

Read Item - Basal Cell Carcinoma

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Abstract: Doctor's Resource on Basal Cell Carcinoma

Basal Cell Carcinoma

Introduction

Basal cell carcinoma (BCC) is the most common cancer in man and approximately 5% of all BCCs occur on the scalp.

Clinical Features and Investigation

BCC on the scalp usually occur in bald areas, but also occur in hairy areas, where they are most common in scars. Lesions in hair bearing skin are often neglected and may be very large at initial presentation. Organoid naevi are predisposed to develop a BCC within them. Radiotherapy for ringworm is another predisposing factor, and the irradiated area is not invariably bald. The incidence of is increased two to threefold in organ transplant recipients, however this increase is less marked than for SCC.

The clinical appearance does not differ from BCC elsewhere on the skin. The lesions are typically smooth, translucent nodules with superficial telangiectasia, that enlarge very slowly and frequently ulcerate centrally to leave a translucent pearly edge. BCCs may be pigmented, morphoeic, nodular or of the rodent ulcer type. They may achieve great size if neglected. They can recur locally, however metastasis is exceptionally rare, with an estimated incidence of less than one in a million.

Histology reveals a tumour within the dermis that is connected to the epidermis or a hair follicle. The tumour cells are baseloid (dark blue) in colour and there is peripheral palisading and clefting (separation artefact). There is a dermal stromal reaction, which is most marked in morphoeic BCCs. Nerve involvement should be looked for as neurotropic spread predisposes to local recurrence.

Management

The diagnosis should be confirmed by biopsy. The treatment options include surgical excision, curettage and electrocautery, radiotherapy and cryosurgery. The treatment chosen

needs to be individualised and will depend on the site and the size of the BCC, as well as the nature of any previous treatments.

Key Points

Basal cell carcinoma is the most common cancer in man and frequently occurs on the scalp, especially but not exclusively the bald sun damaged scalp. The diagnosis can be confirmed by biopsy and the definitive treatment will be influenced by patient factors and the size and site of the lesion.
