ABSTRACT BOOK ABSTRACTS



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DERMATOLOGICAL SURGERY

## SAFETY OF PERIOCULAR MOHS RECONSTRUCTION: A TWO-CENTER RETROSPECTIVE STUDY

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Introduction: Approximately 5-10% of skin cancers occur in the periocular region. Mohs micrographic surgery has been used successfully for periocular skin cancers and is now recommended as the treatment of choice. Periocular defects pose unique challenges for achieving good functional and aesthetic outcomes. Complication rates of defects repaired by oculoplastic surgeons ranges from 16-42%. The most common complications include infection, hematoma, seroma, epiphora, ectropion, lagophthalmos, flap failure, graft failure, graft contraction, graft hypertrophy, and hypertrophic scarring. Low rates of complications have been demonstrated for the repair of other complex defects by Mohs surgeons. Studies on the safety of periocular repairs performed by Mohs surgeons are warranted.

Objective: To analyze the frequency and types of post-reconstruction complications encountered with periocular repairs performed by Mohs surgeons, identify risk factors associated with complications, and enumerate interventions for complications encountered.

Materials and Methods: This was an IRB-approved study involving Departments of Dermatology at two academic institutions. Patients with periocular reconstructions performed by Mohs surgeons between 07/2013-06/2016 were identified. Patient demographics and surgery details were recorded. Charts were reviewed for post-operative complications and any interventions performed.

Results: 210 cases were included in the analysis. The average defect size was 2.2cm2. Of 110 eyelid defects, 12 repairs (11%) involved full-thickness defects. The overall complication rate was 14.2%. The most common locations for post-reconstruction complications were the medial canthus (57%) and lower eyelid (37%). The complications identified included medial canthal webbing (4.3%), hypertrophic scarring (4.3%), ectropion (1.9%), infection (1.4%), pincushioning (1.4%), and epiphora (1.0%). The most common post-operative intervention was intralesional triamcinolone. Scar revision was performed in











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2.3% of cases.

Conclusions: Periocular repairs performed by Mohs surgeons have a similar safety profile as repairs performed by oculoplastic surgeons. Defects in this series were of similar size and anatomic complexity to previously published series in the oculoplastics literature.



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