Basal cell carcinomas

What are basal-cell carcinomas?

Basal cell carcinomas (BCCs) and also commonly known as rodent ulcers because they gradually gnaw away in the skin (like a rodent). They are a type of skin cancer but because they grow slowly and do not (usually) spread to other parts of the body.

Why should basal cell carcinomas be treated?

With treatment of basal cell carcinomas, you can achieve a complete cure. Without treatment, they will get larger with time. Because they are a cancer, your surgeon will want to remove a margin of normal looking tissue around them to make sure that nothing is left behind to continue to grow. For this reason, it is easier and less damaging to remove them when they are small.

Where and why do people develop basal cell carcinomas?

About 85% of basal cell carcinomas develop on the face, head or neck of susceptible people. They are often treated by dermatologists or oral and maxillofacial surgeons.

We believe that exposure to the sun causes damage to cells in the skin and this can start off this type of cancerous change. People who are most susceptible to sunburn are often those most likely to develop BCCs eg people with red hair and fair skin, those who freckle and don't tan and those who have lived in the tropics. BCCs are more common in some families and are one feature of some genetic syndromes.

What do basal cell carcinomas look like?

BCCs often start off looking like a small pearly spot, which slowly grows in size and eventually loses its surface to form a small and then larger ulcer. It is rare for them to hurt, though they might bleed (eg on shaving).

What are the treatment options for basal cell carcinomas?

The main treatment for basal cell carcinomas is surgical removal of the BCC and a margin or
normal-looking skin around it. This will be checked by the pathologist to make sure that it is a BCC and not another type of cancer. If it is 'just a BCC', you rarely will require any further treatment.

If you have developed one BCC, you are at a higher risk of developing further ones - so you, your doctor and/or dentist should be on the lookout for new ones.

If your BCC is large when it is diagnosed it will be more difficult to remove and give a good functional and cosmetic result. Sometimes you will need to have skin grafts etc to close up the area removed. If this more complex treatment will be necessary, your surgeon will advise you of your options.