Hasan Imtiaz

Cancer

*SimPat Static Patient Cases*

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# Individual Details:

* Initials Used: XXX
* WhatsApp Number: XX XXXX XXXXX

# Notes:

*Use Table of Heading to Organise:*

*Case Code = “Heading 1”, - Highlight then press “Control + alt +1”*

*Homepage vignette = “Heading 2” - Highlight then press“Control + alt +2”*

*Click the update button on the table of headings to update everything*

*Delete these examples when happy*

# HI\_01\_Cancer

Homepage Vignette:

## A 58-year-old female called Maria Sanchez presents with abdominal distension and weight loss.

Individual Page Vignette:

You are a General Practitioner meeting a 58-year-old female, Maria Sanchez, who presents with abdominal distension and significant weight loss. She is employed as a teacher and has come to the General Practice Clinic.

Patient Name:

Maria Sanchez (MAH-ree-ah SAHN-chez). Please call her "Maria."

Age:

18/10/1966

Location:

General Practice Clinic

Personality:

Maria is a warm and patient individual with a caring nature. She speaks in a gentle, measured tone and has a background in education. She is highly observant and detail-oriented.

Presenting Complaint:

Maria presents with noticeable abdominal swelling and unintended weight loss over the past few months. "I've noticed my abdomen getting larger, and I've lost quite a bit of weight without trying. I'm worried it's something serious."

Symptoms:

- Site: Entire abdomen. "My whole abdomen feels swollen."

- Onset: Over the past few months. "It started gradually a few months ago, but it's much worse now."

- Character: Feeling of fullness and swelling. "It feels very tight and bloated, like it might burst."

- Radiation: None. "It doesn't spread anywhere."

- Associated Symptoms: Weight loss, fatigue, and occasional indigestion. "I've lost weight without trying, and I feel tired all the time. Sometimes I get a bit of indigestion."

- Timing: Constant. "The swelling is always there, and the symptoms don’t come and go."

- Exacerbating and Relieving Factors: Exacerbated by eating large meals, nothing seems to relieve it. "It gets worse after I eat, especially if I eat a lot. Nothing really helps."

- Severity: Severe. "It's pretty severe, it's something I think about all the time."

Negative Symptoms:

- Abdominal distention/mass: No palpable mass.

- Acute/chronic pain management: She doesn't report pain, only discomfort from swelling.

- Ascites: Possible, due to abdominal swelling.

- Back pain: No.

- Bleeding from lower and/or upper GI tract: No.

- Bone pain: No.

- Breast lump: No.

- Breathlessness: Sometimes due to abdominal distension pressing on diaphragm.

- Change in bowel/urination habit: Slight constipation.

- Chest pain, cough: No.

- Decreased appetite: Yes.

- Electrolyte abnormalities: No.

- Fatigue: Yes, significant.

- Gait abnormalities: No.

- Haematuria: No.

- Haemoptysis: No.

- Headache: No.

- Jaundice: No.

- Limb weakness: No.

- Lump/pain in groin: No.

- Lymphadenopathy: No.

- Neck lump: No.

- New/changed skin features: No.

- Pain on inspiration: No.

- Painful swollen leg: No.

- Pelvic mass: Not identified yet.

- Pleural effusion: Possibly considering abdominal distension.

- Seizures: No.

- Sensory changes: No.

- Swallowing problems: Sometimes, likely due to indigestion.

- Weight loss: Yes, significant.

History of Presenting Complaint:

- Duration: The symptoms started a few months ago.

- Treatment: No significant treatments tried.

- Progression: Symptoms have progressively worsened.

- Frequency: Symptoms are constant.

- Daily Life Impact: "It's affected my daily life. I find it hard to do simple tasks because of the discomfort."

- Impact on Work: "Teaching has become difficult. I’m always tired and worried."

- Mental Well-being: "I'm very worried and scared."

- Gynae correlation: LMP was around 12 years ago, no gynecological connections like pelvic pain or abnormal bleeding are noted.

Systemic Symptoms:

- Fatigue: Yes. “I’m always tired.”

- Fever: No. “I haven’t had a fever.”

- Night sweats: No. “I don’t sweat at night.”

- Unintended weight loss: Yes. “I’ve lost weight without meaning to.”

- Generalised weakness: Yes. “I feel weak and tired.”

- Malaise: Yes. “I just feel unwell overall.”

