INDIAN COUNTRY

ECHO

LEADING THE WAY

Growing the Ability to Deliver Quality Healthcare to American Indian and Alaska Native People.

Basal Cell Carcinoma

10/15/2024

Trevor Young, MD

Objectives

I. Review clinical presentation of BCC
II. Diagnosis and treatment
III. Practice cases

Skin Cancers

- Skin cancers make up the most common malignancy in the US
- Most common type of skin cancers: BCC > SCC> melanoma
- In most cases, early diagnosis and excision are considered curative

Basal Cell Carcinoma

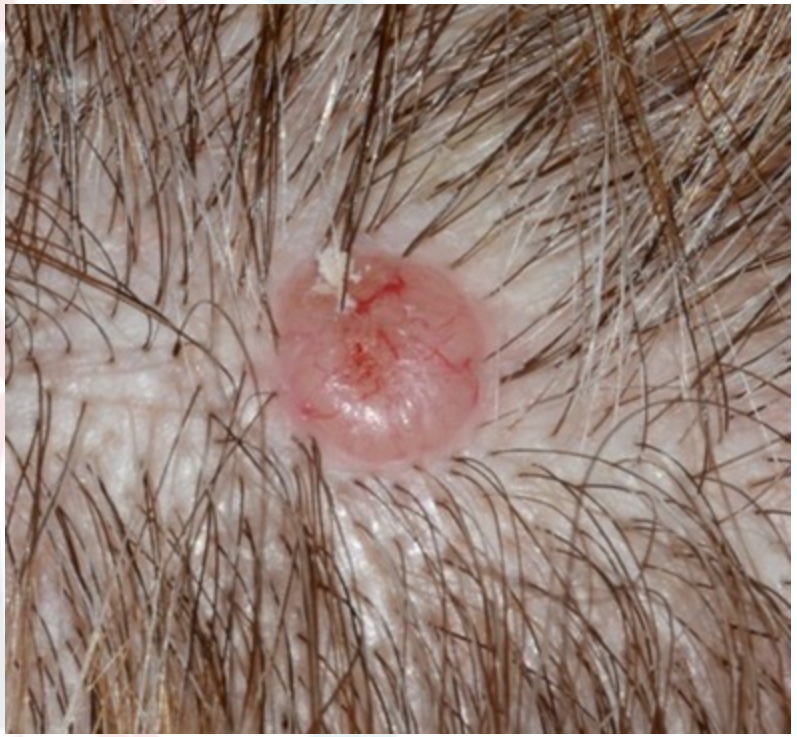
- Most common type of skin cancer
- Risk factors:
  - UV radiation
  - Ionizing radiation
  - Fair skin
  - Immunosuppression
  - Age
  - Genetics (Basal cell nevus syndrome)

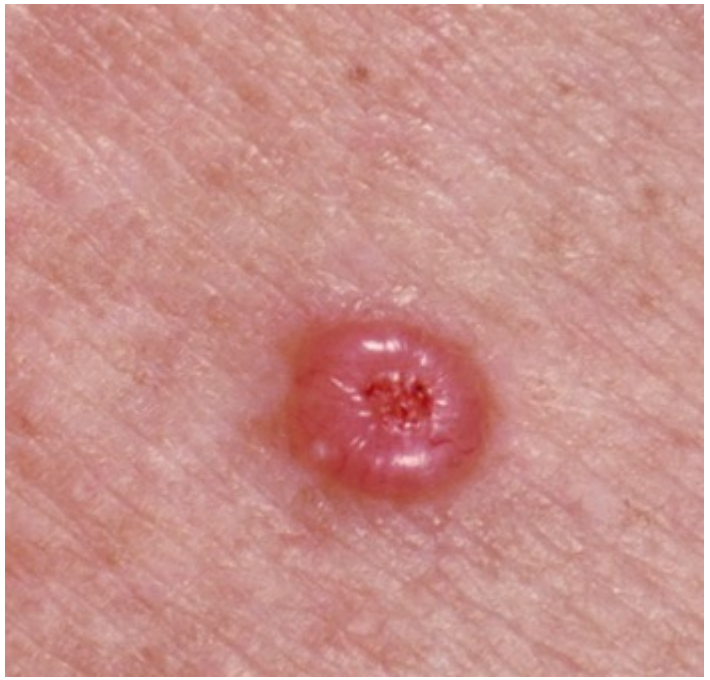
Basal Cell Carcinoma

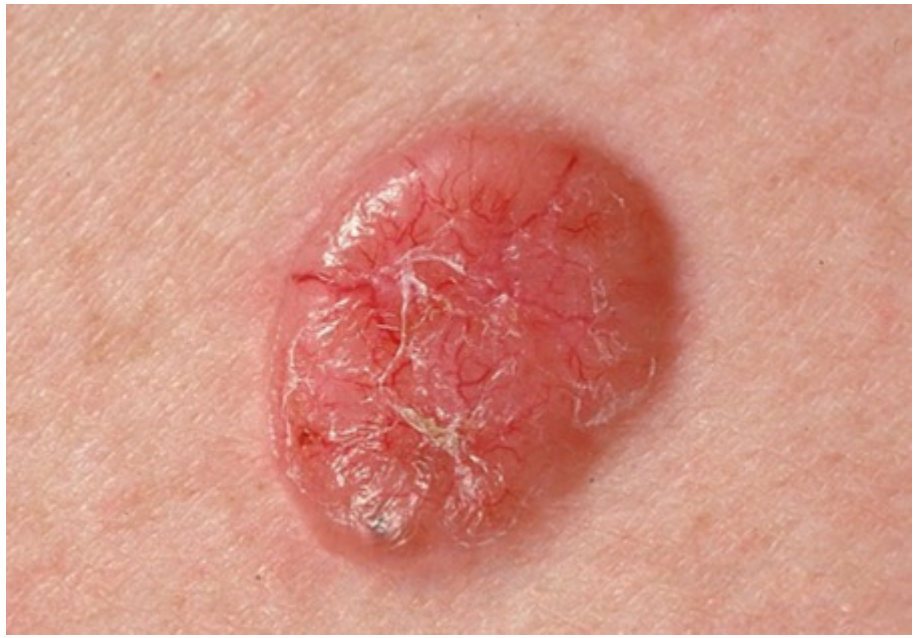
- Clinical subtypes:
  - Superficial
  - Nodular
  - Morpheaform/infiltrative
  - Pigmented
- Pathologic subtypes:
  - Superficial, nodular, sclerosing/morpheaform/desmoplastic, micronodular, basosquamous,

