

BASAL CELL CARCINOMA

DRM-5 Protocol and Pathway – Dermatology Specialty (29/03/2011)

Patient presents



Primary Care by GP:

Suspected Basal Cell Carcinomas should be referred to the Consultant Dermatologist direct.

Diagnostic tips:

- Basal cell carcinoma (rodent ulcer is the most common skin cancer)
- 90% occur on head and neck on chronic light damaged skin
- Slow growth often over several months or years
- Non healing ulcer which may bleed and crust
- Skin coloured with pearly rolled edge
- Less common variants include pigmented and morpoeic.

SEND ALL SPECIMENS TO PATHOLOGY

Primary care therapeutic tips:

The risk of developing another BCC is high (40% over 5years).
Provide patient education about sun avoidance and sun protection.

Onward referral to Dermatology/plastic surgery consultant:

- High risk patients requiring urgent referral
- Diagnosis uncertain
- Morpoeic or sclerosing BCC with indistinct margins
- High risk sites e.g. naso-labial folds
- Cosmetically difficult sites e.g. periorbital
- High risk patients i.e. immunosuppressed
- Patients with multiple tumours
- Advice about use of imiquimod for superficial BCC.

Key

Patient presents

GP level intervention

Alternative Outpatient Service

Acute hospital

Red flag