

Basal Cell Carcinoma: What It Is, What to Look For, and How We Treat It

Basal cell carcinoma, often called BCC, is the most common type of skin cancer. Even though BCC usually grows slowly it should not be ignored. If left untreated, it can continue to grow deeper into the skin and surrounding tissue.

Basal cell carcinoma most commonly develops on areas of the body that receive regular sun exposure. However, it can develop almost anywhere on the skin. One of the things that makes BCC difficult for some patients to recognize is that it does not always look like what we traditionally think of as skin cancer. Sometimes patients tell us, "I thought it was just a scab that wouldn't go away." That is one reason it is important to have persistent or changing spots evaluated by a dermatologist.

At Calvert Dermatology, we see basal cell carcinoma regularly, and one of the most important things we can do for our patients is help them understand what it is, what to look for, and what their treatment options are.

What Does Basal Cell Carcinoma Look Like?

BCC can have many different appearances. Some common signs include:

A shiny, pearly, translucent or skin-colored bump, A pink or red growth, A sore that does not heal, A spot that repeatedly bleeds or crusts, A scar-like area that develops without an obvious injury.

Diagnosing Basal Cell Carcinoma

If your dermatologist sees an area that may be basal cell carcinoma, a skin biopsy may be recommended. During a biopsy, a small amount of tissue is removed and sent to a pathologist where it can be examined under a microscope. A biopsy does not necessarily mean that you have skin cancer. Many spots that look suspicious turn out to be benign. The biopsy gives us the information we need to determine what the spot is and, if it is cancer, what type of treatment may be appropriate.

Once a basal cell carcinoma has been diagnosed, your dermatologist will consider several factors when recommending treatment. These can include the size and location of the cancer, how deeply it has grown, whether it is a first-time or recurrent cancer, and the specific characteristics of the tumor.

How Basal Cell Carcinoma Is Treated

There are several ways to treat basal cell carcinoma. The appropriate treatment depends on the individual patient and the skin cancer. Surgical removal is a common treatment for BCC. For certain skin cancers, Mohs Micrographic Surgery may be recommended. Mohs surgery

removes the cancer in stages while examining the tissue margins during the procedure. This allows the surgeon to confirm that the cancer has been completely removed while preserving as much healthy surrounding skin as possible.

Mohs surgery can be particularly helpful for cancers located in cosmetically or functionally important areas, such as the nose, ears, eyelids, lips, and other areas of the face. Other treatment options may be appropriate for selected patients. At Calvert Dermatology, we offer several treatment options for appropriate patients, including Mohs surgery, local destruction, Photodynamic Therapy, and Superficial Radiation Therapy.

How Calvert Dermatology Helps

At Calvert Dermatology, we understand that being told you have skin cancer can be stressful. Our goal is to make sure you understand your diagnosis and your treatment options. Our dermatologists provide comprehensive skin examinations and evaluate new or changing growths. If a biopsy is necessary, we can perform the appropriate evaluation and help guide you through the next steps. For patients who are diagnosed with basal cell carcinoma, we offer advanced treatment options based on the individual cancer and the patient's needs.

Mohs Micrographic Surgery is one of the specialized treatments available at Calvert Dermatology. Which is performed by Dr. Faris Hawit, a board-certified dermatologist and Mohs surgeon. For selected basal cell carcinomas, Superficial Radiation Therapy may provide a non-surgical treatment option. SRT uses low-energy X-rays to treat certain skin cancers and may be appropriate for patients who are looking for a non-surgical approach.

We also offer local destruction for selected superficial skin cancers and Photodynamic Therapy for certain precancerous and skin cancer conditions. Most importantly, we believe patients should understand why a particular treatment is being recommended. We take the time to explain the diagnosis, discuss treatment options, and answer questions so that patients feel comfortable with their care.

The Bottom Line

Basal cell carcinoma is the most common type of skin cancer, and it is usually very treatable when found early. If you have a spot that does not heal or simply looks different from the rest of your skin, have it evaluated.

At Calvert Dermatology, our dermatologists are here to help with the entire process, from evaluating a concerning spot and performing a biopsy to discussing treatment options and providing follow-up care. Whether treatment involves Mohs surgery, or another appropriate treatment, our goal is to provide personalized care while treating the cancer effectively and

helping preserve the health and appearance of your skin. Taking a few minutes to have a concerning spot checked could make a very important difference in your skin health.

Frequently Asked Questions About Basal Cell Carcinoma

Is basal cell carcinoma dangerous?

Basal cell carcinoma is generally considered a slow-growing skin cancer, it can cause significant damage to the skin and nearby structures if it is left untreated.

Can basal cell carcinoma come back after treatment?

Yes. A basal cell carcinoma can recur after treatment, although the risk depends on several factors, including the type, location, and characteristics of the cancer and the treatment used. Having one BCC also increases your risk of developing another skin cancer in the future.

Is Mohs surgery painful?

Mohs surgery is performed using local anesthesia to numb the area being treated. Patients are awake during the procedure, but the area will be numb. Your dermatologist and surgical team will explain what to expect before, during, and after the procedure.

References

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