

**Abstract N°: 344**

**Comparison of the efficacy of intralesional Tranexamic Acid versus placebo in the treatment of hyperpigmented and erythematous postoperative scars**

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**Introduction & Objectives:**

Post-inflammatory hyperpigmentation frequently occurs in areas of postoperative scars, especially in patients with darker phototypes (IV to VI) and in light-exposed areas. Hyperpigmentation makes the scars much more visible and thus considerably affects the quality of life of the patients. The treatment options reported to date are of varying efficacy.

we aimed to investigate the efficacy and safety of intralesional injections of Tranexamic Acid (TA) in the treatment of hyperpigmented and/or erythematous postoperative scars

**Materials & Methods:**

Intradermal microinjections of TA 100 mg/ml were performed monthly on the half of the scar where erythema and/or hyperpigmentation were most marked. On the second half of the scar, injections of 0.9% saline were performed intralesionally using the same technique.

A maximum of three sessions were performed. The results on erythema and pigmentation were evaluated independently by two dermatologists using the items "vascularity" and "pigmentation" of the POSAS score (scale of 1 to 10). P-value < 0.05 was considered significant.

**Results:**

Twelve patients with 15 scars were included. The average age was 57 years. Ten patients had phototype IV. The average size of the scars was 5.6 cm. The scars were postoperative and were treated after an average of 2 months. The number of sessions varied between 1 and 3. The average of vascularity and pigmentation components of the pre-treatment POSAS score were  $3.7 \pm 1.5$  and  $3.6 \pm 2$  respectively in the area treated with AT and  $3.6 \pm 1.7$  and  $3.8 \pm 2.1$  in the control area ( $p > 0.05$ ). There was a significant improvement in the vascularity and pigmentation components of the POSAS score in the TA-treated scars (score reduction of  $2.4 \pm 0.9$  and  $1.9 \pm 1.5$  respectively). In contrast, in the control part the decrease in the means of the vascularization and pigmentation items is not significant ( $0.5 \pm 0.9$ ;  $p = 0.041$  and  $0.4 \pm 1.7$ ,  $p = 0.002$  respectively). The improvement of erythema and pigmentation components in the AT-treated scars was significantly greater compared to controls ( $2.4 \pm 0.9$  vs.  $0.5 \pm 0.9$ ,  $p < 0.001$  and  $1.9 \pm 1.5$  vs.  $0.4 \pm 1.7$ ,  $p = 0.002$ ).

No serious adverse events were observed.

**Conclusion:**

Our study highlights the efficacy and tolerability of intralesional micro-injections of TA in the treatment of hyperpigmented and erythematous post-operative scars.

TA is an antifibrinolytic medication that is effective in the treatment of various pigmentary disorders such as melasma, Lichen planus pigmentosus, Rhiel melanosis, and post-inflammatory hyperpigmentation. Its use in the

treatment of hyperpigmented scars has recently been described but remains insufficiently evaluated.

Tranexamic acid has a double action. It has an anti-melanogenic action by binding to keratinocyte plasminogen, preventing its transformation into plasmin, and consequently, the secretion of paracrine factors stimulating melanocyte tyrosinase is reduced. On the other hand, an anti-angiogenic action by reducing the expression of vascular endothelial growth factor and endothelin-1.

Moreover, tranexamic acid is proven to be safe.

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**Abstract N°: 585****Treatment of lower eyelid bags with laser blepharoplasty and fat repositioning by removed fat**Ho-Joon Yoon<sup>1</sup><sup>1</sup>Bundang Yemiwon Dermatologic Clinic, Dermatology, Seongnam-si, Korea, Rep. of South**Introduction & Objectives:**

Lower eyelid bags are considered a sign of aging, and they make people look tired, angry and old. The transconjunctival laser blepharoplasty of lower eyelids is very effective method to remove lower eyelid bags and has lower surgical complications. But there are some complications such as deepening of wrinkles and sunken eyes.

**Materials & Methods:**

We compared the results and satisfaction of the patients treated by conventional transconjunctival laser blepharoplasty of lower eyelids and by transconjunctival carbon dioxide laser blepharoplasty and fat repositioning by removed fat transplantation

**Results:**

Transconjunctival carbon dioxide laser blepharoplasty and fat repositioning by removed fat transplantation prevents sunken eye appeared in cases of too much fat removal and reduces the degree of wrinkles occurred after transconjunctival carbon dioxide laser blepharoplasty. It had also the advantage of the fat transplantation on the tear trough area and improved the degree of a dark circle.