Basal Cell Carcinoma

Nodular

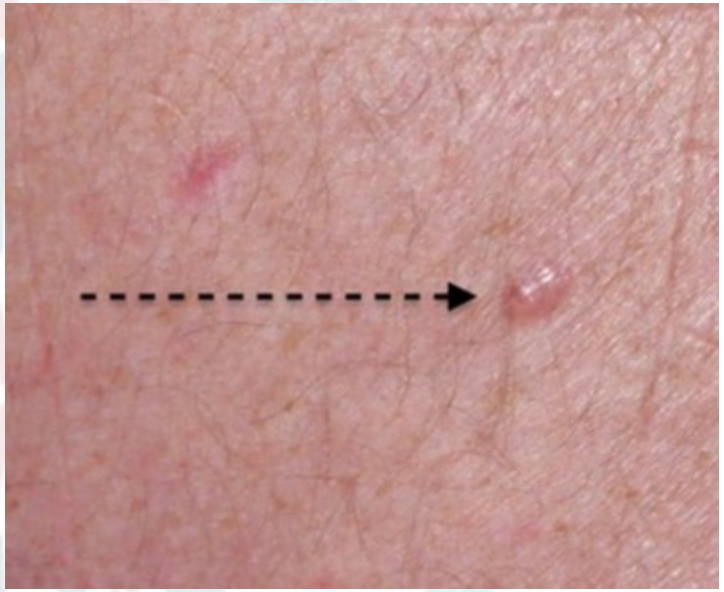


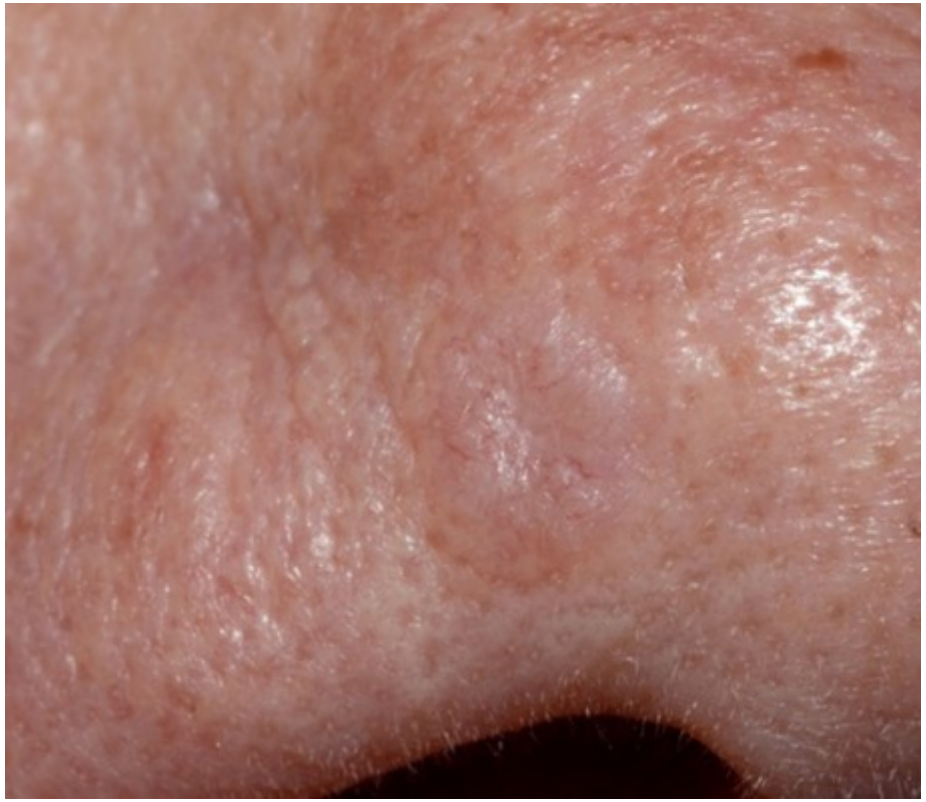


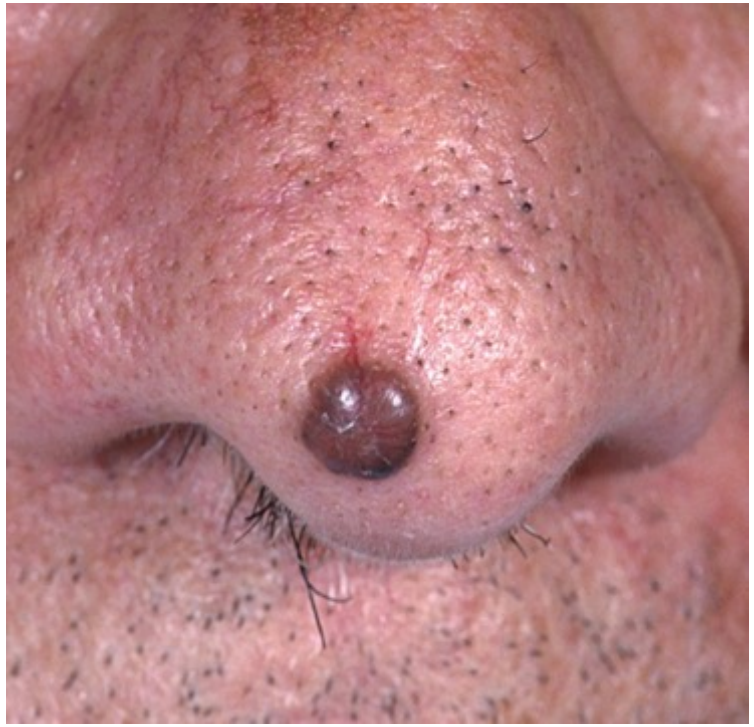


