Basal Cell Carcinoma

- Most common cancer in humans
- Accounts for 80% of non-melanoma skin cancer
  - In US: incidence 146/100,000
  - 85% in head and neck, Rare in the foot
- Develops slow over months to years
- Metastasis is rare
  - May ulcerate if left untreated over time. May spread to subcutaneous tissue, bone, or cartilage-
  - resulting in metastasis
- Average age of Dx: 60 years
- Recently, increased incidence in younger patients

Risk Factors:
- Fair skin, tendency to freckle, degree of sun exposure, genetic predisposition, excessive sun bed use,
  radiotherapy, phototherapy, male gender

Clinical Appearance:
- Flesh-colored or pink, translucent, shiny papule with telangiectasia that slowly enlarges
- Lesion: occasionally pigmented

Differential Diagnoses:
- SCC, Actinic keratosis, psoriasis, Subhorreic keratosis, malignant melanoma, angiofibroma…

Diagnosis: Using clinical and histologic criteria

Basal Cell Carcinoma Types:
- 1) Superficial spreading: slow growing plaque with erythema
- 2) Morpheaform: scar-like appearance
- 3) Nodular: pearly papule with telangiectasia

Treatment:
- Surgical excision, Curettage
- Dessication
- Topical chemotherapy (ex: Aldara, Fluorouracil)
- Moh’s micrographic surgical technique

*High cure rate with adequate excision or ablation. Cure rate as high as 95%*

*What is adequate excision?*

Gulleth, Y., Goldberg, N., Silverman, R.P., Gastman, B.R. What is the Best Surgical Margin for a Basal
126: 1222-1231.

- “3 mm surgical margin can be safely used for non-morpheaform basal cell carcinoma to attain 95% cure
  rates for lesions 2cm or smaller”
- “A positive pathologic margin has an average recurrence rate of 27%”
- Relative risk recurrence: inversely proportional to size of surgical margin. Better outcomes: with larger
  surgical margin
- To achieve 95% cure rate- 3mm surgical margin may be safely used for lesions 2cm or less

References:

Gulleth, Yusuf, et al. “What is the Best Surgical Margin for a Basal cell Carcinoma: A Meta-Analysis of the