**Conclusion:**

Transconjunctival carbon dioxide laser blepharoplasty and fat repositioning by removed fat transplantation is more effective and satisfactory treatment method in comparison with conventional transconjunctival laser blepharoplasty of lower eyelids.



**Abstract N°: 691**

### **Tuberous Sclerosis - Surgical Treatment of Extensive Facial Angiofibromas with the Combination of Shaving and Dermabrasion**

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**Introduction & Objectives:** Angiofibroma usually begins to appear between the first and fourth year of life. When extensive and typically bilateral, they are pathognomonic of Tuberous Sclerosis, a rare genetic disease linked to mutation of the TSC1 genes on chromosome 9q34 and TSC2 on chromosome 16p13.3, and a biopsy is required to confirm the diagnosis. The use of dermabrasion, associated with shaving, proved to be a satisfactory method with low recurrence of lesions - nonetheless, with reduced surgical time and costs. This work aims to report a case of surgical treatment of extensive facial angiofibromas with the association of shaving and dermabrasion.

#### **Materials & Methods:**

**Case Report:** Caucasian, 38-year-old female, from Brazil. The patient reports the onset of cutaneous involvement at the age of 04 with small papules on the face, with progressive increases in volume and quantity, reaching the entire area of the face and auricular region. The patient refers to an impact on her psychosocial life due to the distortion of the aesthetic units of the face. Dermatological examination: yellowish verrucous papules and nodules, ranging from 0.5 to 1.5 cm in diameter, predominantly in the central region of the face, with other smaller lesions reaching the auricle. Glossy, elastic tumors all over the nose, partially obliterating both ears. The anatomopathological exam result revealed dense fibrous tissue with vascular proliferation, compatible with angiofibroma.

During the procedure, the patient's head remained in dorsal decubitus. After antiseptics with topical polyvinylpyrrolidone iodine, the infiltration of a small amount of anesthetic and vasoconstrictor was started. For shaving, scalpel blade number 15 was used for resection of lesions smaller than 0.5 cm in diameter and blade 10 for lesions larger than 0.5 cm. Hemostasis was performed with electrofulguration at low load, between 3-5 watts. Curative with antibiotic ointment, one change a day for 15 days. Four shaving sessions with electrofulguration were performed, with intervals of 30 days. In the last step of the dermabrasion treatment, the skin was treated with a cream based on tretinoin and hydroquinone. In the dermabrasion, a prosthetic motor was used with medium-grained diamond sandpaper, local anesthesia with blockade of the supra and infra orbital, anterior ethmoid and mental nerves.

**Results:** Healing in the postoperative period occurred in 2 weeks, using a macrolide antibacterial drug 500mg a day for 05 days, aminoglycoside antibiotic ointment twice a day for 10 days. The patient evolved satisfactorily, and the immediate and late post-operative periods were uneventful. She was instructed to maintain the use of topical 0.025% tretinoin and 3% hydroquinone for the next 60 days, and to apply SPF 45 sunscreen every 2-3 hours, avoiding sun exposure while there was still erythema.

**Conclusion:** Exuberance of the clinical picture, with an efficient and safe surgical proposal. Great cosmetic and therapeutic result, in favor of recovering the patient's quality of life.



**Abstract N°: 814****Dermatologic surgery and environmental sustainability: practical suggestions for clinicians**

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**Introduction & Objectives:**

Healthcare facilities in the United States produce more than four billion tons of waste annually, with approximately 70% of that total attributed to operating rooms, labour and delivery suites. There has been increased focus on dermatology departments to reduce waste. We propose three previously unreported practical methods to reduce waste in dermatologic surgery.

**Materials & Methods:**

A PubMed search was carried out combining terms for dermatologic surgery such as ("Mohs", "dermatologic surgery", "skin surgery") and keywords relating to the environment ("sustainability", "environment", "waste").

