SKIN SCHOOL

Evidence-based skincare, explained simply.

BASAL CELL CARCINOMA (BCC)

THE DEEP DIVE

A comprehensive guide for patients who want to understand BCC in detail.

1. WHAT IS BCC?

Basal cell carcinoma (BCC) is the most common type of skin cancer. It arises from the basal cells in the lowest layer of the epidermis.

BCC grows slowly, rarely spreads to other parts of the body, but can invade and damage surrounding tissue if left untreated.



GOOD NEWS: BCC is highly treatable, especially when detected early.

2. RISK FACTORS

- Excessive sun exposure
- Sunbeds (UV tanning)
- Fair skin that burns easily
- Age over 50 years
- Family history of skin cancer
- Weakened immune system (immunosuppression)
- Exposure to arsenic or certain chemicals

3. WHAT DOES BCC LOOK LIKE?

BCC can look different from person to person.



PEARLY BUMP
Shiny or translucent bump, often with visible tiny blood vessels.

PINK PATCH
Flat, red or pink patch that may be scaly or slightly raised.

SORE THAT DOESN'T HEAL
May crust, bleed or ulcerate and does not heal within 4–6 weeks.

SCAR-LIKE AREA
Firm, pale or waxy scar-like area, sometimes with an irregular border.

PIGMENTED BCC
Brown, blue or black area, less common but can occur.

BCC most commonly occurs on sun-exposed areas such as the face, ears, neck, scalp and upper trunk. It rarely occurs on palms, soles or areas not usually exposed to the sun.

4. HOW IS BCC DIAGNOSED?

- Your dermatologist will examine your skin and may recommend a biopsy (small shave, punch or excision) to confirm the diagnosis.
- The sample is sent to a laboratory to look at under a microscope (histopathology).
- Other tests are rarely needed.

A BIOPSY IS QUICK, usually done under local anaesthetic, and leaves only a small mark.

5. TYPES OF BCC (BY GROWTH PATTERN)

NODULAR BCC (most common)
Pearly or translucent bump with visible blood vessels. May ulcerate in the centre.

SUPERFICIAL BCC
Red, scaly patch that grows slowly on the surface.

MORPHEIFORM (INFILTRATIVE) BCC
Scar-like, firm, pink or skin-coloured area. May be difficult to see and can grow deep.

PIGMENTED BCC
Brown, blue or black coloured. Less common.

6. TREATMENT OPTIONS

Treatment depends on the size, location, type and depth of the BCC.

SURGICAL EXCISION
The most common treatment. Removes the cancer with a margin of healthy skin.

MOHS MICROGRAPHIC SURGERY
Layer-by-layer removal with immediate microscopic examination. Highest cure rate and best for facial BCCs.

CURETTAGE & CAUTERY
Scraping and burning the cancer. Suitable for small, superficial BCCs.

TOPICAL TREATMENTS
Prescription creams (imiquimod, 5-FU) may be used for superficial BCCs.

PHOTODYNAMIC THERAPY (PDT)
A light-activated treatment that destroys cancer cells. Suitable for superficial BCCs.

RADIOTHERAPY
Used when surgery is not possible or for patients who cannot have surgery.

7. WHAT TO EXPECT AFTER TREATMENT

- Most BCCs are cured with treatment.
- A scar is expected but usually fades with time.
- Follow wound care instructions carefully.
- Attend all follow-up appointments.
- Let your doctor know if you notice any new, changing or non-healing spots.

The earlier a BCC is treated, the smaller the surgery, the better the cosmetic result.

