and excision with skin grafting or surgical reconstruction can also be used. For Basal cells cancers that are in between, many methods can be used if properly selected. Overall, Moh's micrographic surgery offers the best cure rates with lowest recurrence rates.

People with a basal cell carcinoma have almost a 30% chance of developing another skin cancer in the next 5 years. Regular exams by a dermatologist, and a monthly scan of ones own skin for new and changing growths should be done. Of course, all

**This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.**

*The medical information provided in this article is for educational purposes only and is the property of the American Osteopathic College of Dermatology. It is not intended nor implied to be a substitute for professional medical advice and shall not create a physician - patient relationship. If you have a specific question or concern about a skin lesion or disease, please consult a dermatologist. Any use, re-creation, dissemination, forwarding or copying of this information is strictly prohibited unless expressed written permission is given by the American Osteopathic College of Dermatology. For detailed information including links to related topics on this and many other skin conditions with photos, visit: <https://www.aocd.org/page/DiseaseDatabaseHome>*



# BASAL CELL CARCINOMA

<http://www.aocd.org>

skin cancer patients should limit or avoid sun exposure, wear hats and other protective clothing, and use sunscreens with a sun protection factor of at least 15.

**This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.**

*The medical information provided in this article is for educational purposes only and is the property of the American Osteopathic College of Dermatology. It is not intended nor implied to be a substitute for professional medical advice and shall not create a physician - patient relationship. If you have a specific question or concern about a skin lesion or disease, please consult a dermatologist. Any use, re-creation, dissemination, forwarding or copying of this information is strictly prohibited unless expressed written permission is given by the American Osteopathic College of Dermatology. For detailed information including links to related topics on this and many other skin conditions with photos, visit: <https://www.aocd.org/page/DiseaseDatabaseHome>*