

Basal Cell Carcinoma

This leaflet has been written to help you understand more about basal cell carcinomas (BCC). It tells you what they are, what causes them, what can be done about them, and where you can find out more about them. We hope you find it helpful.

What is a basal cell (BCC) carcinoma?

A BCC is a type of skin cancer – the most common one in the UK. It is sometimes also called a 'rodent ulcer'.

Causes

The most common cause is too much exposure to ultraviolet (UV) light from the sun or from sun beds. BCCs can occur anywhere on your body, but are most common on areas that are exposed to the sun, such as your face, head, neck and ears. It is also possible for a BCC to develop where burns, scars or ulcers have damaged the skin. Basal cell carcinomas are not contagious.

Who is most likely to have a basal cell carcinoma?

BCCs mainly affect fair skinned adults and are more common in men than women. Those with the highest risk of developing a basal cell carcinoma are:

- People with freckles or pale skin and blond or red hair.
- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies, outdoors workers, a people who have lived in sunny climates.
- People who use sun beds.
- People who have previously had a BCC.
- Long term light treatment (PUVA).

Are basal cell carcinomas hereditary?

Apart from a rare familial condition called Gorlin's syndrome, BCCs are not hereditary. However some of the things that increase the risk of getting one (e.g. a fair skin, a tendency to burn rather than tan, and freckling) do run in families.

What are basal cell carcinomas like?

Most BCCs are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some BCCs are very superficial and look like a scaly red flat mark, others show a white pearly rim surrounding a central crater. If left for years, the latter type can "gnaw away" at the skin, eventually causing an ulcer – hence the name "rodent ulcer". Other BCCs are quite lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels.

Diagnoses

If your doctor thinks that the mark on your skin needs further investigation, you will be referred to a dermatologist (a skin specialist) who will decide whether or not it really is a BCC. To confirm the diagnosis, a small section of the area of abnormal skin (a biopsy), or whole of it (an excision biopsy), may be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.

Treatment

BCCs can be cured in almost every case, although treatment becomes complicated if they have been neglected for a very long time, or if they are in an awkward place – such as near the eye, nose or ear. Seldom, if ever, they do spread to other parts of the body.

You will probably have your BCC removed surgically. Usually, this means cutting away the BCC, along with some clear skin around it, under a local anaesthetic. Sometimes, a small skin graft is needed.

Other types of treatment include:

Curettage and cautery – first the BCC is scraped away (curettage) and then the skin surface is sealed (cautery).

Cryotherapy – freezing the BCC with a very cold substance (liquid nitrogen).

Photodynamic therapy – applying a special cream to the BCC under a dressing for four to six hours, which then destroys the BCC when a special light is shone onto it.

Radiotherapy – shining X-rays onto the area containing the BCC.

Creams – these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and imiquimod.

Treatment will be much easier if your BCC is detected early. You must see your doctor if you have any marks or scabs on your skin which are:

- Growing.
- Bleeding.
- Changing in appearance in any way.
- Never healing completely.

You can also take some simple precautions to help prevent a BCC appearing:

- Cover up! Wear a sun hat, long sleeves and light trousers in sunny weather.
- Avoid strong sunlight, particularly between 11 am and 3 pm.
- Use a sunblock (Factor 25 or above) and apply it every two to three hours.
- Remember that winter sun, on a skiing holiday for instance, can contain just as much of the damaging ultra-violet light as summer sun.
- Don't use sun beds.
- Check your skin for changes once a month. A friend or family member can help you with this.
- If you see anything on your skin that is changing, or if you are suspicious or worried about anything on your skin, go to your doctor and have it looked at.

Remember – if in doubt, check it out!

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.

Contact numbers for advice, support and more information:

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