

## CONDITIONS

### BASAL CELL CARCINOMA

Basal cell carcinoma (BCC) is a type of skin cancer. The likely cause is sun exposure, or sun beds. Most commonly BCCs develop on exposed areas of the face, neck, head, ears, hands and legs. BCC's are not infectious, they do not generally spread or metastasize to distant parts of the body.

BCC's are more common in people with fair skin, freckles, blond or red hair. They are more common in people who work outdoors, or who use sun beds.

BCC's are generally pain-less, they are often first noticed as a frustrating small scab that will not heal completely. Some are very superficial, and look like scaly red flat patches, others have a rim of pearl-like skin crossed by occasional thin red blood vessels, surrounding a central depression.

If neglected BCC's can cause an ulcer and can erode into deeper structures, they can follow the path of the nerves emerging out of the facial skeleton. BCC's close to the eyes need to be treated successfully to avoid the need for more extensive surgery at a later date.

#### Treatment

The most common treatment is surgery. In most instances a 2-3 mm margin of seemingly normal skin is excised with the tumour. This gives a 98% chance of complete resection of the tumour. All excised specimens are sent for histological analysis (this usually takes up to 2-weeks). The surgical defect may be closed using whatever technique is likely to give the best possible aesthetic and functional result, (this could require use of a skin graft or flap.) Most BCC surgery can be done under local anaesthetic as a day-case procedure. If you want your tumour to be removed if possible at the time of your consultation, inform Mr Grant's secretary so that adequate time can be allocated for your treatment. Arrange for someone else to drive you home after your surgery.

For BCC's close to vital anatomical structures, or for incompletely excised BCC's Moh's microsurgery may be appropriate. This technique involves the meticulous removal and the immediate analysis of small chunks of tissue. Very flat BCC's may also be treated by the use of either topical agents (for example 5-fluorouracil) or by the use of photodynamic therapy. The latter technique may be useful for patients with wide-spread disease associated with a field-change in the skin.

#### Prevention

If you have had one BCC you could have another, your children are also likely to have sun sensitive skin. Do not use Sun-Beds, do not get sun-burnt, if you have to go out in the sun: Slip on a shirt or blouse, slap on a hat with a brim, slop on a high factor sun screen.