



## Applications and Treatment of Basal Cell Carcinoma

Sun Lee\*

Department of Biomolecule, University of Keio, Minato, Japan

### DESCRIPTION

Basal Cell Carcinoma (BCC) begins with the basal cells. It is a type of skin cell that produces new skin cells when old skin cells die. Basal cell carcinoma often appears as a slightly translucent ridge on the skin, but it can also take other forms. Basal cell carcinoma most commonly occurs in areas of the skin that are exposed to the sun, such as the head and neck. Use sunscreen to avoid the sun and protect against basal cell carcinoma. Basal cell carcinoma occurs when one of the basal cells of the skin mutates its DNA. The basal cells are located in the lower part of the epidermis (the outermost layer of the skin). Basal cells produce new skin cells. When new skin cells are created, they push the old cells to the surface of the skin, where the old cells die and are washed away. The process of forming new skin cells is controlled by the DNA of the basal cells. Mutations direct the basal cells to proliferate rapidly and continue to grow usually at the time of death. Ultimately, the abnormal cells that accumulate can form cancerous tumors that appear on the skin.

Basal cell carcinoma is the most common type of cancer in the world and its overall incidence continues to increase. Basal cell carcinoma is usually a slow-growing tumor with rare metastases, but it can be locally destructive and disfiguring. Given the prevalence of this disease, there is a significant overall burden on the well-being and quality of life of the patient. The current mainstream treatments for basal cell carcinoma are electrical stimulation and surgical modalities such as curettage, excision, cryosurgery surgery. Such methods are usually reserved for localized basal cell carcinoma and provide a high cure rate for 5 years but with a risk of dysfunction, deformity, and scarring. BCC studies treated with various extracorporeal radiation therapies. A multicenter study evaluating the use of distance therapy in the treatment of nBCC and sBCC as evidenced by

biopsy control group. However, treatment has significant drawbacks because external ionizing radiation has considerable penetrating capacity and can cause unintended damage to surrounding tissues and organs.

Given the variety of non-surgical treatment options available in BCC physicians have many factors in determining which treatment or combination of treatments best achieves a patient's goals. In addition, non-surgical treatment is usually more effective with superficial BCC than with nodular BCC. For deep or invasive BCC non-surgical modality should be used with caution and clinicians should consider a combination of treatments to minimize. For dermatological reasons, laser treatment uses monochromatic light to remove the most superficial layers of skin. Continuous wave lasers have been used in the past but they have increased the likelihood of causing non-specific thermal damage, resulting in atrophic or hypertrophic scars. Pulsed lasers provide a rapid, high-intensity burst of light, and the skin is more commonly used today for more selective vaporization.

Solassodin glycoalkaloids are a group of naturally occurring compounds found in plants of the Solanaceae family such as eggplant. Their effectiveness has been demonstrated in the treatment of actinic keratosis and light-damaged skin, but the exact mechanism of action is unknown. These compounds are hypothesized to destroy cell membranes or increase the expression of tissue necrosis factors. However, the results are not stratified by BCC subtypes and cosmetic results have not been evaluated. The treatment is well tolerated and no major systemic side effects other than site reactions such as irritation and erosion have been reported. Further research is needed to determine long-term recurrence rates before this becomes the recommended treatment.

**Correspondence to:** Sun Lee, Department of Biomolecule, University of Keio, Minato, Japan, E-mail: lee@gmail.com

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