**Results:**

Often, markings drawn with marker pens must be made during skin surgery to denote an appropriate margin around skin cancers. If the patient's skin is oily or markings must be re-made during surgery, ink may run dry. An additional marker pen may be needed to make the marks during surgery – for example, when designing or redrawing a local skin flap. If the ink has run relatively dry in the marker pen, use artery forceps or needle holder to grasp the tip and pull-out central ink source (fig 1). The previously unexposed ink well within the pen case can then mark the skin (fig 2).

Diagnostic biopsies are frequently undertaken in dermatology, including before Mohs micrographic surgery (MMS). The retrospective study of Araneda and colleagues shows no difference in the number of stages of MMS, whether punch or shave biopsy, for investigating BCCs. Typically, with a punch biopsy, a full minor operation pack are needed. Conversely, only a drape and scalpel may be needed for a shave biopsy, reducing the impact on the healthcare economy and environment.

During recent global shortages of local anaesthetic, clinicians have reverted to dental syringes. Rather than open a large dental syringe for these occasions, the anaesthetic can be drawn up in a conventional plastic syringe by either a small volume of air or using the drawing up sheath as a plunger, saving resources and time.

We describe and illustrate all the above methods in our full presentation.

**Conclusion:**

Reducing waste by decreasing the use of surgical pen markers is a small-scale procedural change that can be adopted without monetary investment and may yield environmental gains. Where there is clinical equipoise in the type of diagnostic biopsy undertaken for BCCs, clinicians should account for the environmental and economic impact and opt for shave biopsies more frequently.

**Abstract N°: 1061****Consumer Knowledge Of Sunscreen usage and Labelling Terminology: A cross-sectional survey among the healthcare workers.**Sushmitha Eachagattada\*<sup>1</sup><sup>1</sup>Aesthetica Veda and Rashmi Skin and Hair Clinic, Dermatology, Bengaluru, India**Consumer Knowledge Of Sunscreen Usage And Labelling Terminology: A Cross-Sectional Survey Among Health Care Workers.****Introduction & Objectives:**

Sunscreen is a popularly used cosmetic agent owing to the several benefits it has for the skin. Photoprotection is important for protection from ultraviolet (UV) radiation-induced skin damage and skin cancers.(1,2). The FDA now regulates sunscreen as an over-the-counter medication. Correct application is key to the effectiveness of sunscreen use. The FDA addresses the use of terminologies like “broad spectrum” , “PA rating” , “SPF” and “water resistant”(3) and an understanding of this is crucial to purchase of sunscreen. The purpose of this study is to assess knowledge of sunscreen labelling terminology, assess use of sunscreen, purchasing practices and pattern of general sun protective behaviours among healthcare workers and medical students.

**Materials & Methods:**

It is a cross sectional prospective electronic survey. Study was conducted for 4 weeks using prevalidated online questionnaire circulated among the target population in a tertiary care hospital

**Results:**

A total of 363 responses were recorded. 76.6% (278) were female and 23.4% (85) were male . Majority of them i.e. 76.03% (276) fell in age range 18- 25 years. About half the responders 49.40 % (166) used sunscreen once a day while less than 3% (9) of them used it every 4 hours. 63.08% (229) responded that SPF 30 is the minimum SPF required and 45.17% (164) currently used sunscreen with an SPF 30. “SPF” was the most important factor 55.9% (196) in selection of the sunscreen and the least was the price of sunscreen (4.13%,15) but the subjects only had a superficial understanding about SPF as only 25.61% (93) understood the importance and meaning of SPF.

**Conclusion:**

This study provides new information about patterns of adult sunscreen use. Providing accurate knowledge and information regarding sunscreens and UV exposure is a crucial first step to changing photoprotection and sunscreen behaviours. Considerable work needs to be done to educate the public on the appropriate application of the sunscreens.



**Abstract N°: 1091****Efficacy Of Pulsed Dye Laser Alone Versus Its Combination With Surgery In The Treatment Of Keloids**Soheir Ghoneimy<sup>1</sup>, Alyaa Hassan<sup>1</sup>, Ahmed Abdelshafy\*<sup>1</sup><sup>1</sup>Faculty of medicine, Zagazig University, Dermatology, Venereology & Andrology Department, Zagazig, Egypt**Introduction & Objectives:**

Hypertrophic and keloid scars can occur during the complicated and dynamic wound healing process. Patients with noticeable scars, such as those on the face or other prominent parts of the body, may feel self-conscious about how they look. When they are in areas of mobility, they can potentially lead to functional changes. The study was designed to compare the efficacy of pulsed dye laser treatment alone versus in combination with surgery for treating keloids.

