

DERMATOPATHOLOGY

Derm is the Greek word for skin.

Pathology is the study of disease.

Dermatopathology is the study of skin disease.

BASAL CELL CARCINOMA

This patient information was medically reviewed by:

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SkinPath Solutions only employs Board Certified Dermatopathologists. All borderline or malignant pigmented lesions and complex or difficult diagnoses are reviewed in committee.

For more information on this and other skin diseases, please contact the following or visit their websites:

The Skin Cancer Foundation

212-725-5176

www.SkinCancer.org

The American Academy of Dermatology

847-240-1280

www.aad.org

Dermatopathologists are physicians who have completed specialized fellowship training, after medical school and residency, in the study of diseases of the skin. Following their dermatopathology fellowship, they are required to pass a board certification exam that qualifies them to specialize in microscopic evaluation of biopsies from the skin, hair and nails. Dermatopathologists with SkinPath Solutions are consultants for your clinician. Our role is to provide an accurate and timely diagnosis so that you may receive optimal care.

Once a biopsy is taken, it must be transported to the laboratory. In the laboratory, a team of individuals who are specifically trained in handling skin specimens prepares your biopsy for microscopic examination. The process includes gross examination, proper fixation and processing of the tissue, and placing very thinly sliced sections of your biopsy on a glass slide. These thin sections are then treated with chemical stains, which enable thorough examination of your biopsy by the dermatopathologist.

A clear and concise report is written and your diagnosis is reported to your clinician. Similar to services provided by a radiologist or anesthesiologist, your insurance provider will be billed for our services based upon an amount contracted by your insurance provider. You will be responsible for any deductible or copay amount, which is determined by the insurance plan you have selected.

Your clinician chose SkinPath Solutions because we work diligently to provide the best possible care for their patients. We have earned their trust and we strive each day to provide exceptional care in our state-of-the-art dermatopathology laboratory.



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www.SkinPathSolutions.com



Providing the Best Dermatopathology
Services Under the Sun

BASAL CELL CARCINOMA

Skin cancer is the most common form of cancer and basal cell carcinoma (BCC) is the most common of all skin cancer types. About 3 million Americans are diagnosed with BCC each year. The basal layer of the skin is the deepest layer of the epidermis, which is the outer layer of the skin. BCC will not usually metastasize or move to other organs. It can be disfiguring if it is not diagnosed and removed in a timely manner. Your clinician will discuss your treatment plans, but BCC is not life threatening and has an almost 100% cure rate. Patients who have had BCC have a higher chance of developing other skin cancers, such as squamous cell carcinoma (SCC).

The ABCDEs of Melanoma:

The American Academy of Dermatology (AAD) has established an understandable guide to possible malignant melanoma (MM), the most dangerous kind of skin cancer.

A is for Asymmetry

If a mole is asymmetrical, you should be concerned and have it looked at by your clinician.



B is for Borders

If a mole has a poorly defined or irregular border, you should be concerned and have it looked at by your clinician.



C is for Color

If a mole has several different shades of black, brown, tan, red, white or blue, you should be concerned and have it looked at by your clinician.



D is for Diameter

If a mole is larger than 6mm (the size of a common pencil eraser), you should be concerned and have it looked at by your clinician.



E is for Evolving

If a mole has noticeably changed over time, you should be concerned and have it looked at by your clinician.

IDENTIFICATION OF BCC:

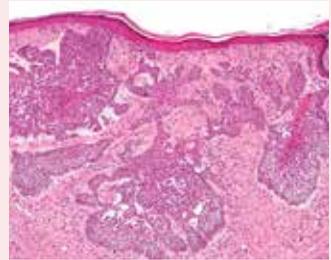
BCC is typically found on sun-exposed areas of the skin, like the nose, ears, scalp, chest and back. They are typically small bumps that appear white and raised as they begin to develop. Later, blood vessels can be seen near the surface and they become large, shiny bumps. They may also appear as pimples that bleed and keep recurring in the same place and do not heal after three weeks or longer. They can be white, red or brown areas, and their borders can be hard to define visually. Sometimes they appear as scaly patches that itch, and other times there is no pain or sensation associated with them. BCC is diagnosed by microscopic examination by a dermatopathologist.



Basal Cell Carcinoma

CAUSES AND PREVENTION OF BCC:

BCCs are thought to be caused by overexposure to the harmful rays of the sun. They are becoming more common, but that could be the result of people living longer or an improved ability to diagnose them properly. Limiting your exposure to the UV rays of the sun will help prevent BCC. Wearing sunscreen with a Sun Protection Factor of 15 or higher, long sleeves and hats with brims will help limit your exposure. Seeking shade and avoiding the sun between 10 a.m. and 4 p.m. will also reduce your risk of BCC. Never use a tanning bed.



Microscopic Image of Basal Cell Carcinoma

TREATMENT FOR BCC:

BCC is treated by removing the cancerous cells. Depending on the size and location, this can be done by electrodesiccation and curettage (ED&C), excision, or during the removal of the biopsy. Mohs surgery is also a technique used to remove large or aggressive BCCs as well as BCCs that are in cosmetically sensitive areas. None of these treatments is very painful. Your clinician or Mohs surgeon has local anesthetics that will make treatment as painless as possible. Treatment sites typically heal within five to seven days, and scarring is minimal.



BCC Excision Site