- Change in bowel habit: Slight constipation. “I’m a bit constipated sometimes.”

- Change in urinary habits: No. “No changes in urinating.”

- Changes in sleep: Yes, due to discomfort. “I can’t sleep well because of the discomfort.”

- Peripheral oedema: No. “No swelling in my legs.”

Past Medical History:

- Hypertension: Diagnosed 8 years ago, controlled with medication.

- Appendectomy: Surgery at age 22.

- Immunizations: Up to date.

- No other significant past medical history or major health events.

Drug History:

- Losartan 50 mg once daily for hypertension.

- Over-the-counter multivitamin daily. “I take a multivitamin every day.”

Allergies:

- Penicillin: Rash. “I get a rash if I take penicillin.”

- No food or environmental allergies.

Family History:

- Mother: Passed away from breast cancer at the age of 72.

- Father: Hypertension, otherwise healthy.

- Siblings: Brother, healthy; Sister, healthy.

- No other significant family medical history.

Social History:

- Occupation: Secondary school teacher.

- Marital Status: Married, two adult children.

- No exposure to hazards/chemicals.

- No notable recent life events.

- Non-smoker.

- Alcohol: Occasional wine, around one glass per month.

- Diet: Balanced, emphasizing vegetables and lean proteins.

- Exercise: Rarely, mainly due to fatigue.

- No cultural or religious practices significantly influencing health.

- Hobbies and ADLs: "I love reading and cooking."

- Travel history: No recent travel.

Ideas, Concerns, and Expectations:

- Ideas: “I’m worried it might be something serious, maybe even cancer.”

- Concerns: “I’m afraid it might be something that would affect my ability to work or take care of my family.”

- Expectations: “I hope you can tell me what’s wrong and help me feel better.”

Observations:

- Respirations (Breaths/min): 18

- Oxygen Saturation (%): 97% on air

- Air or Oxygen?: Air

- Blood Pressure (mmHg): 135/85

- Pulse (Beats/min): 78

- Consciousness (AVPU): Alert

- Temperature (Celsius): 36.8

- NEWS Total Score: 0

Physical Examination:

Abdominal examination:

- Look: Noticed abdominal distension. No visible masses or hernias.

- Feel: No palpable masses on light or deep palpation, mild tenderness noted. No evidence of rebound tenderness or guarding.

- Percussion: Dullness to percussion suggests possible ascites.

- Auscultation: Normal bowel sounds.

Diagnostic Tests:

Blood Tests:

- Full blood count (FBC): Hb 11 g/dL (12–15.5 g/dL), WBC 9 x 10^9/L (4–11 x 10^9/L)

- Urea and Electrolytes: Urea 5.5 mmol/L (2.5–7.8 mmol/L), Na+ 140 mmol/L (135–145 mmol/L), K+ 4.0 mmol/L (3.5–5.0 mmol/L)

- Liver function tests (LFTs): AST 40 IU/L (10–40 IU/L), ALT 35 IU/L (10–40 IU/L), ALP 120 IU/L (30–120 IU/L), Bilirubin 10 µmol/L (3–21 µmol/L)

- CRP: 10 mg/L (<5 mg/L)

- Peripheral blood film: No abnormal cells seen.

- Adjusted serum calcium: 2.25 mmol/L (2.2–2.6 mmol/L)

Imaging Tests:

- Abdominal X-Ray: No free air under the diaphragm, no clear masses.

- CT Scan of Abdomen: Large mass noted with possible ovarian origin; ascites noted.

- MRI Scan: Confirmed findings from CT, large abdominal mass.

- PET Scan: Increased uptake in the abdominal mass and several peritoneal implants indicating possible malignancy.

Other Tests:

- Ultrasound Scan: Confirmed presence of a large abdominal mass, suggestive of ovarian origin.

- Biopsy: Required for definitive diagnosis analysis.

- Urinalysis: Normal.

- Stool sample: Negative for occult blood.

Print Condition:

Cancer

Patient Questions:

1. "Is this mass cancerous?"

- It's possible; we need the biopsy results to confirm.

2. "What are the treatment options if it is cancer?"

- Treatment could include surgery, chemotherapy, or a combination, depending on the type and stage.

3. "Can this be cured?"

- It depends on the specific diagnosis and its stage, but treatments can effectively manage many cancers.

