



Basal Cell Carcinoma (BCC)

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 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?

The two main options for treatment are skin surgery and radiotherapy. Both are successful treatments and choice will depend on a number of factors including the size of the Basal Cell Carcinoma, location on the body, and your personal preference.

Skin Surgery:

This is normally carried out as a day-case procedure 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 and 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, photodynamic therapy, and laser treatment. Surgical excision is considered to be superior to these methods and is more likely to cure the skin cancer. Side-effects of surgical treatment include pain due to the local anaesthetic, post-operative swelling, bleeding and a scar. Infections are also possible and you may experience some discomfort following the procedure.

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, which may be depressed. You will then be followed up in clinic at regular intervals to check that the Basal Cell Carcinoma does not recur. The cure rate with this treatment is between 90-96% compared to skin surgery at >95%.

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

Patients treated with skin surgery are generally discharged once a report has been issued suggesting complete removal of the BCC. Patients receiving radiotherapy or treated by alternative methods, will usually be followed up in clinic.

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 cancer 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 stay out of the sun 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 any time you go out of doors even on overcast days. Many companies now make skin moisturisers with a factor SpF 15 or above and you may want to build this into your daily routine.