

BASAL CELL CARCINOMA (BCC)

This is a lump on the lids most commonly the lower lid. It is the commonest form of lid neoplasia. However they grow locally only and do not spread. They only grow very slowly over time but obviously need to be removed to prevent further growth.

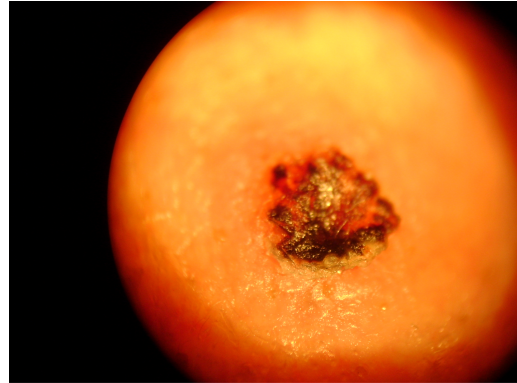
They occur most commonly occur on the lower lid. Metastases do not occur but local spread does occurs hence why they must be removed.

They may bleed at times or form a scab in the centre as they grow.

CLINICAL

They appear as Nodulars on the lid that may well ulcerate and bleed. They may cause a loss of the eye lashes, turning out of the eye lid or notching of the lid.

Typical stories include noting a small growth, that then bleeds either spontaneously or if knocked. Spots that to not appear to heal.



MANAGEMENT

Excision: is the ideal treatment which can be backed up by histology. When you look under the microscope you know exactly what the lump was.

Larger ones are often done with a technique called “Mohs” which uses frozen sections to ensure the margins are clear. This is often done in a 2 stage process.

Radiotherapy has been used: useful in selected cases but it can result in long term complications such as skin atrophy and canalicular stenosis.

Cryotherapy (freezing treatment) is rarely used because histological control is impossible and the resulting skin atrophy (especially depigmentation with dark skins).

If histological clearance is not achieved then recurrence is to be expected eventually (average time 18 - 24 months)

Recommendation is to see an Oculo-Plastic Surgeon for their removal.

Locally I refer to Miss Rajni Jain – Bishops Wood Hospital, 149 Harley Street. NHS Practice is The Hillingdon Hospital, Mount Vernon Hospital and The Western Eye Hospital. 020 7616 7783

Or

Miss Jane Olver at The Western Eye Hospital, 73 Harley street - 020 7935 7990

Adapted from Extracted from PRACTICAL OPHTHALMOLOGY