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Editorial

Basal cell carcinoma

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"And though she be but little, she is fierce," wrote Shakespeare in "A Midsummer Night's Dream." We can very well say the same of this lesion, which is deceptive enough to look like a tiny rodent bite on the skin. Basal cell carcinoma (BCC) was first described in 1827 by Arthur Jacob, an Irish ophthalmologist.[1]

Not surprising, since BCC accounts for about 90% of all eyelid malignant tumors.[2] Early diagnosis and appropriate treatment of BCC lead to adequately favorable outcomes. In developing countries, however, the management is often delayed due to the innocuous appearance or misleading manifestations of the lesion, the lack of symptoms, or the propensity for patients to consult indigenous medical practitioners for "warts" and "moles." Therefore, the importance of up-to-date information about BCC cannot be overemphasized. Misleading manifestations include morphologic variations (red dot BCC, for example), unusual sites (scars, intraoral, or intravascular lesions), and unusual or uncommon histologic variants.[3,4]

While the time-tested modes of diagnosis and treatment have yielded favorable outcomes in the majority of cases, innovations in the management of BCC have led to more effective results.

Machine learning and deep learning algorithms enable computers to process medical data quickly and accurately to minimize the element of human error. Artificial intelligence technology results in diagnostic precision in the evaluation of margin involvement in whole slide images intraoperatively.[5] In the case of metastatic BCC, identical gene mutations can be detected by genetic analysis from both the primary and metastatic lesion, thus confirming the origin of the metastasis.[6]

Besides oral Hedgehog pathway inhibitors (HHIs) and intravenous immunotherapy, topical patidegib 2% gel showed a reduction of 51.29% in the number of tumors from baseline in 17 patients with BCC nevus syndrome or Gorlin's syndrome, as well as in sporadic BCCs. Taladegib, a second-generation oral HHI, also showed promising results in patients with Gorlin syndrome as well as in patients with advanced BCC.[7] The incidence of BCC is less in tropical countries, attributed to the protective effect of melanin. However, recent studies have pointed to a rise in BCC in the Indian population as well.[8]

This issue has three review articles on BCC. The first review focuses on the epidemiology of BCC. The second article gives an overview of histological aspects. The third review of the issue discusses the treatment options that are found effective in BCC.

Through these review articles, we are attempting to increase awareness regarding this eminently treatable condition to ensure early diagnosis and prompt treatment.

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Declaration of patient consent

Not required as there are no patients in this article.

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Conflicts of interest

Dr. Manikoth Payyanadan Binitha is on the editorial board of the Journal.

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