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DERMATOLOGICAL SURGERY

WHY DO WE INDICATE MOHS MICROGRAPHIC SURGERY? RETROSPECTIVE COHORT STUDY

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Introduction: Mohs micrographic surgery (MMS) is considered the treatment of choice for basal cell carcinoma (BCC) located in high risk facial areas.

Objective: To analyze clinical and surgical characteristics of patients with primary vs. recurrent BCC in high risk facial areas, treated with MMS.

Materials and methods: A retrospective cohort study was conducted. We analyzed all patients diagnosed with BCC in facial high risk areas, operated with MMS, between March 2017 and May 2018. They were divided into 2 groups: MMS as treatment for primary BCC vs. MMS as treatment for BCC recurrence. We studied the differential area (difference between the final size of the surgical defect and the initial size of the tumor), the number of stages required to obtain negative margins, and surgical closure technique used, among other features.

Results: The total number of patients included was 379. In 324 cases (85%) MMS was performed as first line therapy for primary BCC, and in 55 cases (15%) MMS was performed to treat BCC recurrences. The median differential area was 38 mm2 in the first group vs. 140 mm2 in the second group. In the MMS for primary BCC group, 8% (n = 26) required 3 or more stages to obtain negative oncological margins, and 45% (n = 146) needed a complex reconstruction, vs. 29% (n = 16) and 84% (n = 46) respectively in the MMS for recurrent BCC group.

Conclusions: In our study, patients with recurrent BCC treated with MMS presented 3.7 times larger post-surgical defects and required a greater number of stages to obtain negative margins, as well as more complex reconstruction techniques, than those with primary BCC treated with MMS as first line therapy. Our results are statistically significant (p <0.0001).





