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DERMATOLOGICAL SURGERY

EVALUATION OF THE QUALITY OF THE SURGICAL PIECE IN MOHS MICROGRAPHIC SURGERY FOR PERIOCULAR BASAL CELL CARCINOMAS USING A CONVENTIONAL SCALP VS A SLIT KNIFE

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Introduction: When performing Mohs micrographic surgery (MMS) for basal cell carcinomas (BCC), an incision with a 45° angle is required. This is very difficult in irregularly shaped areas as periocular region. Moreover, MMS surgery recurrences are similar to conventional surgery in the periocular area. This has been linked to a defficient surgery procedure. Among other surgical tools there are slit knives (SK).

Objective: To compare the quality of the surgical piece alter performing MMS for BCC in the periocular area using a convencional scalp (CS) vs a slit knife (SK).

Material and method: Quasi-experimental study with a non-quivalent control group. All patients who underwent MMS for periocular BCC were included from may-2017 to January-2019. Epidemiological variables were compiled as well as BCCs and surgical proccedure data. The quality of the piece was blinded-evaluated by pathologist using a 1-10 scale (10 being the best quality) referring to borders and to global quality for histopathological proccedure. The study was approved by the local ethics committee.

Results: 49 periocular BCC were included: 24 using a CS and 25 with the SK. No differences were found regarding basal characteristic neither BSS variables of both groups except age (CS-group with a median of 67-years and SK-group median of 53 years, p=0,02) and location (SK was used mainly in internal cantus and CS in lower eyelid, p<0,01). The average punctuation for the quality of borders and global quality of the piece was of 8 and 7.5 for the CS and 9 and 8 for the SK with a p value of p=0,03 and p=0,04 respectively.





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Conclusions: Results show that the quality of the surgical piece obtained with SK is higher to the CS when performing MMS for periocular BCC. This fact could decrease recurrences in MMS comparing to convcentional surgery.



24TH WORLD CONGRESS OF DERMATOLOGY MILAN 2019



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