Basal Cell Carcinoma of the Face Diagnosed and X-rays Treated at Department of Dermatovenerology Sarajevo During the Period of 1996-2000

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SUMMARY

Introduction: Basal and squamous cell carcinomas are often grouped together and referred to as non-melanoma skin cancer. Basal cell carcinoma is the most common form of skin cancer. Basal cell skin cancer occurs on the face, nose, scalp, ears, hands, shoulders and back. Squamous cell carcinoma is the second most common type of skin malignancy. They are most often found on the face especially lower lip. Material and methods: The retrospective study included all patients by whom BCC was diagnosed during the period from January 1996 till December 2000 in Dermatology Department Clinical Center University of Sarajevo. Results: Number of BCC was 188. Male 98, female 90. Localization of BCC on the body in percents: upper lip: 8%, neck: 5%, trunk: 4%, hands: 7%, face: 76%. Representation of BCC on face: cheeks: 51%, nose: 47%, temporal region: 18%, forehead: 17%, periorcular region: 7%, upper lip: 3%. All of the patients were x-rays treated and cured without any failure, with one incident of radiodermatitis and one apparation of recurrences. Discussion: The prognosis for patients with BCC is excellent, with a 100% survival rate for cases that have not spread to other sites. Nevertheless, if BCC is allowed to progress, it can result in significant morbidity, and cosmetic disfigurement is common. Conclusion: The choice of therapeutic method depend on size, location, clinical type of BCC, age, general condition and attitude of the patient. Therapeutic methods can be surgery excision, cryosurgery, electrosurgery, radiotherapy and local cytostatics. Radiotherapy is indicated when BCC localization is inconvenient for surgical excision and it gives great results.

Key words: Basal Cell Carcinoma (BCC), X-ray treated, surviving.

1. INTRODUCTION

The main types of malignant skin cancer are: malignant melanoma, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) (1, 2). Basal and squamous cell carcinomas are often grouped together and referred to as non-melanoma skin cancer. Basal cell carcinoma is the most common form of skin cancer. Basal cell skin cancer occurs on the face, nose, scalp, ears, hands, shoulders and back. Squamous cell carcinoma is the second most common type of skin malignancy (3, 4).

They are most often found on the face especially lower lip. The main cause of basal cell carcinoma of the skin is ultraviolet radiation from the sun, also chronical, mehanical, chemical and termal stimuli (professional cancerogen) and genetics factors (very important in the etiopathogenesis). The symptoms of non-melanoma skin cancer can usually be seen quite easily since they tend to occur most often on sun exposed skin. It is helpful to detect the early sign of skin cancer in order to avoid a larger section of skin from being removed (5, 6).

BCC can appear as a spot or sore that does not heal within several weeks, a spot or sore that continues to itch, hurt, scab, crust or bleed for more than a month and areas where the skin has broken down or ulcerates with no obvious cause, and does not heal within several weeks.

An ulcer is an area that is breaking down and begins to get deeper. This can be called erosion. The area may bleed following minor injury. Tumor size can vary from a few millimeters to several centimeters in diameter. BCCs are slow growing and rarely metastasize (0.028–0.55%).

2. METHODOLOGY

The retrospective study included all patients by whom BCC was diagnosed during the period from January 1996 till December 2000. in Dermatology Department Clinical Center University of Sarajevo.

On the following tables and graphics we represent the results according to the sex of the patient, age, localization of BCC in all body, separate representation of BCC on face and effect of x-ray therapy.

BCC diagnosis was based on PH examination. All patients were treated with X-rays (Dermopan-Siemens), separated dosis.
3. RESULTS
All together 188 patient were diagnosed, of which 90 female and 98 male. Patients were aged 35 to 80. Total amount of BCC was 188. Male 98, female 90. Localization of BCC on the face: cheeks: 51, nose: 47, temporal region: 18, forehead: 17, periocular region: 7, upper lip: 3. Treatment with X-rays in separated dosis showed very successful results.

From all of 188 cases we had only one recidiv on the border. Further more, we found just one radiodermatitis incident.

4. DISCUSSION
Published epidemiologic literature indicates that outdoor workers are at significantly increased risk for BCC, which proves again the fact that the most important risk factor for basal cell carcinoma (BCC) is UV-radiation (7, 8).

The prognosis for patients with BCC is excellent, with a 100% survival rate for cases that have not spread to other sites. Nevertheless, if BCC is allowed to progress, it can result in significant morbidity, and cosmetic disfigurement is common. Although BCC is a malignant neoplasma, it rarely metastasizes. The incidence of metastatic BCC is estimated to be less than 0.1%. Nevertheless, after treatment, which is curative in more than 95% of cases, BCC may develop in new sites. For the primary BCCs, multivariate analysis showed that increasing BCC diameter was the only independent risk factor for high recurrence rates. Patients who are diagnosed with BCC have a 35% chance of developing another tumor within 3 years and a 50% chance of developing another (not recurrent) BCC within 5 years. Therefore, regular skin screenings and clinical follow-ups are recommended to detect recurrent or additional BCC as early as possible (7).

5. CONCLUSION
BCC is the most often skin cancer. In 80-90% localization is in the face area.

The overall cure rate for basal cell carcinoma and squamous cell carcinoma is directly related to the stage of the disease and the type of treatment used. The choice of therapeutic method depend on size, location, clinical type of BCC, age, general condition and attitude of the patient. Therapeutic methods can be surgery excision, cryosurgery, electrosurgery, radiotherapy and local cytostatics. Radiotherapy is indicated when BCC localization is inconvenient for surgical excision (auricle, top of the nose, eyelid), than in the elderly persons and by persons with darker skin color.

Choice of treatment method of BCC with X-ray therapy is by elderly person, on face and multiple cancers. For this diagnostic and therapeutical treatment of BCC is needed multidisciplines admission with dermatologist at the head of.

REFERENCES

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