

DERMATOLOGICAL SURGERY

FREQUENCY OF DERMATOLOGIC SURGERY COMPLICATIONS DOES NOT DIFFER AMONG ELDERLY (75 TO 84 YEARS OLD) AND VERY ELDERLY PATIENTS (> 85 YEARS OLD)

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Introduction: Population aging is a global phenomenon. Dermatological surgery among elderly and very elderly patients is likely to increase in the next years.

Objective: To compare postoperative complication (POC) rates among three groups of patients: control (65-74 years old), elderly (75-84 years old) and very elderly (> 85 years old), submitted to dermatological surgery.

Materials and methods: Retrospective review of medical charts of day clinic patients aged >65 years who underwent cutaneous surgery for benign and/or malignant tumors from August 2012 to June 2017. All patients were operated by the same dermatological surgical team. POC were classified as dehiscence, infection, hemorrhage, necrosis and unaesthetic scar. Only patients submitted to middle/high complexity surgeries were included in the analysis (e.g. wedge excision, flaps, grafts, multiple minor procedures, etc.)

Results: 177 patients, submitted to 229 surgical procedures to treat 500 lesions, were divided into three groups according to their ages (see above): control - 66 (37.2%); elderly - 63 (35.5%) and very elderly 48 (27.1%). All surgical procedures were performed under local anesthesia, except for 3, who had general anesthesia (one in each group). Local anesthesia was complemented with sedation in 31 surgical procedures (14.3%; 16.7%; 9.0%). Most patients in all groups had at least one comorbidity (92.4%; 92.1%; 93.8%). The most frequent were hypertension (59.1%; 76.2%; 70.8%), diabetes (24.2%; 27.0%; 25.0%) and dyslipidemia (42.4%; 44.4%; 31.3%). Patients who had pacemakers were found in all groups (1.5%; 4.8%; 12.5%) as well as antiplatelet/anticoagulant users (27.3%; 54.0%; 37.5%). POC rate was 14.1%; 13.1%; 11.9%, for each group. Dehiscence (7.7%; 3.6%; 6.0%), tissue necrosis (3.8%; 6.0%; 1.5%), infection (3.8%; 4.8%; 4.5%) and hemorrhage (1.3%; 0.0%; 1.5%) were the commonest.

Conclusions: The present study suggests that age, by itself, is not a relevant factor for contraindicate medium/high complexity dermatologic surgery in elderly or very elderly

ABSTRACT BOOK

ABSTRACTS



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