



SKIN CANCER (OTHER THAN MELANOMA)

THE DEEP SURGICAL MARGIN IN BASAL CELL CARCINOMA

J Kiely⁽¹⁾ - A Patel⁽¹⁾

Cambridge University Hospitals Nhs Ft, Plastic Surgery, Cambridge, United Kingdom⁽¹⁾

Background: Basal Cell Carcinoma (BCC) is the most common malignancy worldwide. Although rarely a risk to life, they are potentially destructive and disfiguring. Current treatment guidelines are largely based on the Nodular subtype. However, the less common subtypes are known to be more difficult to excise.

Objective: We aim to quantify these subtypes and their behaviour when treated by standard excision with predetermined margins.

Materials and Methods: The data for 556 patients presenting for primary excision of 694 BCCs to CUH Plastic Surgery between January 2017-April 2018 was collected, with review of demographics, surgical notes and histology.

Results: 694 BCCs were identified, 66.3% male, average age 73.7 years. 48.7% were Nodular, but 38.9% were mixed. An Infiltrative component was seen in 23.7% ('Mixed Infiltrative'), but only 4.3% were purely Infiltrative. Average lesion size, site and patient age were similar across histological types.

Deep margin involvement was very rare in Nodular or Superficial BCCs, but occurred in 6.7% of pure Infiltrative and 4.5% of Mixed Infiltrative. Peripheral margins were rarely involved in Nodular BCCs, but occurred in 9.1% of mixed infiltrative and 10% infiltrative despite similar surgical margins. A deep margin of the first underlying anatomical plane resulted in 5.5% involved deep margins for Infiltrative or Mixed Infiltrative BCC.

Conclusions: Infiltrative and Mixed Infiltrative BCCs have a higher risk of close or involved deep margins than other types. We recommend that they are excised to the first underlying anatomical plane. Nodular and Superficial BCC can usually be safely excised with a cuff of fat alone.

