



DERMATOLOGICAL SURGERY

## COMBINATION OF SURGICAL TECHNIQUES IN THE RECONSTRUCTION OF A LARGE DEFECT OF THE EXTERNAL EAR.

*Aldo Toschi<sup>(1)</sup> - Jorge Roberto Fornazari Pires<sup>(1)</sup> - Dilcilea Franco<sup>(1)</sup>*

*Ibcc - Brazilian Institute For Cancer Control, Dermatology Cutaneous Oncology, São Paulo, Brazil<sup>(1)</sup>*

**Background:** Micrographic surgery has proven to be an excellent method for the treatment of cutaneous tumors and the increase in cure rates is indisputable. The consequence, however, is the increase in surgical wounds due to the increase of their margins. In the case of atrial defects, the removal of cartilage often generates difficulties for the team's surgery. To demonstrate that the combination of surgical techniques should always be used in order to promote the closest reconstitution of perfection.

**Observation:** A 52-year-old male patient presented a 2-cm tumor infiltrative lesion in the right helix with an initial histologic diagnosis of eccrine carcinoma. Our approach was to perform classic micrographic surgery with freezing margins. After two stages of magnification, we had a diagnosis of basal cell carcinoma with free margins, to be confirmed by classical paraffin examination and visualization in HE. Thus, we chose to proceed with a 5mm increase in cancer safety margins and the underlying cartilage in the anti-propeller, which was removed in "W" to the limit of the triangular fossa.

Despite the generation of triangle compensation and accommodation in W there was a difficulty in approaching the helix. This was achieved through a tubular flap advancing from the lower portion of the ear to its lobe that remained as a vascular pedicle. Sutures were made with 4/0 and 5/0 mononylon wires at separate points.

The patient evolved very well, with intense to moderate pain in the first few days, medicated with potent analgesics. There were no seromas or bruises. The dressings and partial removal of sutures in 7, 10 and 14 days.

**Key Message:** We achieved border coaptation, avoiding vascular suffering and dehiscence. The patient was extremely satisfied with the aesthetic response achieved and the dermatologist can mark his presence and expertise in cutaneous oncology and advanced dermatological surgery

