

Basal Cell Carcinoma

Edmonton's Cosmetic Surgery Clinic

Basal Cell Carcinoma - The Most Common Cancer in the World!

What is Basal Cell Carcinoma?

Basal cell carcinoma (BCC) is the most common cancer in humans worldwide and its incidence in Canada continues to increase. It is most commonly seen in light-skinned individuals on the sun-exposed areas such as head and neck. Basal cell carcinoma usually presents as a slowly growing spot or bump that sometimes bleeds when easily traumatized by every day activities such as toweling or washing. Some patients describe it as a spot that looks like a pimple that does not go away. When looked at closely, basal cell carcinoma can have small vessels within it giving it a slightly red or pink color. At the same time we need to remember that basal cell carcinoma can have almost any color from white to red/pink to dark brown. Although light-skinned individuals (with light hair and eye color) are the most susceptible to BCC, patients with all skin types and colors can develop basal cell carcinoma. Dr. Sapijaszko has treated patients of all skin types including Caucasians, Native Americans and Canadians, Inuits, Asians as well as Persians and East Indians among others. This list alone points to the fact that no patient group is immune to this most common form of cancer.

Although BCC rarely kills patients, it grows relentlessly destroying normal tissues in the process and causing open painful wounds and loss of normal skin, muscle, nerve and bone functions. It is imperative that all basal cell carcinomas be treated.

It is very important that any new and persistent spot (e.g. more than three months) be assessed by a family doctor or a dermatologist. When detected early, BCC can be treated successfully. Depending on the treatment method, the success of the therapy can vary but, with the most effective methods, can approach 99% cure rate.

The abnormal growth (cancer) originates in the uppermost layer of the skin. The cancer then grows downward, forming root and fingerlike projections under the surface of the skin. Unfortunately, at times these roots are so subtle they cannot be seen without the aid of a microscope. Therefore, what you see on your skin is sometimes only a small portion of the total tumor.

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Are there different types of BCC?

YES - There are several different types of basal cell carcinoma. It is important to distinguish these types prior to treatment, as different therapies may be required. For this reason, a biopsy is performed prior to treatment of any kind.

There are 3 main types of BCC:

Nodular BCC

Nodular BCCs comprise 60% of all BCCs. These start as slightly pink, skin-colored or light brown flat lesions that slowly grow into small bumps. Sometimes they almost have clear center and small blood vessels on the surface and therefore are called "pearly papules". As they grow, the edges can raise and the center can form an open sore or an ulcer. Most nodular BCCs are on the head and neck region. If you are concerned that you may have a basal cell carcinoma or another skin cancer, please see your doctor or a dermatologist.

Superficial BCC

Superficial BCCs are thought to be about 15% of BCCs and are the least aggressive form of BCC. They present as pink, red or slightly brown, scaly (flaky), well-defined patches. These are most common on the back, chest, abdomen and legs. They are less common on the head and neck region. These superficial BCCs are frequently confused with psoriasis, eczema or fungal infection. When the usual treatments for these other conditions do not work, a small biopsy maybe needed to make sure that the lesion is not a superficial BCC. If you are concerned that you may have a basal cell carcinoma or another skin cancer, please see your doctor or a dermatologist.

Sclerosing, morpheaform or fibrosing BCC

This form of BCC (all three names are synonyms) is not very common but it is difficult to treat because it is the most difficult to detect. These cancers are mostly found on the face and they can look like a scar. They have a very dense center "just like a scar" but there is no history of injury. Just like an old scar, these cancers do not have sharp edges and are prone to recurrences. It is absolutely important that sophisticated treatment techniques such as Mohs Micrographic Surgery be used to treat these, especially on the head and neck region. If you are concerned that you may have a basal cell carcinoma or another skin cancer, please see your doctor or a dermatologist.

How can Basal Cell Carcinomas be treated?

The treatment of basal cell carcinomas depends on many factors including the type of BCC, its location and size, general health of the patient as well as the observation regarding its borders (when the borders of the cancer are not easily determined more sophisticated methods need to be used).

The following list represents some of the available treatments for basal cell carcinomas:

- Mohs Micrographic Surgery (the most successful method)
- Surgical excision - surgical removal and stitching
- Curettage and electrodesiccation (scraping and burning with an electric needle)
- Aldara Cream application
- Photo Dynamic therapy
- Radiation therapy ("deep X-ray")

The method chosen depends upon several factors, such as the microscopic type of tumor, the location and size of the cancer, and previous therapy. For example, small or superficial basal cell carcinomas on the legs, arms, back, chest or abdomen can be treated with topical Aldara cream and/or Curettage and electrodesiccation (scraping and burning with an electric needle), surgical excision or radiation therapy. Sometimes these methods can be combined increasing the chances of the cure rate.

The success rate for Mohs surgery, even in treating recurrent lesions, is about 95 - 99%. Mohs surgery is very time consuming and requires a highly trained team of medical personnel.

Since Mohs Micrographic surgery is the most successful and most tissue sparing (it strives to preserve as much of the normal tissue as possible and yet remove the cancer successfully), it is intended for skin cancers on the head and neck areas, the cancers that have poorly defined edges, recurrent cancers, cancers in patients with decreased immune system (such as patients with kidney, liver or heart transplants) and cancers in areas of the body when preservation of the normal tissues is important (such as hands and feet).

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