What Is Basal Cell Carcinoma?

KEY TAKEAWAYS

What does a basal cell carcinoma diagnosis mean?

- BCC is a skin cancer arising from basal keratinocytes or related follicular cells.
- Most localized BCCs are highly treatable, but BCC is not harmless.
- A BCC can invade nearby tissue, recur, and occasionally become locally advanced or metastatic.

What changes BCC risk?

- Risk varies with location, size, borders, recurrence, subtype, nerve involvement, immune status, and prior radiation.
- Pathology subtype and the amount of tumor represented in a sample can change the plan.
- A first small superficial trunk tumor should not be treated as the same risk as a recurrent high-risk facial BCC.

What can BCC look like, and how is it diagnosed?

- BCC may be pearly, pink, scaly, pigmented, ulcerated, or scar-like.
- Appearance cannot prove the diagnosis because benign conditions can look similar.
- History, examination, dermoscopy, and biopsy answer different parts of the diagnostic question.

Key Takeaways

CONTINUED

When is Mohs or another treatment option useful?

- Mohs is not required for every BCC.
- Mapped complete-margin assessment can be valuable for selected higher-risk tumors.
- Many properly selected lower-risk tumors fit standard excision or another simpler option.

How urgent is BCC treatment?

- Most localized BCCs are handled through planned outpatient care rather than an emergency department.
- Urgency rises with rapid growth, symptoms, aggressive pathology, recurrence, critical anatomy, immune suppression, or possible spread.
- A real treatment plan matters even when the situation is not an emergency.

What should I know about prognosis and follow-up?

- For most localized BCCs, prognosis after appropriate treatment is excellent.
- Recurrence risk still depends on the original tumor, treatment and margin method, site, immune status, and follow-up.
- After one BCC, surveillance matters because a person can develop another separate skin cancer.