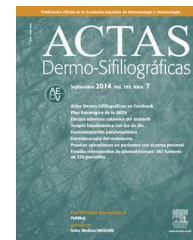




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RESIDENTS' ROOM

New Perspectives in the Management of Basal Cell Carcinoma[☆]



RF-Nuevas perspectivas en el manejo del carcinoma basocelular

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PALABRAS CLAVE

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Itraconazol

Basal cell carcinoma (BCC) is a problem of increasing magnitude. It is considered to be the most common neoplasm in whites and accounts for 80% of skin cancers; its

incidence is continuing to increase progressively around the world. However, our understanding of the biology of this tumor is improving and we have an ever more extensive range of diagnostic and therapeutic techniques at our disposal.

Localized BCCs that are candidates for surgical excision or local treatments are extremely common, to the extent that in some countries, such as the United Kingdom, they are considering the possibility that these tumors be treated by nondermatologic physicians or even by non-medically qualified health professionals.¹ Taking into account that surgery is still the treatment of first choice, the study published in *Actas Dermosifiliográficas* by Bassas et al.² shows that the results of surgery are better when performed by dermatologists rather than other specialists. Not only are dermatologists fully aware of the clinical and dermoscopic features of BCC, but they are also able to apply techniques such as Mohs micrographic surgery, essential in certain selected cases, and to use investigations such as high-frequency skin ultrasound and in vivo or ex vivo confocal microscopy, which provide better delimitation of tumor margins.^{2,3} A wide range of alternatives to surgery is available for nonaggressive BCC; cryotherapy, photodynamic therapy, and topical imiquimod are some of the most widely used treatment options. The use of combined treatments, particularly cryoimmunotherapy (the use of cryotherapy followed by imiquimod), proposed as a possibility for BCCs with an incomplete response to topical imiquimod, are gradually attracting greater attention.^{1,4}

Locally advanced, metastatic, and multiple BCCs are much less common. In these cases, vismodegib—an inhibitor

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of the smoothed receptor, which forms part of the hedgehog signaling pathway—became available in 2012 as a promising new option, with variable but encouraging results in these indications. Further experience is required with the use of this drug, which is not free from side effects and for which potential resistance has already been reported. Perhaps more surprising is the potential therapeutic effect of other hedgehog pathway inhibitors such as itraconazole, whose use in the treatment of BCC has recently been described by Kim et al.⁵ Itraconazole has produced less dramatic results than vismodegib, but it has a better known and more tolerable side effects profile.

Nonmelanoma skin cancer, particularly BCC, continues to be a public health challenge. New options for diagnosis, treatment, and prevention are on the horizon, not only for typical cases but also for complex ones, and this will no doubt contribute to better care of the population.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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