Basal Cell Carcinoma

Nodular

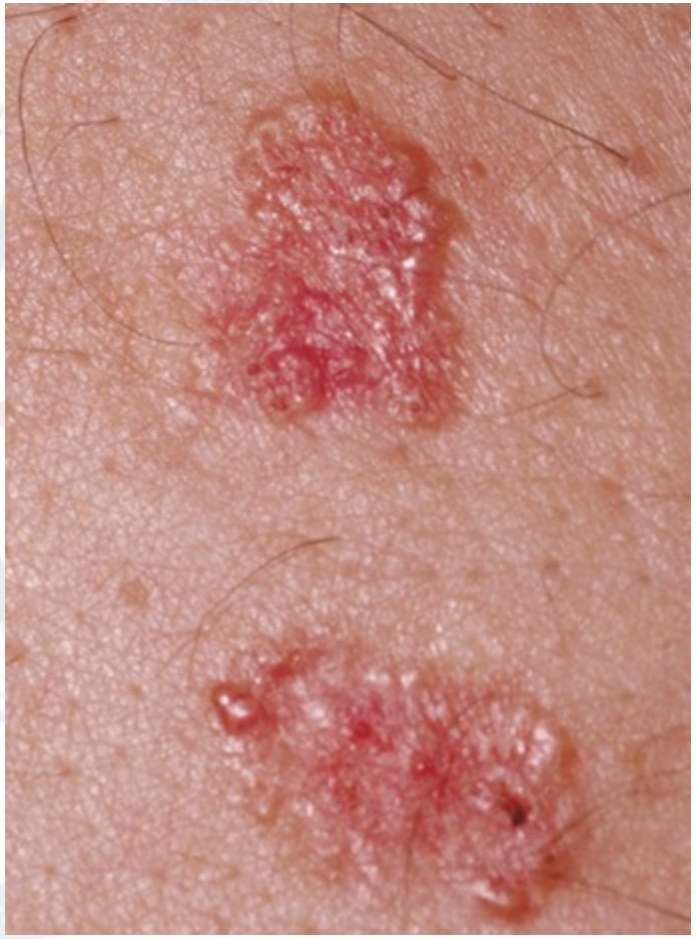


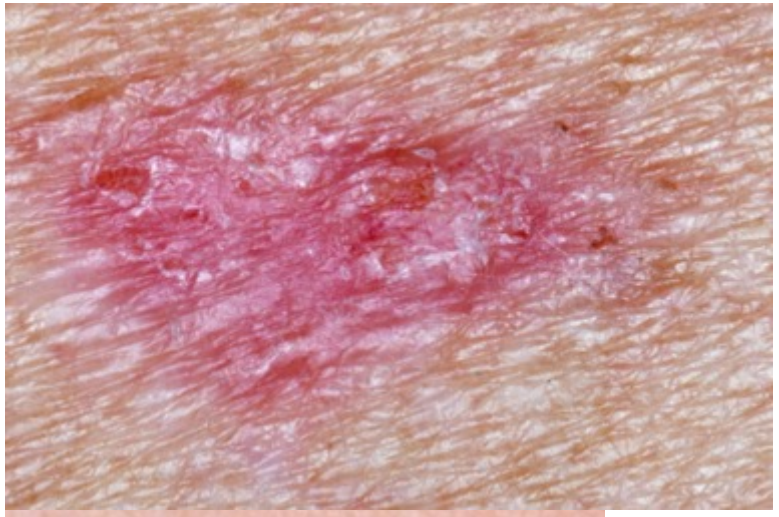


