Greater Des Moines Dermatology: Abrahamson

Basal cell carcinoma is the most common type of cancer. When treated, it is a rare threat to life. Basal cell carcinoma (BCC) typically affect people of fair skin who have sun exposure or repeated sunburns. Genetics play a role in developing BCCs. BCCs can vary in size from a few millimeters to several centimeters. They usually grow slowly over months to years. Neglected tumors have a much higher rate of metastasis.

Types

1) Nodular BCC are often on the face. Translucent bump with a rolled edge. It may be pigmented (brown) or there may be small vessels on the surface. It may become an open sore (ulcer) or bleed spontaneously then seem to heal over.
2) Superficial BCCs are often multiple, most often on the upper trunk or shoulder. They are shiny pink or red to slightly scaly patches. These can be confused with eczema.
3) Morpheoform/Infiltrative BCCs are the most difficult to diagnose and look skin-colored, rather waxy, thickened scar.
The treatment for a BCC depends on its type, size and location, the number to be treated, and the individual patient's need

1) Excision (lesion is cut out and the skin closed with suture). 2) Freezing using liquid nitrogen (hard cryo). 3) Shave, curettage, & cautery 4) Radiotherapy (X -ray treatment) 5) Frozen section excision. 6) Excision followed by delayed closure (typically 2-3 days later) 7) Moh's 8) Inhibition of Hedgehog pathway: N Eng J Med 09, 361:1164 & 1202 (Erivedge /Sonidegib)

*The highest cure rates are excisions where the specimen is excised by a dermatologist and histology read by a dermatopatholgist or using MOHS technique. There has never been a trial comparing standard excision using a highly trained dermatologist and dermatopathologist vs Mohs….The quality of Mohs varies widely throughout the US and lack of oversight is a concern in getting quality Moh's. The best Moh's is usually at a tertiary care center such as University of Iowa.
*Patients with larger lesions or a tumor in a difficult site may be treated by frozen section, delayed closure, or Moh's surgery.
*More extensive tumors following excision may require or benefit from a variety of closures including primary closure (standard/primary goal), second intention healing (heal on its own/requires motivated patient), flap closure, or graft closure.
*Whatever the chosen treatment, BCC therapy has a high cure rate (> 95-98% cure rate). BCCs can occasionally recur at the same site, but they can be treated again safely. If you have had one BCC, you have an increased risk of developing another BCC at a separate, unrelated site (> 50% in 5 years). Early treatment means easier treatment and less scarring.

Remember, sun protection and early detection are your best defense.

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