



DERMATOLOGICAL SURGERY

OUTCOMES OF CONTOURED STAGED EXCISION FOR LENTIGO MALIGNA OF THE HEAD AND NECK

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Introduction: Treatment practices vary for lentigo maligna (LM) of the head and neck due to a lack of randomized trials. Staged excision with circumferential margin control has the potential to achieve low recurrence rates.

Objectives: Our objective was to evaluate the histological and clinical outcomes of the contoured staged excision (CSE) technique.

Methods and Methods: Our observational cohort study included retrospectively-identified, consecutive patients who underwent CSE with 0.5 cm initial margins for LM of the head and neck at Women's College Hospital in Toronto, Ontario, Canada from September 2010 to March 2013. Circumferential margins were mapped and evaluated en face with permanent histologic sectioning during weekly visits. Patients were contacted prospectively through two postal surveys to evaluate tumor recurrence and post-operative infection rates in October 2013 and August 2017. Clinical records were also reviewed to extract operative and follow-up data.

Results: 102 patients (45 female, 57 male, median age 69 years) were included. The cheek (N= 39, 38%) and nose (N=33, 32%) were the most commonly involved sites. The mean final tumor defect size was 7.1 cm² (standard error 0.6 cm²) and the mean final reconstruction size was 15.1 cm² (SE 1.5 cm²). 21% (N=20) of patients underwent more than one stage of excision, requiring a final margin greater than 0.5 cm. The overall response rate to either survey was 78% (N=80). The infection rate at two weeks post-operatively was 3% (3/101), and the recurrence rate was 4% (N=4) after a median follow-up time of 44 months. Two patients (2%) were upstaged to invasive melanoma.

Conclusion: Contoured staged excision with circumferential en face margin control is an effective and safe treatment for LM of the head and neck.