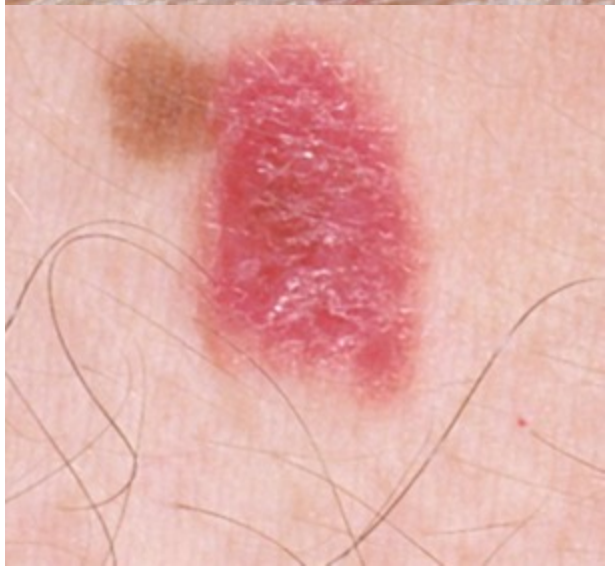


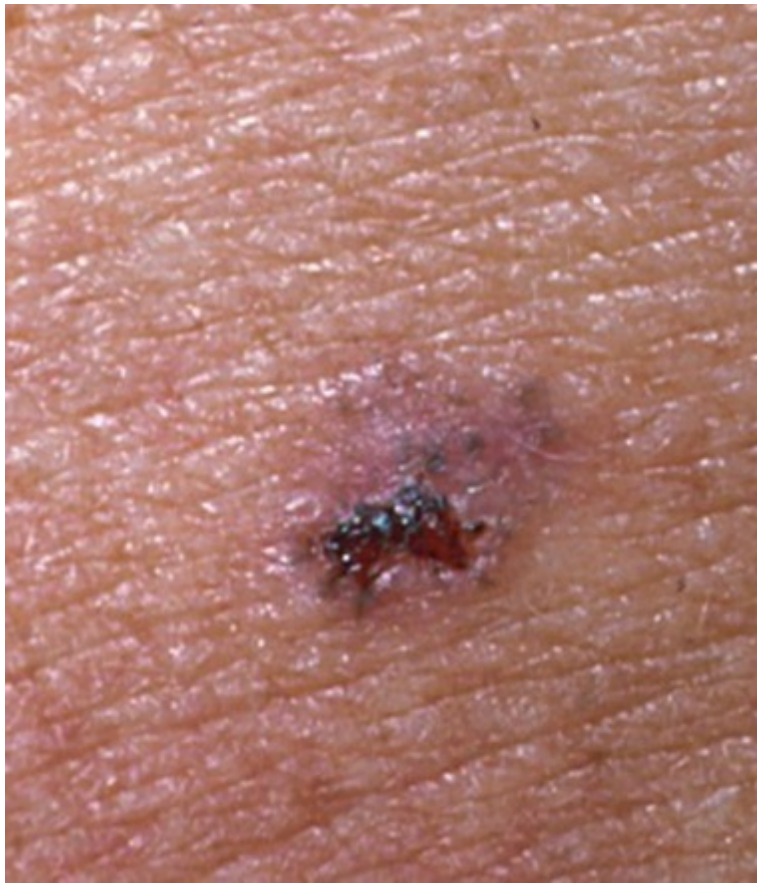
Basal Cell Carcinoma

Superficial



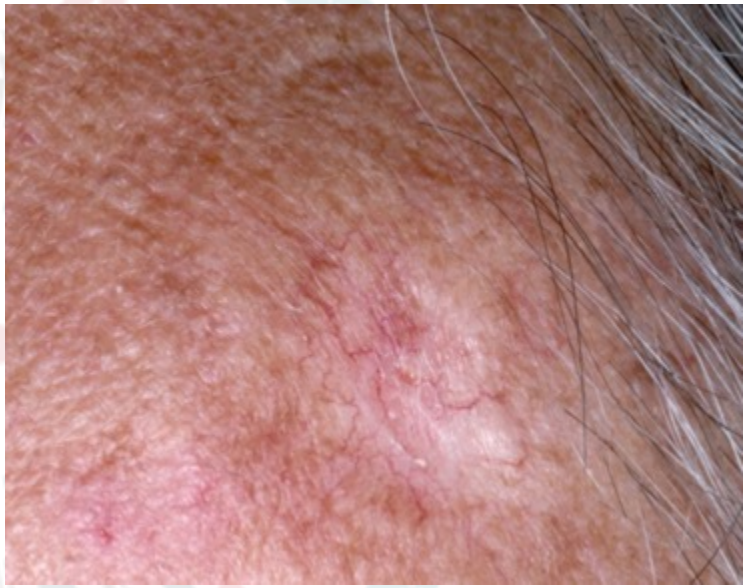


