ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

DERMATOLOGICAL SURGERY

NASAL RECONSTRUCTION AFTER MOHS MICROGRAPHIC SURGERY: ANALYSIS OF 156 CASES

Fb Cerci⁽¹⁾ - Emk Sasaya⁽¹⁾

Hospital De Clínicas Da Universidade Federal Do Paraná, Department Of Dermatology, Curitiba, Brazil⁽¹⁾

Introduction: Nasal repair following skin cancer removal may be challenging, as form and function must be respected to the greatest extent possible. Closure options include second intention healing, primary closure, skin grafts and flaps. Mohs micrographic surgery is the treatment of choice for most tumors on the nose due to its high cure rate and ability to spare healthy tissue.

Objective: To describe the authors experience on nasal reconstruction after Mohs micrographic surgery.

Materials and Methods: Retrospective study of patients with skin cancer on the nose submitted to Mohs micrographic surgery and repaired by the same dermatologist, from August 2014 to August 2018. Data was inserted on a database immediately after each surgery.

Results: 156 cases from 145 patients were included in the study. Basal cell carcinoma was the most common tumor (n=149), followed by squamous cell carcinoma (n=7). The mean defect size was 14 x 12 mm (range from 4 x 5 mm to 42 x 30 mm). Ninety-four (60%) defects were restricted to one nasal subunit. The nasal tip was the main involved subunit in 45 cases, followed by ala (n=40), sidewall (n=38), dorsum (n=32) and soft triangle (n=1). A single method of repair was performed in 113 cases (72%) and a combination in 43 (28%). Flaps were the most frequent primary method of reconstruction (n=79), followed by primary closure (n=52), skin graft (n=23) and second intention (n=2). The upper subunits (nasal dorsum and sidewalls) were more amenable to primary closure than the lower (tip, ala, soft triangles and collumela) (35% x 11%). Complications (7%) were uncommon: hypertrophic scar (n=1), dyschromia (n=1), ala collapse (n=1), infection (n=1), webbing (n=1), trap door (n=2) and superficial necrosis (n=4).

Conclusions: Nasal reconstruction should be individualized to each patient and surgical defect. When necessary, different methods of repair may be combined.





