



## **BASAL CELL CARCINOMA**

### **What are the aims of this leaflet?**

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

### **What is a basal cell carcinoma?**

A basal cell carcinoma is a type of skin cancer - the most common one in the UK. It is sometimes also called a *rodent ulcer*.

### **What causes basal cell carcinoma?**

The commonest cause is too much exposure to ultraviolet (UV) light from the sun or from sun beds. Basal cell carcinomas 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 basal cell carcinoma to develop where burns, scars or ulcers have damaged the skin. Basal cell carcinomas are not infectious.

Basal cell carcinomas 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 with pale skin and blond or red hair.
- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies or who work out of doors, and people who have lived in sunny climates.
- People who use sun beds.
- People who have previously had a basal cell carcinoma.

### **Are basal cell carcinomas hereditary?**

Apart from a rare familial condition called Gorlin's syndrome, basal cell carcinomas 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 the symptoms of basal cell carcinomas?**

Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas are very superficial and look like a scaly red flat mark: others have a pearl-like rim surrounding a central crater. If left for years, the latter type can eventually erode the skin causing an ulcer - hence the name 'rodent ulcer'. Other basal cell carcinomas are quite lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels.

### **How will my basal cell carcinoma be diagnosed?**

Sometimes the diagnosis is clear from its appearance. If further investigation is necessary a small area of the abnormal skin (a biopsy) or all of the lesion (an excision biopsy) may be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.

### **Can basal cell carcinomas be cured?**

Yes, basal cell carcinomas 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, do they spread to other parts of the body.

### **How can a basal cell carcinoma be treated?**

The commonest treatment for basal cell carcinoma (BCC) is surgery. Usually, this means cutting away the BCC, along with some clear skin around it, using local anaesthetic to numb the skin. Sometimes, a small skin graft is needed.

Another type of surgery is Mohs micrographic surgery. This involves the excision of the affected skin that is then examined under the microscope straight away to see if all the BCC has been removed. If any residual BCC is left at the edge of the excision further skin is excised from that area and examined under the microscope and this process is continued until all the BCC is removed. The site is then usually covered with a skin graft. This is a time consuming process and only undertaken for certain BCCs in difficult anatomical areas if simple surgery is not suitable.

Other types of treatment include:

- Curettage and cautery . the skin is numbed with local anaesthetic and 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).
- 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.
- Photodynamic therapy . A special cream is applied to the BCC which is taken up by the cells that are then destroyed by exposure to a specific wavelength of light. This treatment is only available in certain dermatology departments.

Surgical excision is the preferred treatment but the choice of treatment depends on the site and size of the BCC, the condition of the surrounding skin and number of BCCs to be treated (some people have many) as well as the overall state of health of each person to be treated.

### **What can I do?**

Treatment will be much easier if your basal cell carcinoma is detected early. It is advisable to see your doctor if you have any marks or scabs on your skin which are:

Growing, bleeding, never completely healing or changing appearance in any way.

Check your skin for changes once a month. A friend or family member can help you particularly with checking your back.

You can also take some simple precautions to help prevent a basal cell carcinoma appearing:

### **Top sun safety tips**

- Protect the skin with clothing, including a hat, T shirt and UV protective sunglasses
- Spend time in the shade between 11am and 3pm when it's sunny
- Use a 'high protection' sunscreen of at least SPF 30 which also has high UVA protection, and make sure you apply it generously and frequently when in the sun.
- Keep babies and young children out of direct sunlight
- The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole . if your GP is concerned about your

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skin, make sure you see a Consultant Dermatologist (on the GMC register of specialists), the most expert person to diagnose a skin cancer. Your GP can refer you via the NHS.

*Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.*

### **Where can I get more information?**

Macmillan Cancer Support  
89 Albert Embankment  
London  
SE1 7UQ

Free helpline for emotional support 0808 808 2020

Free helpline for information 0808 800 1234

[www.macmillan.org.uk](http://www.macmillan.org.uk)

Wessex Cancer Trust - MARC'S Line (Melanoma and Related Cancers of the Skin) Marc's Line Resource Centre, Dermatology Treatment Centre, Level 2, Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ

Tel: (01722) 415071

E-mail: [marcslines@salisbury.nhs.uk](mailto:marcslines@salisbury.nhs.uk)

Whilst 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.

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