

INTRODUCTION

Basal cell carcinoma is the most common skin cancer accounting for at least 75% of all malignant skin tumours (*Grimwood et al., 1986*).

Basal cell carcinoma primarily affects sun-exposed areas of the body in light skinned races (*Synkowski et al., 1985*).

Basal cell carcinoma is usually a single lesion most commonly occurring in middle aged and elderly people, but it may occur in younger people and non exposed sites (*Stern, 1985*).

Although basal cell carcinoma is essentially non metastasizing tumour, progressive local invasion with destruction of underlying structures including bone may result in disfiguration, loss of an organ such as an eye and even leads to death. Uncommonly distant metastases are found (*Stern, 1985*). Lymph nodes are said to be the commonest site for metastases followed by bones, lungs and liver with brain, dura, kidney and skin being much less frequent (*Howat and Levick, 1987*). Several methods and techniques are available and applied for the treatment of basal cell carcinoma. There are five conventional methods; surgery, curettage and electrodesiccation, radiation, cryosurgery and chemosurgery (Mohs' surgery) in addition

to other newer ones as immuno therapy, topical therapy and electron beam irradiation. The main goals of any method of treatment of basal cell carcinoma are, the achievement of cure by complete eradication of the disease, maintenance and preservation of the function of the part and maintenance of cosmesis.

AIM OF THIS ESSAY

Is to review the literature and to discuss the indications of the surgical treatment by excision with immediate reconstruction of the defect using different types of flaps and grafts.