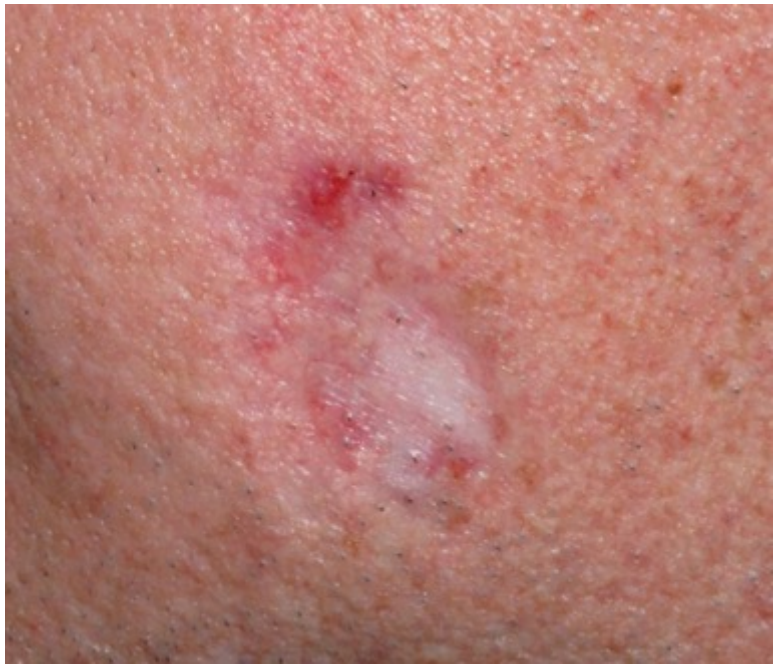


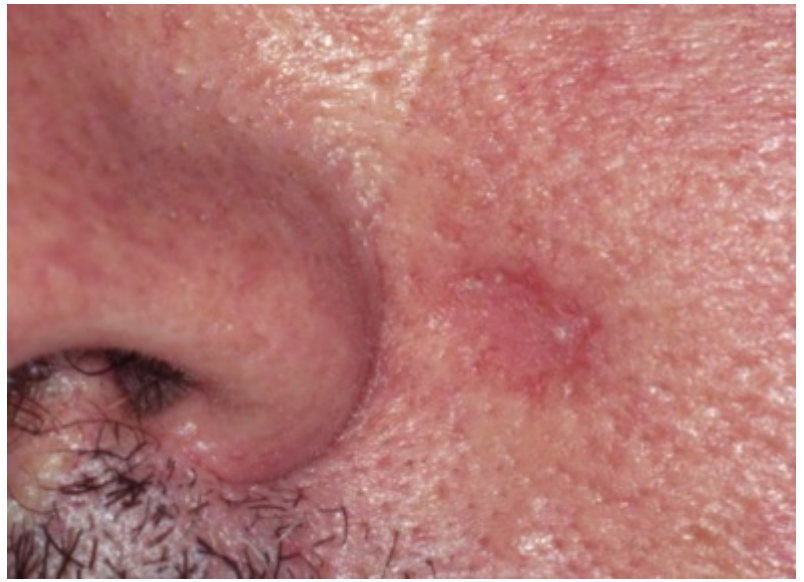


Basal Cell Carcinoma

Morpheaform

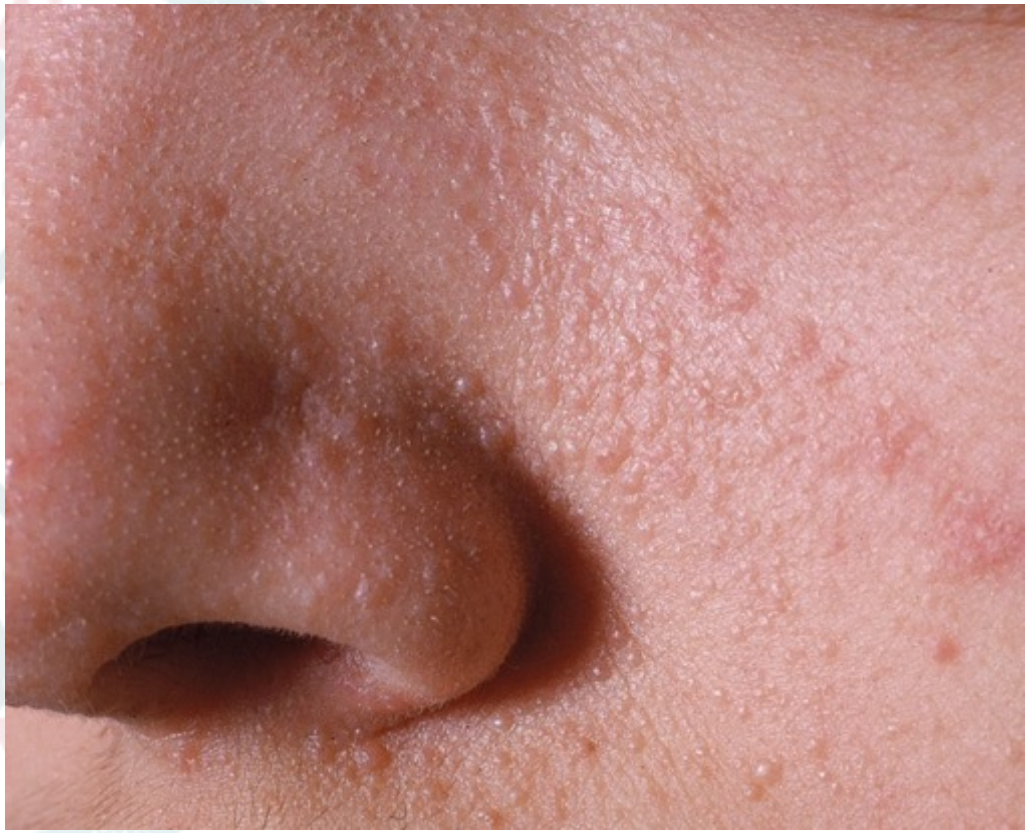