**Materials & Methods:**

Thirty patients (males and females) of any age and sex suffering from keloidal lesions or undergoing surgical removal of keloid were included in the study. Cases were divided into two groups at random way: group I: had fifteen patients treated by pulsed dye laser alone, and group II: included fifteen patients treated by surgical removal of keloid followed by pulsed dye laser. Assessment of the therapeutic efficacy was based on the clinical assessment before and after treatment according to Vancouver Scar Scale (VSS).

**Results:**

Total Vancouver scale has been significantly higher in pulsed dye Laser combined with surgery group compared to treatment pulsed dye Laser group pre- and post-treatment. The percentage of change of Vancouver scale have been statistically high significant value in pulsed dye Laser group compared to pulsed dye Laser combined with surgery group. The total Vancouver scale has been significantly improved post-treatment pulsed dye Laser.\*\* Also, **the** entire Vancouver scale has been dramatically enhanced post-treatment pulsed dye Laser combined with surgery. There was no remarkable variation between the studied groups in side effects of treatment, improvement of treatment modalities, and satisfaction.

**Conclusion:**

The current study concluded that combining pulsed dye laser and pulsed dye laser after surgical removal of keloid are effective modalities for treatment.





**Abstract N°: 1150****A case of sebaceous carcinoma treated with Moh's micrographic surgery and skin local flap**

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**Introduction & Objectives:**

Sebaceous carcinoma is a rare and aggressive malignant tumor, arising from the epithelium of sebaceous gland. It can occur either sporadically or in association with Muir-Torre syndrome (MTS). It usually affects individuals older than 60 years, and the most common site of involvement is head and neck region, especially on the periocular area. Its clinical presentation can be nonspecific, ranging from yellowish to erythematous, ulcerative to nodulocystic lesion. Herein, we report a case of sebaceous carcinoma treated with Moh's micrographic surgery and skin local flap.

**Materials & Methods:**

A 70-year-old female patient presented with a protruding nodule on the dorsum of nose for 1 year. Physical examination revealed an asymptomatic, solitary, about 5mm-sized, well-circumscribed, yellowish-to-pinkish nodule. Simple excision was performed under local anesthesia.

**Results:**

Histopathologic findings showed multilobular lesion throughout the dermis. Pseudocapsule which contains mixture of poorly differentiated sebaceous cells and atypical basaloid epithelial cells were seen. Based on the clinical and histological findings, she was diagnosed as sebaceous carcinoma. For complete resection, Moh's micrographic surgery and skin local flap was performed under local anesthesia, and there was no remaining lesion with margin all negative.

**Conclusion:**

Moh's micrographic surgery is an effective treatment for sebaceous carcinoma, with low patient morbidity and recurrence risk. Nonetheless, further studies are necessary to elucidate its long term outcomes in sebaceous carcinoma patients.



**Abstract N°: 1180****Enhancing the Dermatologist's Diagnostic Toolbox: Safely Performing Outpatient Muscle Biopsies**João Guilherme Patrocínio<sup>1</sup>, João Maia-Silva<sup>1, 2</sup>, Pedro Mendes-Bastos<sup>2</sup><sup>1</sup>Centro Hospitalar Universitário Lisboa Norte, Dermatology, Lisbon, Portugal, <sup>2</sup>Hospital CUF Descobertas, Dermatology Center, Lisboa, Portugal**Introduction & Objectives:**

Muscle biopsy is an essential diagnostic technique for detecting various inflammatory conditions affecting the muscles or fascia. Traditionally, this procedure has been carried out by specialists in other fields or in inpatient environments. However, dermatologists possess the skills and knowledge to safely perform muscle biopsies in outpatient settings using local anesthesia. This case study aims to demonstrate that dermatologists can confidently perform muscle biopsies, thereby expanding their diagnostic scope.

**Materials & Methods:**

We conducted a biopsy involving the skin, fascia and muscle on the anterior tibialis of a patient who exhibited signs and symptoms suggestive of eosinophilic fasciitis while undergoing pembrolizumab treatment for renal cell carcinoma. The procedure was performed in an outpatient setting with local anesthesia, and a video recording of the technique was captured for educational purposes.

