

DERMATOLOGICAL SURGERY

ADENOID BASAL CELL CARCINOMA TREATED WITH CRYOSURGERY AND SURGERY

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Aspects such as the size of the tumor, its location, or the quality of the surrounding skin, can cause problems in the closure of a flap or result in undesirable scarring. To reduce the size of the tumor, Fractional Cryosurgery can be done but, finishing with surgery instead of freezing, thus, avoiding the problems mentioned above.

In the case, the patient presented a basal cell carcinoma in the left temporal region, with the size of 2.5 cm. The surrounding skin was thin and with actinic damage. An adenoid patron was found in the initial biopsy, which clinically looked like squamous carcinoma.

After applying local anesthesia, cryosurgery was applied from the center to the periphery. Then two cycles of freeze-thaw were made, without including tumor margins and with open technique. A month later, the tumor showed a reduction in size and now, a A-T flap could be done.

A better result was obtained with the combination of both techniques. Despite the bad quality of the skin, a flap was made without any issues during its closure. Histopathological control results in free margins. Both hypopigmentation and pseudoepitheliomatous scarring due to cryosurgery, were avoided. The case clearly shows the importance taking a biopsy has, due to the fact that clinically it appeared as squamous carcinoma. Cryosurgery is extremely useful for the treatment of basal cell carcinoma and as a tool for the reduction of size. Furthermore, the procedure can easily be made and has a low cost (essential in developing countries).





