

**EPIDEMIOLOGICAL ASPECTS
OF BASAL CELL CARCINOMA
IN THE HEAD & NECK**

*Thesis Submitted for the partial fulfillment of
Master Degree in General surgery*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**قالوا سبحانك لا علم لنا إلا ما علمتنا،
إنك أنت العليم الحكيم**

صدق الله العظيم

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*TO MY
PARENTS*



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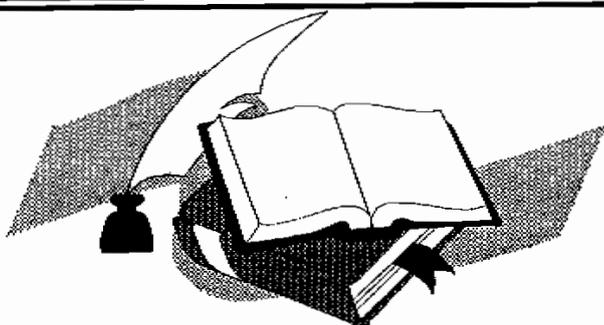
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*Introduction and
Aim of the Work*

INTRODUCTION AND AIM OF THE WORK

Cancer of the skin is one of the commonest malignant conditions among different population. Most studies reveal an increasing incidence of skin cancer (*Cancer statistics; 1985*).

Statistics published by the American Cancer Society in 1987 revealed that non-melanotic skin cancer is the commonest malignant neoplasm (*Marks, et al; 1987*). It constitutes one third of all cases of cancer diagnosed in USA each year (*Cancer statistics ;1987*). More than 500,000 cases of skin cancer were reported in united states in 1987 (*Silverberg, et al; 1987*).

There are two types of non melanotic skin cancer which are basal cell carcinoma and squamous cell carcinoma. Basal cell carcinoma constitutes more than 75% of the non melanotic skin cancer (*Gupto, et al ;1986*).

More than 75% of the initially presented lesions of all Basal cell carcinoma appear in the head and neck, 16% in the limbs and 9% in the trunk.

The incidence of the Basal cell carcinoma begins to rise after the age of 30 and peaks at 70 years. However some cases had been reported in children (*Emmett and Broadbent; 1981*).

Basal cell carcinoma may occur in association with specific disease entities such as xeroderma pigmentosum, nevus sebaceous or epidermodysplasia. Other important predisposing factors are: radiation, trauma, immunosuppression, albinism and burn scars. However exposure to sun UVR is considered the most common and important etiological factor (*Gugman, et al; 1969*).

Basal cell carcinoma is a locally malignant cutaneous neoplasm that arises from the basal cell layer of the epidermis, and the adnexal structures of the skin. It is characterized by nests or sheets of small basal cells having large oval nuclei (*Cottel; 1988*).

The individual lesion is a smooth rounded elevated papule, fleshy or pigmented in color and of variable sizes. The majority of the lesions behave in a benign fashion while others are truly invasive resulting in ulceration and gross destruction.

It can be misdiagnosed with many other tumors due to its behavior and locality. So differentiation from other tumors should be determined (*Emmett; 1980*).

Basal cell carcinoma is diagnosed mainly clinically but all lesions must be confirmed with histopathological study (*Emmett ; 1980*).

The main problem in basal cell carcinoma is that it is painless and slowly growing tumor and rarely attracts the attention of the patients until it reaches a large size.