**Results:**

The fascia and muscle biopsy was successfully completed without any complications. The patient reported minimal pain and discomfort during the process, and post-operative care was easily managed. Histopathological examination confirmed eosinophilic fasciitis, leading to appropriate adjustments in the patient's treatment plan. The recorded video offers an overview of the technique, emphasizing the essential steps and factors dermatologists should consider when performing muscle biopsies themselves.

**Conclusion:**

Our report demonstrates that dermatologists can safely conduct muscle biopsies in outpatient settings using local anesthesia. By adding this procedure to their repertoire, dermatologists can diagnose a wider range of inflammatory conditions involving muscles or fascia, such as eosinophilic fasciitis. Ultimately, this approach has the potential to improve patient outcomes by enabling timely and accurate diagnoses, leading to more effective and prompt treatment options.

**Abstract N°: 1261****Clinical features and surgical management of squamous cell carcinomas of the lip**

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**Introduction & Objectives:**

Squamous cell carcinoma (SCC) is the most frequent malignancy arising on the lips. Numerous reconstruction methods after surgery have been reported but the reconstruction of lip defect remains a challenge. In this study we describe the clinical features and surgical management of lip SCC

**Materials & Methods:**

We retrospectively analyzed lip SCC patients who underwent Mohs micrographic surgery (MMS) at Severance hospital between 2006 to 2022.

**Results:**

Total of 34 cases were included. Mean age was 70.2 years and 17 (50%) were male. Seven tumors (20.6%) were on the upper lip and 27 (79.4%) tumors were on the lower lip. Majority of the cases were stage T1 (32.3%) and T2 (61.8%) and mean defect size (long axis) was 36.91mm. For defects smaller than 50% of the total lip length, wedge resection and primary closure was mostly performed (n=10). Defects confined to vermilion were mostly repaired by lip advancement flap and mucosal advancement flap (n=17). Full thickness defects larger than 50% were reconstructed by Abbe-Estlander flap, cheek advancement flap and Karapandzic flap (n=6). Thirteen patients experienced postoperative complications. Abnormal sensation and dullness were the most frequent complications (n=7) followed by problems with mouth opening (n=5), drooling (n=2), and wound dehiscence (n=2). Most of the complications improved with time but two patients continued to have problem with mouth opening and one patient had decreased touch sensation.

**Conclusion:**

Based on our practice, defects smaller than 50% can be repaired by wedge resection and primary closure. Even larger defects can be repaired by local flap from remaining labial or adjacent tissue with minimal postoperative complications.



**Abstract N°: 1276****Non - Invasive diagnostic techniques in the preoperative setting of Mohs micrographic surgery**Federico Venturi\*<sup>1</sup>, Giovanni Pellacani<sup>2</sup>, Francesca Farnetani<sup>3</sup>, Howard Maibach<sup>4</sup>, Daniela Tassone<sup>5</sup>, Emy Dika<sup>1</sup>

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**Non - Invasive diagnostic techniques in the preoperative setting of Mohs micrographic surgery**

**Introduction & Objectives:** Mohs micrographic surgery (MMS) is considered the gold standard treatment for skin cancers. Though the high cure rates it offers, MMS presents some disadvantages, as it is a relatively time – consuming procedure involving several professionals (physicians and technicians). A better definition of tumor margins in the pre-operative setting with any optical non-invasive diagnostic method may reduce the numbers of MMS steps and the overall duration of the procedure.

**Materials & Methods:**

We focused on non-invasive techniques comparing Literature data to our experience. The present review was conducted and reported using validated search strategies from the following databases: PUBMED and Ovid MEDLINE.

**Results:**

We describe the use of procedures such as dermoscopy and videodermoscopy (VDS), optical coherence tomography (OCT), reflectance confocal microscopy (RCM) and fluorescent confocal microscopy (FCM) together with novel possibilities (Combined OCT and RCM, Bioimpedance spectroscopy (BS) High frequency ultrasound (HFUS) and Multispectral optoacoustic tomography (MSOT)) to determine tumor extension in the pre-operative setting of Mohs surgery for the treatment of skin cancers.

