

THE IMPORTANCE OF SURGICAL TREATMENT AND CORRECTION OF NON MELANOMA CANCERS: MOHS MICROGRAPHIC SURGERY

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BACKGROUND

- ✓ Non melanoma skin cancers (NMSCs) are a broad category referring to all types of skin cancers that are not melanoma with basal cell carcinoma (BSC) and squamous cell carcinoma (SCC), being two of the most common types.
- ✓ More than 4 million cases of BSC and more than 1 million cases of SCC diagnosed in the US each year.
- ✓ About 90% of NMSCs associated with exposure to UV radiation.
- ✓ BSC: clinically appearing often as a translucent papule with rolled borders and telangiectasias. Four common types: nodular BSC, superficial BSC, morpheaform BSC and pigmented BSC.
- ✓ SCC: a malignancy arising from epithelial keratinocytes. It is the second most common skin malignancy after BSC in Caucasians and its incidence has been rapidly increasing.
- ✓ Treatment modalities: 1) non surgical: interferon, imiquimod, retinoids and 5-fluorouracil. 2) surgical: Mohs micrographic surgery and traditional surgical excision.
- ✓ Mohs is a surgical technique where a thin layer of skin is removed and divided into sections. The surgeon then colour nodes these sections. The sections are then examined under a microscope looking for evidence of remaining cancer.
- ✓ If cancer cells are found, the surgeon marks their location and repeats the process, removing another layer of skin precisely where the cancer cells remain.

CASE REPORT

- ✓ Patient name: Dinora Stack, 43 years old, Miami, Florida
- ✓ She was diagnosed with cancer 4 times, on 4 separate occasions.
- ✓ In March of 2010 was diagnosed with BCC, on the forehead, above her right eyebrow. She underwent surgical excision by a dermatologist, who chose simple side to side closure. However as a result her eyebrow was lifted up towards her hair-line and she had a slight upper eyelid defect.
- ✓ She was told that as the suture healed, her eyebrow would slowly start to descend back into place. Unfortunately after one month there was no change, and the defect remained.
- ✓ 8 months later, in November of 2010, the BCC came back in the same spot. This was most likely due to incomplete excision of all cancerous tissue.
- ✓ That same month she underwent Mohs surgery (4 layer removal). This time, the wound was left open and she was referred to a plastic surgeon for closure of the suture the following day.

CONCLUSION

- ✓ In traditional surgical excision, several problems associated with recurrence and cosmetic outcome commenced.
- ✓ Our results showed that MMS should be considered the most appropriate method because the tumor can be precisely identified and removed, and maximal amount of healthy skin can be retained for wound repair. Also it has the lowest recurrence rates, highest cure rates and best aesthetic results of any skin cancer treatment under the hands of experienced surgeons.

ACKNOWLEDGEMENTS

- ✓ Experienced Mohs surgeons can have an outstanding reputation for treating skin cancer while excluding an aesthetically undesirable defect and morbidity, especially in visible areas like the head and the neck

REFERENCES