RED FLAGS – SEE A DOCTOR IF:

- A sore or bump that doesn't heal within 4–6 weeks
- A new or changing spot
- Bleeding, crusting or scabbing that keeps coming back
- A pearly, shiny or translucent bump
- A pink or red patch that is scaly or persistent
- Any spot that looks different from others (ABCDE rule – Asymmetry, Border, Colour, Diameter, Evolving)

9. FREQUENTLY ASKED QUESTIONS

Can BCC be cured?	Yes. BCC is highly treatable, and cure rates are very high when treated early.
Will BCC spread?	BCC very rarely spreads to other parts of the body, but it can grow locally and cause damage if untreated.
Will it leave a scar?	Some scarring is normal, but we aim to achieve the best cosmetic result possible.
Can BCC come back?	Yes, BCC can recur. Regular skin checks are important.
How often should I have skin checks?	If you have had a BCC, we recommend skin checks every 6–12 months or as advised by your dermatologist.

10. PREVENTION IS KEY

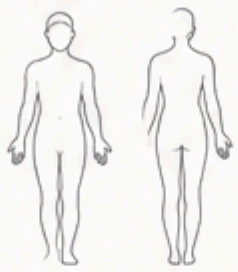
- Use broad-spectrum sunscreen SPF 30 or higher every day.
- Wear protective clothing, wide-brimmed hats and UV-protective sunglasses.
- Seek shade, especially between 10am and 4pm.
- Avoid tanning beds.
- Be extra careful if you have had previous skin cancers.



11. HOW IS BCC DIFFERENT FROM OTHER SKIN CANCERS?

	BCC	SQUAMOUS CELL	MELANOMA
How common?	Most common	Second most	Less common but most serious
Growth rate	Slow	Faster	Can be fast
Spread to other parts of body	Very rare	Rare	Can spread early
Main cause	Sun exposure	Sun damage, precancerous lesions	Sun exposure, moles (sometimes)
Typical look	Pearly bump, pink patch, sore that doesn't heal	Scaly, rough, crusted sore	Often a mole that changes
Treatment	Usually cured with surgery or other local treatments	Surgery, creams, laser, other treatments	Surgery, sometimes sentinel node biopsy, other treatments

12. SELF-EXAMINATION CHECKLIST



- Examine your skin once a month.
- Use a mirror and good lighting.
- Check all areas, including scalp, behind ears, neck, chest, back, arms, legs, hands and feet.
- Look for anything new, changing or unusual.

13. LIVING WELL AFTER BCC

- Protect your skin every day.
- Keep up with regular skin checks.
- Report any changes early.
- Maintain a healthy lifestyle – diet, exercise, don't smoke.
- You are not alone – support is available.

A positive mindset, good sun protection and regular follow-up help you feel confident and in control.

KEY TAKE-MESSAGE

BCC is common but highly treatable. Early detection, the right treatment and ongoing sun protection are the best ways to protect your skin and health.

14. BEFORE & AFTER: WHAT TO EXPECT

Results vary depending on the size, type and location of the BCC.

EXCISION (Face)

Before / After



Small scar that fades over time.

MOHS SURGERY (Nose)

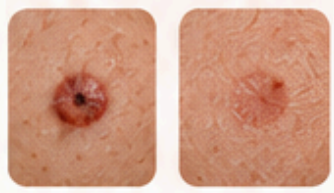
Before / After



Best cosmetic outcome for facial areas.

CURRETTAGE & CAUTERY (Shoulder)

Before / After



May leave a small pale mark that fades.

16. COSMETIC CONSIDERATIONS

- Scars usually improve with time.
- Silicone gel or sheets, gentle massage and sun protection can help.
- If needed, treatments like laser, microneedling or injectables can further improve scars (ask your dermatologist).

Ask your dermatologist about the best options for your skin.



16. USEFUL RESOURCES

- DermNet NZ – dermnetnz.org
- National Cancer Institute – cancer.gov
- Cancer Association of South Africa – cansa.org.za

17. FINAL TAKE-HOME MESSAGE

- Know your skin and check it regularly.
- Protect your skin from the sun.
- See your dermatologist if something doesn't look or heal right.
- Early care leads to the best outcomes.
- Healthy skin, healthy you.

This information is for educational purposes only and does not replace professional medical advice. Always consult your dermatologist for personalised care.

Important: Always use treatments as prescribed by your dermatologist. Do not use topical steroids on face or thin skin areas unless advised.