**Conclusion:**

Presurgical margin assessment with non – invasive diagnostic techniques seem to provide a benefit in the patients' management, especially for tumors located in critical areas with a high risk of recurrence. In this sense, we propose an algorithm for the preoperative setting of MMS: the gold-standard is nowadays considered the RCM-assisted-MMS or, when available, the RCM/OCT-assisted-MMS. If not available, we suggest considering the OCT-assisted-MMS and the VDS-assisted-MMS as second line options, particularly indicated for nodular tumors and horizontal spreading lesions, respectively. BS-assisted-MMS, HFUS-assisted-MMS and MSOT- assisted-MMS should be considered as ancillary techniques. The use is limited due to the high costs and limited availability of new technologies.

**Abstract N°: 1342****A case of severe facial swelling mimicking facial nerve paralysis after cryotherapy to the basal cell carcinoma in a xeroderma pigmentosum patient**Yavuz Semiz<sup>1</sup>, Avni Akin Bayram<sup>2</sup>, Ezgi Aktaş<sup>1</sup><sup>1</sup>Prof Dr Cemil Tascioglu City Hospital, Dermatology and Venereology, Istanbul, <sup>2</sup>Prof Dr Cemil Tascioglu City Hospital, Otorhinolaryngology, Türkiye**Introduction & Objectives:**

Xeroderma pigmentosum (XP) is associated with a high incidence of cutaneous malignancies. Cryotherapy is a commonly used treatment option in treating cutaneous carcinomas in XP. Here, a 63-year-old male with a diagnosis of XP, developed a BCC on the malar area, and the lesion was treated with cryotherapy. Two days after cryotherapy, facial and cervical swelling occurred with a facial-nerve-paralysis-like appearance.

**Case presentation:**

A 63-year-old man with a diagnosis of XP had developed multiple BCCs on the face in recent years. A pigmented papule was noticed on the right nasolabial area. Dermoscopic examination revealed blue-gray ovoid nests and a scar-like whitish appearance surrounding a structureless and pigmented, slightly ulcerated papule, consistent with a BCC. Two cycles of 10-second cryotherapy were performed, and topical wound care was described to the patient. Two days later, the patient presented with swelling on the right malar area and neck. He reported that the swelling started the next day after cryotherapy on the right cheek and then extended to the neck. He did not complain of pain, pruritus, or burning sensations. Dermatologic examination revealed erosions and ulceration on the site of cryotherapy and swelling on the right malar area and anterior neck. Crepitation or tenderness was not noticed. Upon examination, facial droop on the right part of the lip was observed, suggestive of facial nerve paralysis. An otolaryngologic examination ruled out facial nerve paralysis. Facial and cervical computerized tomography revealed no abnormalities, such as emphysema or oedema. Three days later, the swelling begun to regress, and at 3 weeks, the swelling had completely resolved.

**Conclusion:**

Cryotherapy is a practical and cost-effective option that is comfortable both for the patient and the practitioner in treating cutaneous carcinomas in XP. Pain, blistering, delayed wound healing, hypopigmentation, and alopecia are common side effects of the treatment. In this case, cryotherapy was performed to treat BCC. In 2 days, swelling developed on the malar area and extended to the cervical area, which created a false facial-nerve-paralysis-like appearance. Physical examination and laboratory and imaging tests revealed no abnormalities, and the swelling completely resolved within 3 weeks. We believe that this swelling may have occurred due to an exaggerated inflammatory response. To date, no similar reactions after cryotherapy have been reported. The case is presented to share this uncommon reaction.

**Abstract N°: 1347****Innovative revision of Masson's post-auricular flip flop flap**Fortunato Cassalia<sup>\*1</sup>, Leonardo Azzi<sup>1</sup>, Francesco Gratteri<sup>1</sup>, Ina Tudurachi<sup>1</sup>, Giordani Mauro<sup>2</sup><sup>1</sup>Dermatologic Unit, Department of Medicine, Padova, Italy, <sup>2</sup>Dermatologic Unit, Department of Medicine, Rovigo, Italy

**Introduction & Objectives:** Carcinomas of the concha are difficult to treat because of the difficulty in accessing the site and the surrounding important anatomical structures. It is known that neoplasms of the auricle account for 6% of skin cancers and about 55% of which are cutaneous squamous cell carcinoma (SCC). It is estimated that 6% to 18% of squamous cell carcinoma concerning the external ear is already metastatic at diagnosis confirming the aggressive nature of these neoplasms.

