

## Basal cell carcinoma



### What is basal cell carcinoma?

Basal cell carcinoma (or basocellular carcinoma or basalioma) is the most common form of skin cancer.

Approximately 1 in 6 Dutch people will have a basal cell carcinoma in his or her life. It starts in the upper layer of the skin and, very rarely, it spreads to other parts of the body.

### What causes basal cell carcinoma?

The main cause is the sun. It is usually due to too much exposure to the sun, which causes skin damage. In particular, excessive sun exposure in childhood increases the risk of getting basal cell carcinoma later in life.

People with light-coloured skin have a greater risk of getting basal cell carcinoma than people with dark-coloured skin.

A special and very rare form of basal cell carcinoma is Gorlin syndrome. This is due to faulty DNA, which increases the risk of developing numerous basal cell carcinomas at a young age. This type of carcinoma will not be discussed here.

### What are the symptoms of basal cell carcinoma and what does basal cell carcinoma look like?

Usually, basal cell carcinoma does not cause any symptoms and is spotted by accident. It often resembles a small scab that doesn't heal. Sometimes a basal cell carcinoma can bleed spontaneously. Basal cell carcinoma can present itself in

different ways. The three most common forms are:

1. Nodular, (compact or solid) basal cell carcinoma:  
This is often a slow-growing red, slightly shiny lump with small red blood vessels across the surface. This lump may develop an ulcer.
2. Superficial basal cell carcinoma:  
This form occurs mainly on the skin of the chest and back. This form resembles an eczema spot, but doesn't usually itch. Usually the area has a typical shine on it that is clearly visible in bright light.
3. Infiltrative basal cell carcinoma:  
This form has 'infiltrating' lesions on the skin. The edge between the tumour and normal skin is often difficult to distinguish. The appearance may resemble a nodular basal cell carcinoma, but the infiltrating tumour is often flat on the skin and harder to recognise.

A basal cell carcinoma usually occurs in areas that are exposed to sunlight, such as on the face or ears. Basal cell carcinomas will continue to grow and therefore it is important to always treat them.

### How does your doctor know if you have a basal cell carcinoma?

The doctor can see from the lump that it is a basal cell carcinoma. Sometimes the doctor will want to confirm that it is not a different type of skin condition and will take a small skin sample (biopsy).

Local anaesthetic will be used before removing a skin sample. The skin sample is then sent away for examination.

### **What treatments are there for basal cell carcinoma?**

The treatment depends on the growth of the basal cell carcinoma. Below we will describe the different treatments for basal cell carcinoma.

#### *Superficial basal cell carcinoma:*

- Fluorouracil cream (= Efudix®)  
This cream inhibits the growth of the basal cell carcinoma cells. This causes the basal cell carcinoma cells to die. First of all, it will turn red and then it will form a scab (similar to a kind of graze). After that, healthy skin will grow back. Please ask your doctor if you would like more information about Fluorouracil cream.
- Imiquimod cream (= Aldara®)  
Imiquimod activates the skin's local immune system, which then destroys the basal cell carcinoma. During treatment with Imiquimod cream, you can expect redness and the formation of a scab (similar to a kind of graze). After that, healthy skin will grow back. Please ask your doctor if you would like more information about Imiquimod cream.
- Photodynamic therapy (PDT)  
With this treatment, a special cream is applied to the basal cell carcinoma. This cream makes the malignant cells more sensitive to light. After 3 hours, the basal cell carcinoma is exposed to a special light. This causes the cancer cells to die. Please ask your doctor if you would like more information about photodynamic therapy.
- Cryosurgery  
This is a one-off treatment whereby the basal cell carcinoma is frozen with liquid nitrogen. It is a quick treatment, but often leaves scarring.

#### Curettage and cautery

The basal cell carcinoma is scraped away under local anaesthetic and then the skin surface is sealed by heat. It is a quick treatment, but it is not possible to check whether the basal cell carcinoma has been completely removed from beneath the skin.

- Surgery / excision  
The dermatologist cuts out the basal cell carcinoma. Your skin will be numbed by means of tiny injections in and around the area where the doctor will have to cut. To ensure removal of the entire area that has been affected, the skin that has been removed will be examined in the laboratory every time. If the basal cell carcinoma has not been completely removed, the doctor will need to cut out more skin.
- Radiotherapy  
Radiotherapy is also a treatment that achieves a good result. Radiotherapy has to be repeated several times and often only happens when excision is not possible. For example in case of a basal cell carcinoma on the nose or ear.
- Mohs micrographic surgery  
This is a form of excision, whereby as little as possible healthy skin is removed and the basal cell carcinoma is removed entirely. This can be important.
  - On the face. Sometimes there is too little area left after excision for the wound to close properly, e.g.
  - If the edges of the basal cell carcinoma are not clearly visible
  - In case of infiltrative basal cell carcinoma; if the basal cell carcinoma comes back after it has been excised.

**Can basal cell carcinoma be cured or will you always suffer from it?**

Yes, a basal cell carcinoma can be cured completely. However, you are at risk from developing new basal cell carcinomas in different areas.

### **What else can you do?**

- Please check your skin carefully
- If you have any concerns about red bumps that continue to grow, please make an appointment to see your doctor or dermatologist
- Protect your skin from the sun to prevent new basal cell carcinomas

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