



## 1. BASAL CELL CARCINOMA, CLINICAL ASPECTS

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**Introduction.** Basal cell carcinoma (BCC) is a non-melanocytic skin cancer that originates from the basal cells of the epidermis. This condition is characterized by a continuously increasing incidence, attributed to the aging process of the population and extensive exposure to sunlight radiation. Predominantly located on the facial area, BCC can cause significant morbidity and disfigurement, highlighting its impact on the quality of life for affected patients.

**Aim of study.** Determining the specific clinical signs that characterize BCC.

**Methods and materials.** To identify relevant articles, databases such as NCBI, PubMed, and Medscape were utilized.

**Results.** Clinically, BCC presents with various morphologies. Cutaneous lesions in BCC can appear in different forms, such as nodules, plaques, or ulcers, affecting the skin surface. The color of BCC lesions can vary from pale pink to dark red. The edges of BCC-induced lesions can be pearly or translucent. BCC may cause mild bleeding or ulcers. Ulcers can form crusts and exhibit a dragging appearance. BCC tends to develop more frequently in sun-exposed areas, such as the face, ears, neck, and scalp. Generally, BCC develops slowly and rarely spreads to other parts of the body. Typically, BCC is not associated with intense pain. Patients often notice a change in skin texture or appearance rather than intense physical discomfort. Exposure to UV radiation is the primary risk factor for the development of basal cell carcinoma.

**Conclusion.** Specific features are characterized by an 85% occurrence of tumors on the face, head, and neck. Other characteristic features of BCC tumors include waxy papules with a central depression and a pearly appearance. Subsequent erosion or ulcers, often central and pigmented, persist with bleeding, especially when traumatized. Represented by surface telangiectasias and slow growth: 0.5 cm in 1-2 years.