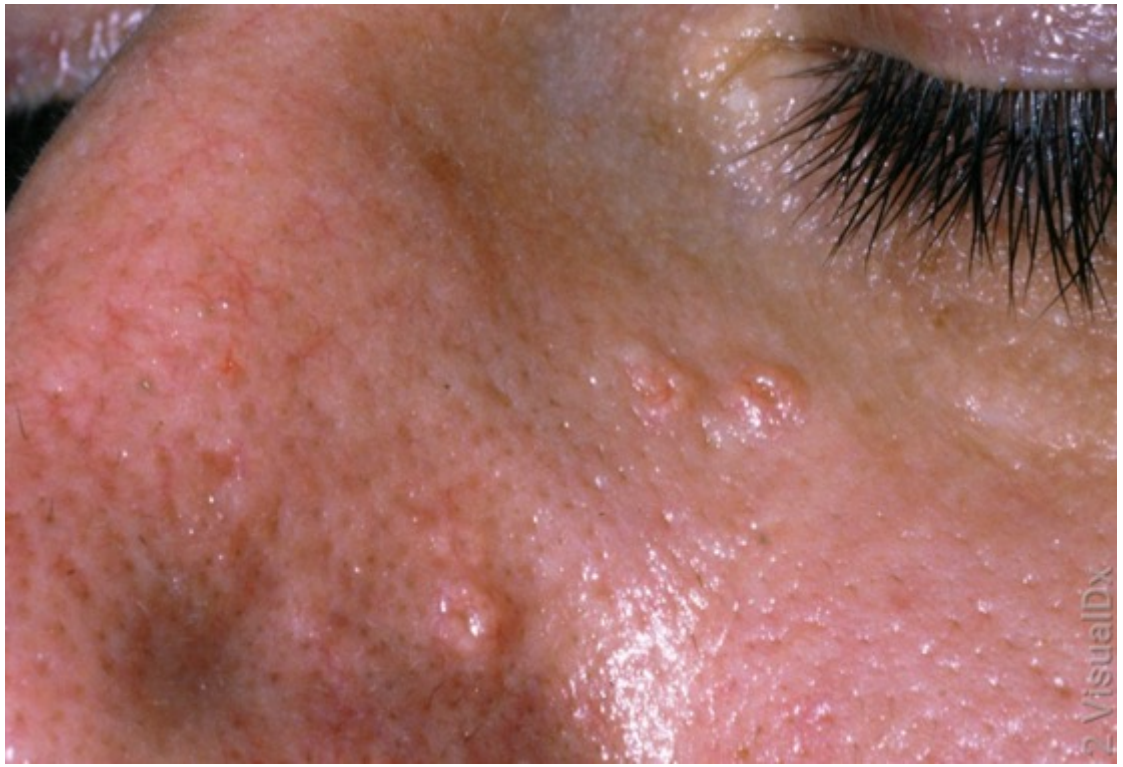




Basal Cell Carcinoma

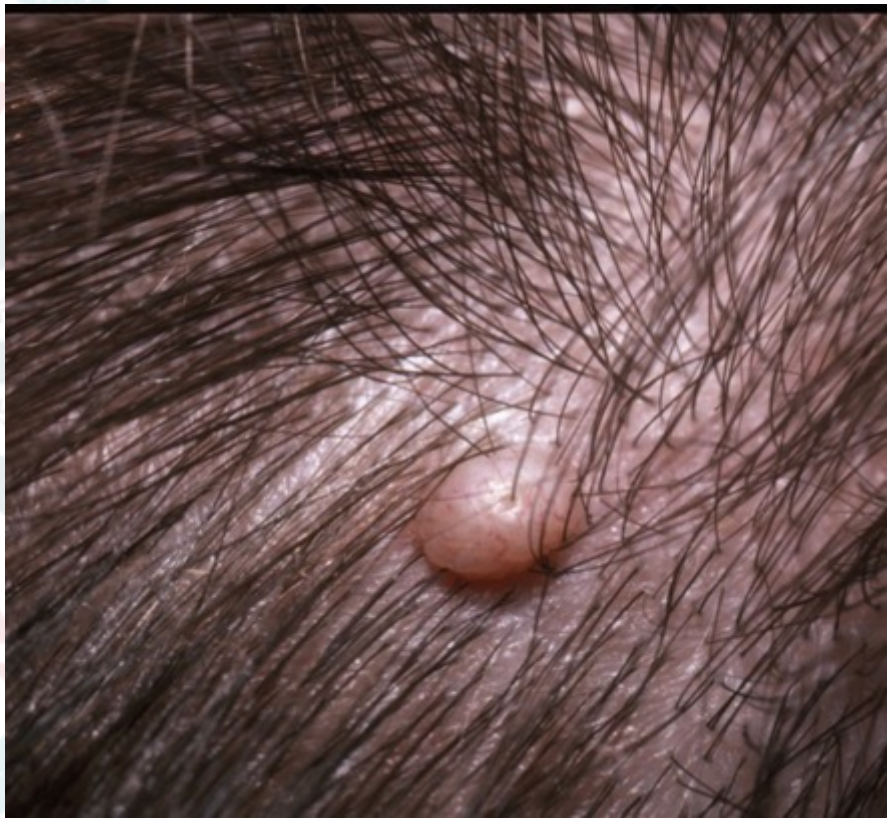
Differential diagnoses:

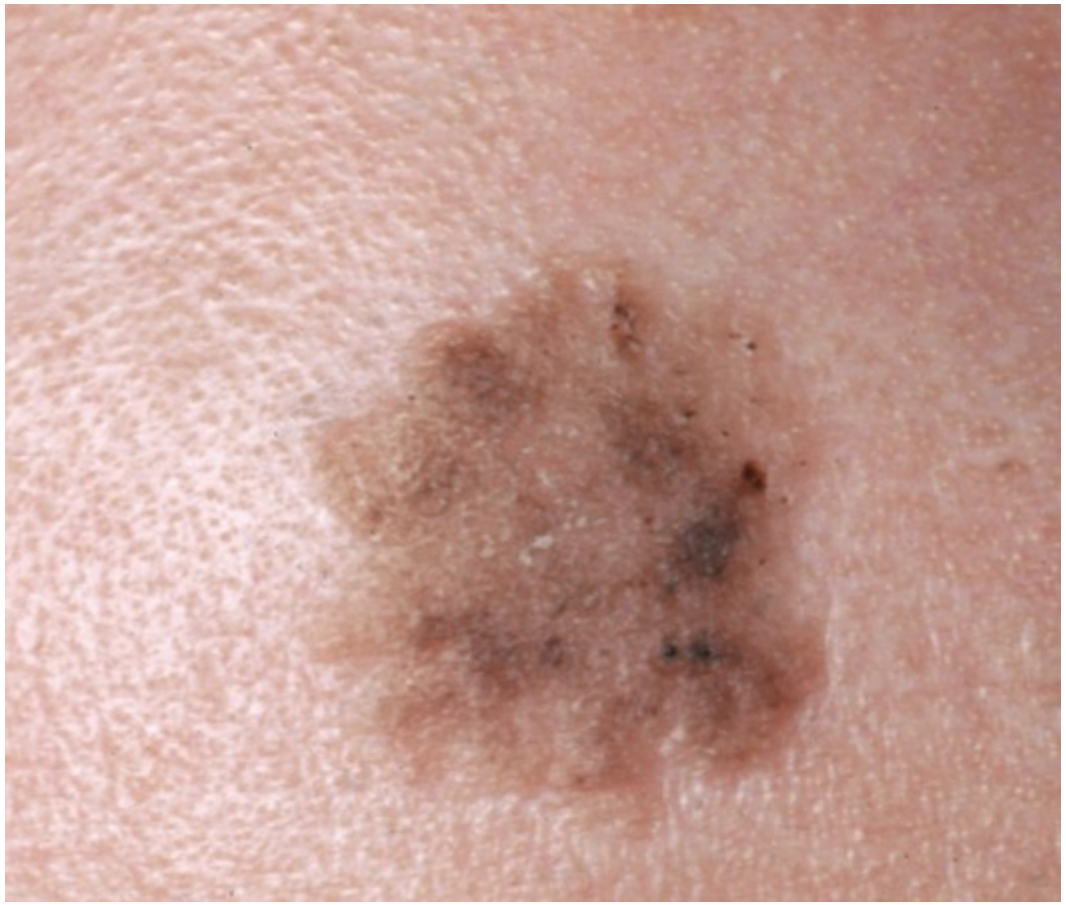




Basal Cell Carcinoma

Differential diagnoses:





Basal Cell Carcinoma

- Diagnosis:
  - Shave biopsy

Basal Cell Carcinoma

Treatment:

- Risk stratify – Low risk versus high risk
  - Low risk: < 2cm, nodular or superficial, clear border, trunk or extremities, immunocompetent, primary
- Topical treatment or ED&C – Can be considered for low risk
- Excision with 4-6mm margin
- Mohs micrographic surgery

Basal Cell Carcinoma

Imiquimod 5% cream

- FDA approved for superficial BCC
- Applied once a day 5x a week for 6 weeks
- Clearance rates ~80%

5-Fluorouracil 5% cream

- FDA approved for superficial BCC
- Applied twice a day for 6 weeks.
- Clearance rate ~70%

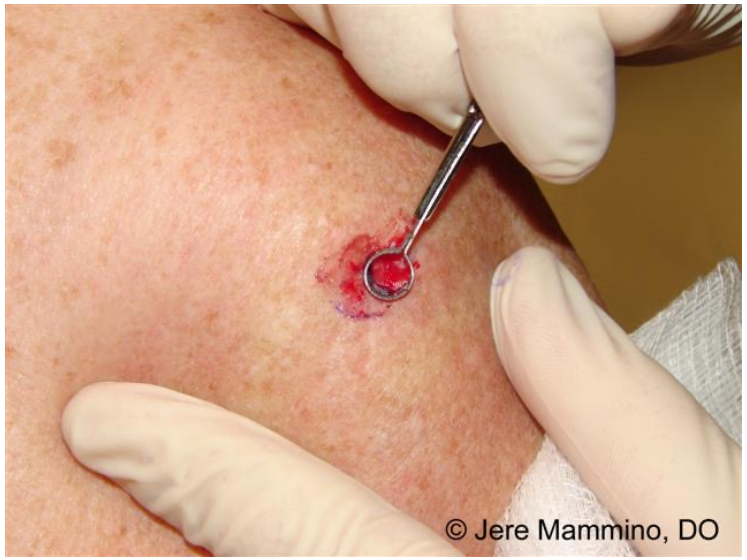
Electrodesiccation & Curettage (~80%)

Basal Cell Carcinoma

Electrodesiccation & Curettage

-Appropriate for superficial and small nodular BCCs

-After numbing with local anesthetic, perform multiple rounds of curettage with a sharp curette followed by electrodesiccation.



Basal Cell Carcinoma

Wide local excision

- Treatment of choice for most lower risk BCC

- 4-6mm margin – clearance rate >95%

Mohs Surgery

- Treatment for high risk BCCs (some variability between institutions) with lower rates of recurrence compared to WLE

Other: radiation, HHI (Vismodegib or Sonidegib)