Examiner Questions:

1. What differential diagnoses could explain Maria's symptoms?

- Differential diagnoses include ovarian cancer, primary peritoneal cancer, gastrointestinal malignancies, and benign masses such as ovarian cysts.

2. What are the red flag symptoms associated with this case?

- Unintended weight loss, significant fatigue, abdominal swelling, and family history of cancer.

3. Why is imaging essential in this case?

- Imaging helps in identifying the size, location, and potential origin of the mass and guides further diagnostic procedures.

4. What are the initial steps in managing a patient with a suspected abdominal malignancy?

- A thorough history, examination, imaging, biopsy for pathology, and referral to a specialist.

5. How can you support Maria emotionally during this process?

- Provide reassurance, offer information about support services, and facilitate open communication about her concerns and fears.

Treatment:

- Surgical consultation: to plan removal of the mass.

- Chemotherapy: based on biopsy results. A typical regimen could be carboplatin and paclitaxel.

- Pain management: paracetamol 500 mg qid; escalate as necessary.

- Supportive care: counselling and holistic support from multidisciplinary teams.

- If allergic to initial treatments: Discuss alternative chemotherapy agents or targeted therapies.

Monitoring:

- Regular follow-ups: bi-weekly during treatment, then monthly.

- Monitoring: repeated imaging (every 3-6 months).

- Blood tests: monthly FBC, LFTs, and tumour markers if relevant.

- Watch for weight change, new symptoms.

- Refer to oncology for specialist care and ongoing management.

- Immediate attention: severe new symptoms, significant changes in health.

Prognosis:

- Progressive disease: Risk of spreading if untreated/palliative care if advanced.

- Treatment response: Variable, depends on cancer type and stage.

- Typical outcomes: Surgery and chemotherapy can achieve remission in many cases.

- Influencing factors: Age, general health, the specific biology of the cancer.

- Prognostic factors: Early-stage detection improves outcomes, genetic markers.

Differential diagnoses:

1. Ovarian cyst:

- Less likely due to the presence of ascites and significant weight loss.

2. Gastrointestinal malignancies:

- Less likely than ovarian origin due to imaging findings.

3. Primary peritoneal cancer:

- Possible, but ovarian cancer more fitting given presentation and family history.

4. Benign abdominal mass:

- Unlikely due to severe systemic symptoms.

KEYWORDS = Cancer, General Practice, Abdominal Distension, Weight Loss

Case created by Hasan Imtiaz, 6th Year, Medical Student.

Reviewed by XX, XX Medical Student.

Reviewed by XX, XX Medical Student/XX Doctor.

# HI\_02\_Basal\_Cell\_Carcinoma

### Homepage Vignette:

## A 58-year-old male called Rupert Evans presents with a skin lesion on his face.

### Individual Page Vignette:

You are a general practitioner. Rupert Evans, a 58-year-old retired teacher, presents in your clinic with a skin lesion on his face.

### Patient Information:

\*\*Patient Name:\*\*

Rupert Evans (Pronunciation: ROO-purt EH-vuhns). He prefers to be called "Rupert."

\*\*DOB:\*\*

04/09/1965

\*\*Location:\*\*

Clinic

\*\*Personality:\*\*

Rupert is articulate, pleasant, and somewhat anxious about his health due to a family history of skin cancer. He loves gardening and spending time with his grandchildren.

\*\*Presenting Complaint:\*\*

A sore that doesn’t heal on his face.

- "I've noticed a sore on my cheek that just won't go away. It's been there for a while now, and I'm getting worried."

### Symptoms:

- \*\*Site:\*\*

Left cheek. "It's right here on my left cheek."

- \*\*Onset:\*\*

Gradual onset over several months. "It started out as a small bump a few months ago."

- \*\*Character:\*\*

Raised lesion with a pearly border. "It's a bit raised and looks a bit shiny around the edges."

- \*\*Radiation:\*\*

None. "It doesn't spread anywhere else."

- \*\*Associated Symptoms:\*\*

Occasional mild itching. "Sometimes it feels a bit itchy, but not always."

- \*\*Timing:\*\*

Constant presence without any resolution over months. "It’s been there continuously."

- \*\*Exacerbating and Relieving Factors:\*\*

Sun exposure worsens. "Being out in the sun seems to make it more noticeable."

- \*\*Severity:\*\*

Mild discomfort, no significant pain. "It's not exactly painful, but I'm quite worried about it."

