

What is a basal cell carcinoma (or rodent ulcer)?

This is the most common type of skin cancer and is usually found in people over the age of 50, but increasingly they are being seen in younger people. The most likely sites for developing a BCC are areas of exposed skin including the face, ears, head or neck. Initially, they develop as a small skin-coloured lump that grows slowly in the surface layers of the skin. If left untreated, this may develop a raised rolled edge with a non-healing ulcer in the centre. Small red blood vessels are often present in this edge and the lesion may appear shiny or pearly like a small cyst.

What causes a basal cell carcinoma?

Patients with fair skin types are most likely to develop a BCC and the risk is significantly increased by exposure to sunlight. This exposure may have occurred many years before the development of a BCC. They are commonly seen in patients that have had an outdoor job, lived overseas, or those that enjoy gardening and outdoor sport such as golf or cricket. Rarely, they are linked to arsenic exposure, burns or scars.

Why do they need to be treated?

Without treatment, basal cell carcinoma's will continue to grow in the skin and will cause disfigurement of surrounding tissues. They only rarely spread to other organs of the body and are not generally considered to be life-threatening. Nevertheless, early treatment is advised to avoid further problems.

What treatment is usually advised?

Treatment will depend on a number of factors including the size of the basal cell carcinoma, the clinical type, location on the body, and your personal preference. The doctor will recommend suitable options:

Skin Surgery:

Skin surgery is the recommended option for most nodular BCC's or larger BCC's. This is normally carried out under local anaesthetic. You will be asked to consent to a small operation to remove the skin lesion with stitches. A small margin (4mm) of normal skin is removed around the main lesion and this is sent to a pathologist. He/She will then check the diagnosis and assess whether removal has been complete. A report is usually issued within two weeks of treatment. You should receive a letter confirming that the removal has been successful within 3 weeks. Other methods of treatment comprise of cryotherapy, curettage and cautery, and carbon dioxide laser treatment. Side-effects of surgical treatment include pain due to the local anaesthetic, post-operative swelling, bleeding, infection, discomfort and a scar. The cure rate is typically 97% or higher.

Photodynamic Therapy:

Early BCC's can be treated with a special cream that is activated by light or a laser (3-hours following application). Two sessions of treatment are required 1-2 weeks apart. This produces excellent cosmetic results but is only suitable for smaller superficial skin cancers. The cure rate is typically 87-95%.

Topical Skin Creams (Aldara®/Efudix®):

Superficial early or multiple BCC's can be treated with topical creams that activate the immune system within the skin to destroy skin cancer cells. They cause intense inflammation lasting several weeks. The cure rate is 85% or higher.

Radiotherapy:

Radiotherapy involves shining high intensity X-rays at skin lesions to destroy them. Before this, a skin sample will be taken to confirm the diagnosis. A plan of treatment will then be discussed with you. Courses of radiation treatment are usually prescribed for 5 to 10 days. Side-effects include redness of the skin, soreness and a permanent white scar. The cure rate with this treatment is between 90-96%.

Will further treatment be required on a longer-term basis?

Patients treated with skin surgery are generally discharged from hospital once a report has been issued suggesting complete removal of the BCC. Follow up may be required if treated by alternative methods.

Will I develop more skin cancers?

Once you have had one skin cancer, you are at risk of developing further new lesions. It is therefore important that you examine your skin regularly and see your GP, if you have any suspected new lesions. They can refer you urgently through the skin lesion clinic if they suspect a further BCC.

How can I help myself?

The best method of prevention of any type of skin cancer is to avoid excessive sun exposure. Stay out of the sun at peak times (11am-3pm) and if you do need to go out, keep covered up with a wide brimmed hat, long-sleeved shirt or blouse and long trousers. Wear a high protection factor sunscreen on exposed skin (SpF>25). Consider using a daily moisturiser containing a sun-block (SpF>15) as a part of your daily routine.