Basal Cell Carcinoma

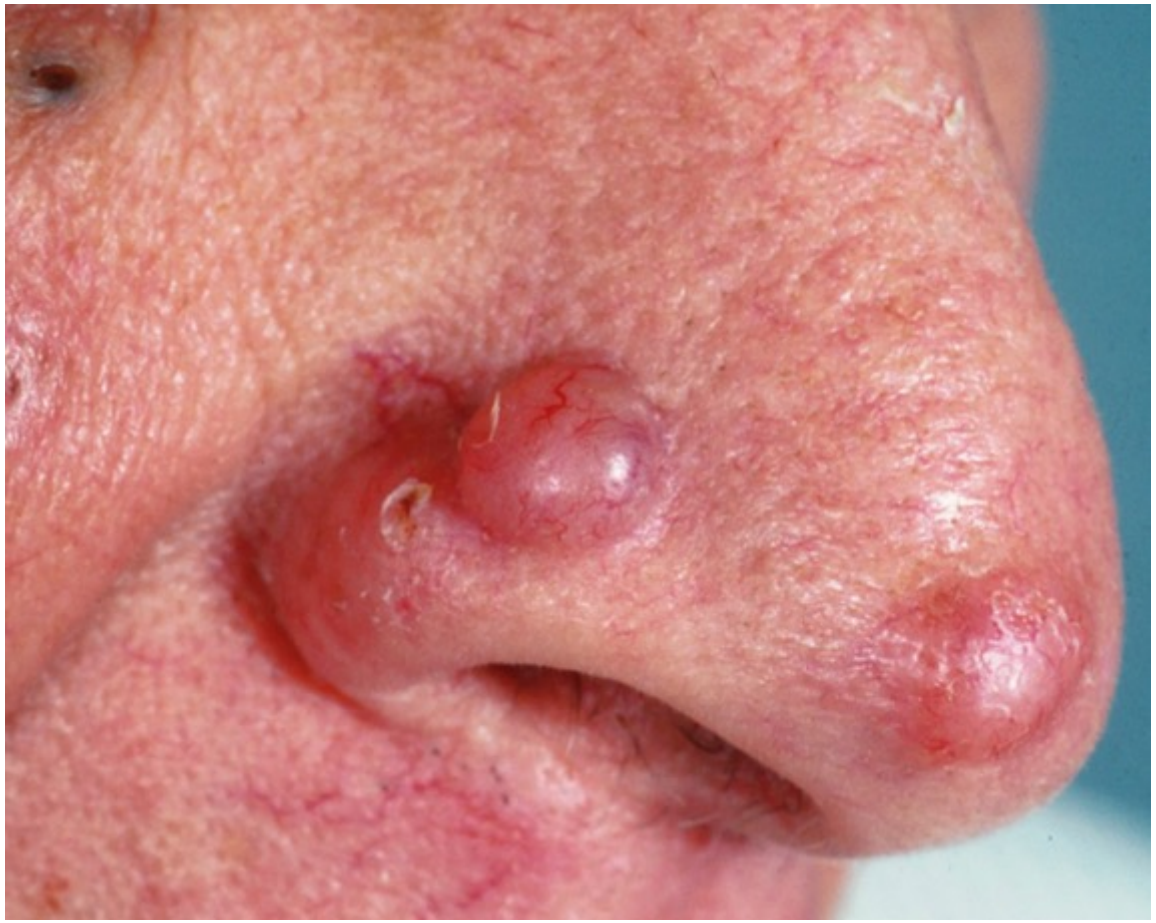
Surveillance

- Approximately **15 percent** of patients with one BCC subsequently develop another primary BCC **within one year**, & **35 percent** of patients develop a new BCC **within five years** after their original diagnosis
- Skin check at every 6 months for at least one year then annually
- Emphasize sun protection

Basal Cell Carcinoma

Case #1

68 yo pt presents with the following finding -

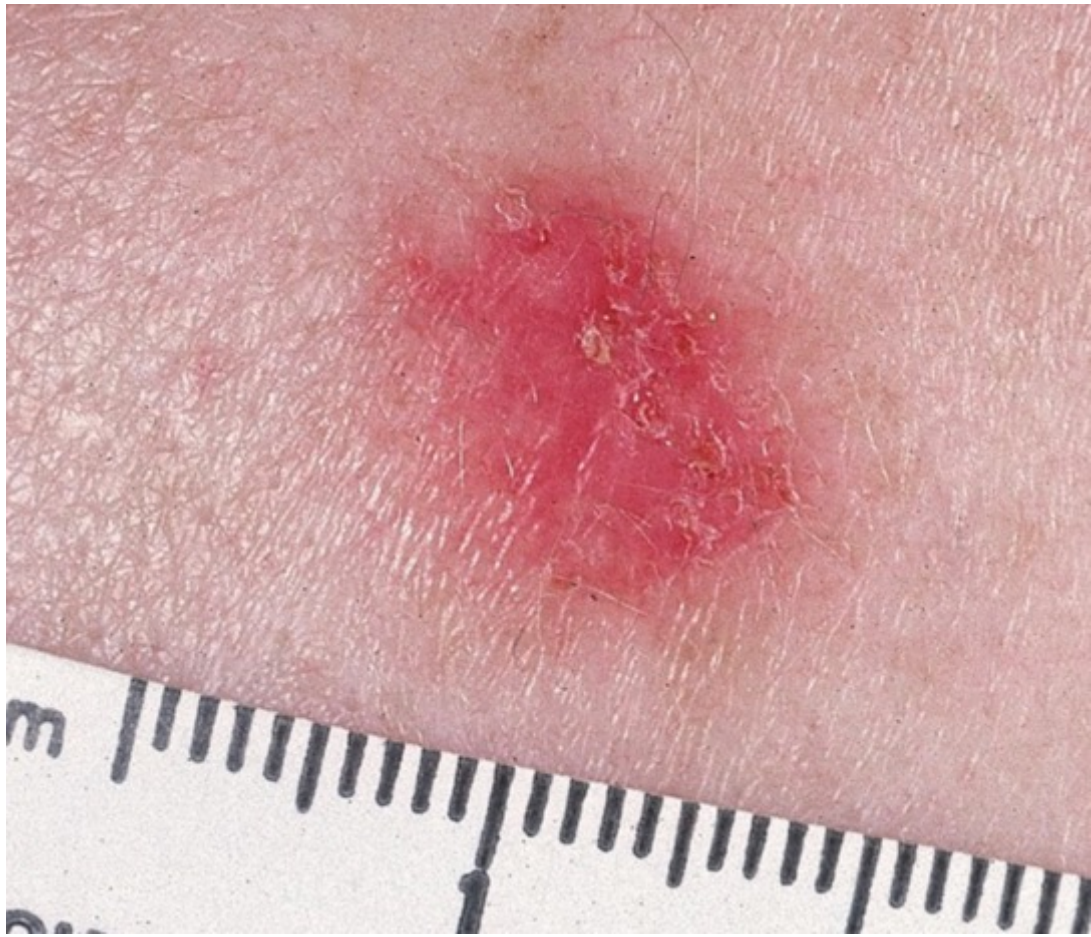


Basal Cell Carcinoma

Case #2

A 35 yo pt presented with the following finding -

Not responding to steroids.



References

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