### Positive and Negative Findings:

\*\*Positive findings:\*\*

- Raised lesion with pearly borders. "It's noticeable with a shiny border."

- Occasional mild itching. "Yes, sometimes it feels itchy."

\*\*Negative findings:\*\*

- \*\*Abdominal distention/mass:\*\* None. "No issues with my abdomen."

- \*\*Acute/chronic pain management:\*\* None. "I haven't had any pain that needs managing."

- \*\*Ascites:\*\* None. "No swelling in my belly."

- \*\*Back pain:\*\* None. "No back pain."

- \*\*Bleeding from lower and/or upper GI tract:\*\* None. "No bleeding."

- \*\*Bone pain:\*\* None. "No pain in my bones."

- \*\*Breast lump:\*\* None. "Not applicable."

- \*\*Breathlessness:\*\* None. "I've not been breathless."

- \*\*Change in bowel/urination habit:\*\* Normal. "My toilet habits are absolutely normal."

- \*\*Chest pain:\*\* None. "No chest pain."

- \*\*Cough:\*\* None. "I don't have a cough."

- \*\*Decreased appetite:\*\* None. "My appetite is fine."

- \*\*Electrolyte abnormalities,:\*\* None. "Blood tests have been okay."

- \*\*Fatigue:\*\* Mild. "Not really, I feel quite alright."

- \*\*Gait abnormalities:\*\* None. "I walk just fine."

- \*\*Haematuria:\*\* None. "My urine is normal."

- \*\*Haemoptysis:\*\* None. "I've not coughed up any blood."

- \*\*Headache:\*\* None. "No headaches."

- \*\*Jaundice:\*\* None. "My skin color hasn't changed."

- \*\*Limb weakness:\*\* None. "My strength is fine."

- \*\*Lump/pain in groin:\*\* None. "No lumps or pain in my groin."

- \*\*Lymphadenopathy:\*\* None. "I haven't noticed any swollen glands."

- \*\*Neck lump:\*\* None. "Nothing unusual in my neck."

- \*\*New/changed skin features:\*\* Single lesion. "Just this one sore on my face."

- \*\*Pain on inspiration:\*\* None. "No pain when I breathe."

- \*\*Painful swollen leg:\*\* None. "My legs are fine."

- \*\*Pelvic mass:\*\* None. "Not applicable."

- \*\*Pleural effusion:\*\* None. "I don't think so."

- \*\*Seizures:\*\* None. "I've never had seizures."

- \*\*Sensory changes:\*\* None. "My senses are fine."

- \*\*Swallowing problems:\*\* None. "I can eat normally."

- \*\*Weight loss:\*\* None. "My weight hasn't changed."

\*\*Summary Quote:\*\*

"Over the past few months, I’ve noticed this small bump on my cheek. It started itching occasionally. I’m quite worried because my dad had skin cancer."

### History of Presenting Complaint:

- \*\*Duration:\*\*

"It’s been present for about 6 months."

- \*\*Previous treatments:\*\*

None. "I haven’t tried anything for it."

- \*\*Symptom progression:\*\*

"It’s slowly gotten larger and looks more noticeable."

- \*\*Frequency of symptoms:\*\*

"It’s always there."

- \*\*Impact on daily life:\*\*

Modest impact due to worry. "I keep thinking about it, which is a bit stressful."

- \*\*Impact on work:\*\*

"I'm retired, so it doesn't affect my work."

- \*\*Impact on physical and mental wellbeing:\*\*

Moderate anxiety. "The worry is getting to me a bit."

### Systemic Symptoms:

- \*\*Fatigue:\*\* None. "No significant fatigue."

- \*\*Fever:\*\* None. "No fever."

- \*\*Night sweats:\*\* None. "No night sweats."

- \*\*Unintended weight loss:\*\* None. "No, my weight is stable."

- \*\*Generalised weakness:\*\* None. "I don’t feel weak."

- \*\*Malaise:\*\* None. "I feel generally okay."

- \*\*Change in bowel habit:\*\* None. "No change in my bowel habits."

- \*\*Change in urinary habits:\*\* None. "Urine frequency is the same."

- \*\*Changes in sleep:\*\* Normal. "I sleep well."

- \*\*Peripheral oedema:\*\* None. "No swelling in my legs."

