

Basal Cell Carcinoma (BCC) Fact Sheet

Cancer Type: Skin Cancer (Non-Melanoma)

Most Common Location (Ocular): Eyelids and surrounding periocular skin

Website Reference: OcularCancer.com

What is Basal Cell Carcinoma?

Basal Cell Carcinoma (BCC) is the **most common form of skin cancer** and frequently occurs on **sun-exposed areas** such as the **eyelids, face, and neck**. Although BCC grows slowly and rarely spreads (metastasizes), it can be **locally invasive** and cause significant tissue destruction if not treated early - particularly in sensitive areas like the **eye and surrounding structures**.

ii Key Facts:

- Most common eyelid cancer (accounts for ~85 90% of eyelid malignancies)
- Global prevalence: 2 3 million cases annually (all forms)
- Highest risk locations: Lower eyelid, medial canthus (inner corner of the eye)
- Gender: Slightly more common in men
- Age of Onset: Most common in people over 50

Causes & Risk Factors:

- Chronic sun exposure (UV radiation) #1 cause
- Fair skin, light eyes, light hair
- History of frequent sunburns
- Age > 50
- Immunosuppression (e.g., transplant patients)
- Exposure to arsenic or radiation
- **Genetic syndromes**: Basal Cell Nevus Syndrome (Gorlin Syndrome)

Signs and Symptoms (Periocular/Facial BCC):

- Painless bump or nodule on the eyelid or near the eye
- **Ulcer** that does not heal ("rodent ulcer")
- Scab or sore that repeatedly bleeds and crusts
- Pearl-like or translucent appearance
- Loss of eyelashes near the lesion
- Eyelid distortion or notching
- **Tear duct obstruction** (when near inner canthus)

^⁰ Diagnosis:

- Clinical examination by dermatologist or oculoplastic specialist
- **Dermatoscopy** (magnified skin imaging)

- **Biopsy** (shave, punch, or excisional) for histological confirmation
- Imaging (MRI/CT) in larger or deeply invasive tumors near the orbit or sinuses

拳 Histologic Subtypes:

- Nodular BCC (most common)
- Superficial BCC
- Morpheaform (sclerosing) more aggressive and infiltrative
- Pigmented BCC often confused with melanoma

Treatment Options:

- Surgical excision with histopathologic margin control
- Mohs micrographic surgery: Gold standard for facial/eyelid lesions due to precision and tissue preservation
- **Cryotherapy:** For superficial lesions
- Radiation therapy: For non-surgical candidates
- Topical therapies: Imiquimod or 5-fluorouracil for select superficial cases
- Oral targeted therapies (e.g., vismodegib): For locally advanced or recurrent BCC

Ocular Considerations:

- Lesions near the medial canthus may invade the lacrimal system, orbit, or sinus
- Untreated tumors may cause vision loss, eye displacement, or orbital invasion

• Complex cases may require oculoplastic surgery or multidisciplinary care

@ Prognosis:

- Excellent prognosis with early detection and treatment
- Cure rates >95% with Mohs surgery
- Local recurrence: ~5 10%, higher in morpheaform BCC
- Metastasis is extremely rare (<0.1%), but possible in neglected or deeply invasive cases

Follow-Up & Monitoring:

- Annual skin and eye exams
- More frequent follow-up for patients with:
 - Multiple previous skin cancers
 - Immunosuppression
 - High-risk histologic subtypes

Support & Resources:

- Dermatologic and oculoplastic specialists
- Cancer support groups for facial disfigurement or reconstructive surgery
- Sunscreen and UV protection education
- Mental health support for cosmetic/visual changes

★ Key Takeaways:

- Basal Cell Carcinoma is common but serious especially near the eye.
- UV protection and early detection are key to prevention and successful treatment.
- Periocular BCCs require specialized care to **preserve vision**, **function**, **and appearance**.
- Mohs surgery offers the best outcomes for sensitive facial areas.
- For more info, survivor stories, and support, visit:
- OcularCancer.com Your trusted source for rare and periocular cancers.