

## **BASAL CELL CARCINOMA**

Basal cell carcinoma is a locally destructive skin cancer. It destroys by extending outward from where it starts. It does not spread through the body by means of the blood stream or the lymphatics.

Basal cell tumors usually occur one at a time. They occur most often on the face between the upper lip and the eyebrows; however, they may occur on any part of the skin. They are more frequent as we get older. When they occur in young people, it is a more serious situation and indicates a trend for the future. A person who has several of these tumors should be checked to see if there are cysts of the jaw, unusual formations of the ribs (detected by x-ray) or other findings that indicate the basal cell nevus syndrome. The syndrome has recently been understood to indicate a great susceptibility to these tumors. Fortunately it is an extremely rare problem.

The tumors may be removed in a variety of ways. Surgical excision, chemical surgery, curettage (surgical scraping) followed by burning, deep freezing, and x-ray treatments are all effective and satisfactory. Many physicians are unable to offer a full range of therapeutic choice. Fortunately the dermatologist has training in all these methods of treatment and can select the one most appropriate for you.

When you have basal cell carcinoma removed, you should return for follow-up at the doctor's request during the first two years after treatment. It is in this time that most recurrences take place at the same site. Remember that your tumor is not going to spread to other areas. Keep in mind that it may return in the same place, and this is bound to happen occasionally. The overall cure rate is something like 95%, so be relaxed about it.

Small basal cell tumors are often easily recognized. They are firm, shiny, ivory-colored, button-like lesions or flat, red, scaly patches. There is a central depression which may be pink or crusted. The entire lesion can be lifted a bit from the surrounding skin.