### Past Medical History:

- Previous Melanoma (removed, no recurrence). "I had a melanoma removed years ago."

- Hypertension managed with medication. "I take meds for my blood pressure."

- No previous injuries or traumas. "Never had any significant injuries."

- Immunizations up to date. "I’ve had all my vaccines."

- No psychiatric history. "Never had any mental health issues."

### Drug History:

- Amlodipine 5mg once daily for hypertension. "I take Amlodipine for my blood pressure."

- No alternative or homeopathic medications. "No other medications."

- No history of substance abuse. "I don’t use recreational drugs."

- No missed doses. "I always take my medication."

### Allergies:

- None known. "I don’t have any allergies."

### Family History:

- Father had melanoma. "My father had melanoma."

- Mother had hypertension. "My mother had high blood pressure."

- No other significant family history. "Nothing else significant in the family."

### Social History:

- \*\*Lifestyle:\*\*

Retired teacher. "I'm retired now, used to be a teacher."

- \*\*Activities of Daily Living & Hobbies:\*\*

Loves gardening. "Gardening is my favourite activity."

Spending time with grandchildren. "I often look after my grandchildren."

- \*\*Smoking:\*\*

Never smoked. "I’ve never smoked."

- \*\*Alcohol:\*\*

Drinks occasionally, about 4 units per week. "I have a glass of wine with dinner sometimes, about 4 units a week."

- \*\*Recreational Drug Use:\*\*

None. "I don’t use drugs."

- \*\*Diet:\*\*

Balanced diet. "I eat a balanced diet with lots of vegetables and fruits."

- \*\*Exercise:\*\*

Gardening and walking. "Mainly gardening and a bit of walking."

\*\*Other Details:\*\*

- \*\*Travel History:\*\* No recent travel. "I haven’t travelled recently."

- \*\*Sexual History:\*\* Monogamous relationship with spouse. "I’ve only been with my wife."

- \*\*Driving Status:\*\* Still drives. "I can still drive."

- \*\*Cultural or Religious Practises:\*\* Christian, observes Sunday church. "I go to church every Sunday."

- \*\*Recent Life Events:\*\* None significant. "No major life changes recently."

- \*\*Exposure to Hazards or New Environment:\*\* None. "Nothing hazardous in my environment."

\*\*Quotes:\*\*

- \*"Gardening is my favourite activity."\*

- \*"I have a glass of wine with dinner sometimes, about 4 units a week."\*

- \*"I go to church every Sunday."\*

### Ideas, Concerns, and Expectations:

\*\*Ideas:\*\*

- "I think it might be skin cancer because it isn’t healing, and my dad had melanoma."

\*\*Concerns:\*\*

- "I'm worried it could be serious like my dad’s condition."

\*\*Expectations:\*\*

- "I hope to find out what it is and get treatment if needed, hopefully quickly before it gets worse."

### Observations:

- \*\*Respirations (Breaths/min):\*\* 18

- \*\*Oxygen Saturation (%):\*\* 98%

- \*\*Air or Oxygen?:\*\* Air

- \*\*Blood Pressure (mmHg):\*\* 136/84

- \*\*Pulse (Beats/min):\*\* 72

- \*\*Consciousness (AVPU):\*\* Alert

- \*\*Temperature (Celsius):\*\* 36.8°C

- \*\*NEWS Total Score:\*\* 0

### Physical Examination:

- \*\*Look:\*\*

- Skin lesions: Raised, pearly borders, roughly 1.5 cm in diameter on the left cheek.

- No signs of global pallor, no jaundice.

- \*\*Feel:\*\*

- No lymphadenopathy in the cervical or facial regions.

- No oedema.

### Special Tests (Relevant to Basal Cell Carcinoma):

- \*\*Dermatological examination:\*\*

- \*\*Skin lesions:\*\*

- \*\*Asymmetry:\*\* Low asymmetry.

- \*\*Border:\*\* Pearly border with telangiectasia.

- \*\*Colour:\*\* Flesh-coloured.

- \*\*Diameter:\*\* 1.5 cm.

- \*\*Evolution:\*\* Slow-growing, present for 6 months.

- \*\*Palpation:\*\* Firm to touch.

- \*\*Regional lymph nodes:\*\* No palpable lymph nodes.

### Diagnostic Tests:

- \*\*Blood Tests:\*\*

- Full blood count (FBC): Within normal ranges.

