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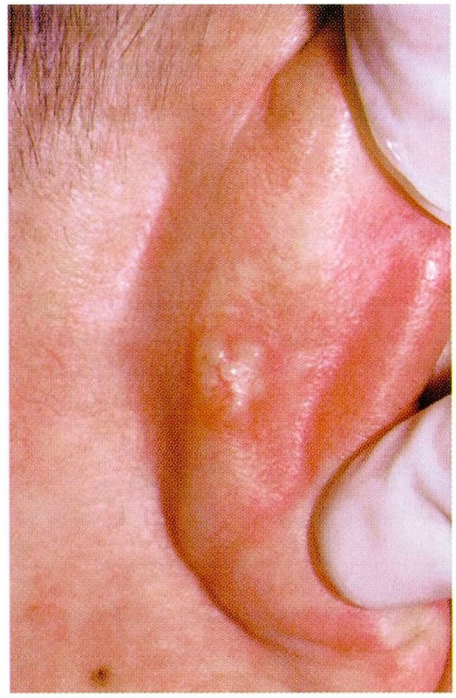
The Clinical Picture

A 70-year-old farmer with a skin lesion

Q: A 70-YEAR-OLD FARMER had an asymptomatic, shiny, eroded plaque on the right ear, which occasionally bled. He had no history of skin cancer.

What is the most likely diagnosis?

- ❑ Basal cell carcinoma
- ❑ Verruca vulgaris (wart)
- ❑ Seborrheic keratosis
- ❑ Psoriasis
- ❑ Chondrodermatitis



A: THE CORRECT ANSWER is basal cell carcinoma, the most common type of skin cancer, which affects up to a half million persons in the United States each year—four to five times as many as squamous cell carcinoma, the next most common type.

Chronic, excessive sun exposure is the undisputed cause of the vast majority of cases of basal cell carcinoma and squamous cell carcinoma. Most often affected are persons with a fair complexion (blue or green eyes, blonde or red hair, freckles), especially those who burn easily.

Basal cell carcinoma typically occurs on sun-exposed skin, most often on the head and neck. Although it is invariably slow-growing, if unattended it can invade underlying tissue and destroy vital structures such as the orbit or nose, often with appreciable disfigurement. It is a localized neoplasm, with no tendency to spread to regional lymph nodes, unlike squamous cell carcinoma, which can metastasize, though infrequently.

Most basal cell carcinomas are either superficial, nodular, or infiltrative, and the clinical presentation can vary, from an eczematous plaque that resembles dermatitis to a more-typical shiny telangiectatic papule, plaque, or nodule, often with atrophy and ulceration. Secondary changes are common: eg, bleeding, ulceration, and fibrosis.

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Biopsy establishes the diagnosis. Therapy depends on the size and site of the tumor. For most tumors, especially those smaller than 1.5 cm on the trunk and extremities, curettage with desiccation or simple excision are adequate, with cure rates of 95% to 98%. For larger or recurrent tumors or tumors on the face near the orbit or on the nose, ears, or lips, Mohs surgery (surgical excision with immediate evaluation by frozen section) is the treatment of choice.

Follow-up is essential. Examine the patient every 6 to 12 months for recurrent disease or new skin cancer.

Instruct patients to decrease their sunlight exposure and to always use sunscreen when outdoors.

SUGGESTED READING

Goldberg LH. Basal cell carcinoma. Lancet 1996; 347:663–667.

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