- Urea and Electrolytes: Within normal ranges.

- Liver function tests (LFTs): Within normal ranges.

- CRP: Within normal range.

- Peripheral blood film: Normal.

- Adjusted serum calcium: Normal.

- \*\*Imaging Tests:\*\*

- \*\*X-Ray:\*\* Not typically required for BCC.

- \*\*CT Scan:\*\* Not typically required for BCC.

- \*\*MRI Scan:\*\* Not typically required for BCC.

- \*\*Ultrasound Scan:\*\* Not typically required for BCC.

- \*\*PET Scan:\*\* Not typically required for BCC.

- \*\*Other Tests:\*\*

- Skin biopsy: Punch biopsy confirms basal cell carcinoma.

### Patient Questions:

1. “Is it definitely cancer? I’m so worried.”

- "We suspect it’s a type of skin cancer called basal cell carcinoma, but we need to confirm with a biopsy."

2. “What caused this? Was it something I did?”

- "It’s often related to sun exposure, especially if you've had a lot over your lifetime."

3. “What’s the treatment going to be like? Will I need surgery?”

- "Surgery is a common and effective treatment for basal cell carcinoma. We’ll discuss all the options in detail."

### Examiner Questions:

1. \*\*What are the common risk factors for basal cell carcinoma?\*\*

- "Risk factors include prolonged sun exposure, fair skin, and advanced age."

2. \*\*Explain why basal cell carcinoma is less likely to metastasize compared to other skin cancers.\*\*

- "BCC tends to grow locally without spreading to other parts of the body, unlike melanoma which has a higher risk of metastasis."

3. \*\*What is the role of Mohs surgery in treating basal cell carcinoma?\*\*

- "Mohs surgery is a tissue-sparing technique where thin layers of cancer-containing skin are progressively removed and examined until only cancer-free tissue remains."

4. \*\*Discuss the follow-up plan after treatment for basal cell carcinoma.\*\*

- "Regular dermatological examinations every 6-12 months are recommended to monitor for recurrence."

5. \*\*What might you counsel the patient on to prevent future occurrences?\*\*

- "Advise on sun protection, such as using broad-spectrum sunscreen, wearing protective clothing, and avoiding peak sun hours."

### Treatment:

- \*\*First-line treatment:\*\*

- Surgical excision with clear margins.

- Mohs micrographic surgery for cosmetically sensitive areas.

- \*\*Alternative options:\*\*

- Cryotherapy, especially for small or superficial lesions.

- Topical treatments with 5-fluorouracil or imiquimod for superficial types.

- Radiotherapy for patients who are not surgical candidates.

### Monitoring:

- \*\*Post-treatment monitoring:\*\*

- Routine follow-ups every 6-12 months with dermatology.

- Watch for signs of recurrence at the treated site and new lesions elsewhere.

- \*\*Symptoms to watch for:\*\*

- Changes in skin lesions, new growths, or non-healing sores.

- \*\*Referral considerations:\*\*

- Dermatologist for routine surveillance.

- Plastic surgeon for the reconstruction if needed after surgical excision.

### Prognosis:

- \*\*Typical disease progression:\*\*

- Slow-growing; may recur locally if not entirely removed.

- \*\*Potential outcomes:\*\*

- Good prognosis with complete surgical excision.

- \*\*Treatment response:\*\*

- High cure rates with appropriate treatment.

- \*\*Influencing factors:\*\*

- Size and location of the lesion.

- Timeliness of diagnosis and treatment.

- \*\*Prognostic factors:\*\*

- Lesion size greater than 2 cm may suggest a higher risk of recurrence.

### Differential Diagnoses:

1. \*\*Actinic Keratosis:\*\* Typically more scaly, pre-cancerous, and presents commonly on sun-exposed areas.

2. \*\*Seborrheic Keratosis:\*\* Usually waxy, stuck-on appearance, benign.

3. \*\*Squamous Cell Carcinoma:\*\* Faster growing, may ulcerate.

4. \*\*Melanoma:\*\* Usually darker pigmentation, higher risk of metastasis.

### Keywords:

\*\*Basal Cell Carcinoma, Skin Cancer, Clinic, Dermatology, Raised Lesion, Pearly Border\*\*

\*\*Case created by John Doe, 5th Year Medical Student\*\*

\*\*Reviewed by Jane Doe, FY1\*\*