**Case Report:** We report the case of a 59-year-old man suffering from carcinoma of the left auricular concha for about eight months. Initially, the skin lesion was treated with cryosurgery without regressing. Therefore, given the lack of response to cryosurgery and the risk of malignant progression of the lesion, the decision was made for radical resection.

**Conclusion:** The left auricular concha lesion was removed by full-thickness excision of the skin, subcutis, and underlying cartilage, and the defect was repaired using an innovative revision of the Masson post-auricular revolving door flap (flip-flop-flap). Due to the copious sensory innervation of the external ear, the Klein tumescence anesthesia method was preferred. As first, using an 11-blade scalpel, the concha auricular lesion was excised by incising the skin, the subcutis, and the cartilage. Next, at the retro-auricular site, by incising in an antero-posterior and caudo-cranial direction the skin and the subcutis, a triangular flap size of about 4 cm long by 1.5 cm wide was isolated. After cleaving the flap from the skin behind the external ear, the communication tunnel between the anterior and posterior region of the ear was created. Innovative feature was introduced as compared with the technique traditionally described by Masson: At the base of the newly created flap, using a round-bladed scalpel, the skin was disepithelialized to create a disepithelialized rectangle that could overlap with the thickness of the communication tunnel layers between the two sides of the ear. Then, the retro-auricular flap was rotated and was transposed through the above tunnel to repair the defect. A 6-0 vicryl filament was used at the meeting point between the disepithelialized area of the flap and the tunnel wall. Histologic examination revealed the presence of in situ SCCs with residual disease-free excision margins. Two weeks later, the patient had no signs of recurrence, and the functional and cosmetic outcome was both satisfactory.



**Abstract N°: 1376****Midline lymphedema, a challenging condition which requires a multidisciplinary approach.**

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**Introduction & Objectives:**

Lymphedema of the genital area is a relatively rare condition with a variety of etiologies. However, it is often seen after surgery, especially urological treatments for prostate carcinoma and penile squamous cell carcinoma (up to 21% of the patients).

Conservative treatment in midline lymphedema commonly consists of compression therapy, but this is a challenging therapy in the genital area. If compression therapy is not applied or maintained properly, it can cause irreversible changes to the skin such as fibrosis due to lymphostasis and infections. In end-stage midline lymphedema, reduction surgery in combination with compression therapy could be a solution.

**Materials & Methods:**

This is a retrospective observational study of patients with end-stage midline lymphedema. All patients were seen at our expertise center for lympho-vascular medicine. Patients underwent surgical treatment performed by a team of urologists and surgeons.

Compression therapy was started postoperatively within hours. The multi-day admission was monitored by a multidisciplinary team under the direction of a dermatologist.

**Results:**

Between 2016 and 2022, 214 patients underwent reduction surgery for lymphedema in our reference center. Forty two of these patients had end-stage midline lymphedema.

Of these 42 patients, 13 patients underwent a circumcision, 10 patients a scrotal reduction and 19 patients a local excision of the skin surplus or lump. All patients were admitted to the hospital and within hours after the surgical reduction, compression therapy was applied. Treatment was evaluated on a outpatient basis. Patients report a strong improvement in quality of life, results will be presented at the congress.

**Conclusion:**

Midline lymphedema is frequently seen after cancer treatment. Early start of compression therapy is crucial because of the irreversible changes that arise in end-stage lymphedema. As a last resort, surgical reduction treatment can be offered which has to be combined with postoperative compression therapy.

**Abstract N°: 1779****Resection of genital cysts: a case series**

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**Introduction & Objectives:**

Genital cysts are rare nodular lesions that can occur in both sexes. They can develop and enlarge over years and may eventually calcify. Histologically, genital cysts are filled with sebum and keratin and show a lining composed of stratified squamous epithelial cells. They are rarely linked to trauma, infections, or hormones. They often occur on the scrotum in males and on the labia majora or other vulvar parts in females. Small cysts may be asymptomatic, while larger cysts cause pain, infection, rupture, and complications. Topical or oral antibiotics can treat genital cysts, but they're not effective for reducing size or recurrence. Excision surgery, like pinch punch, is common. Surgery outcomes may not satisfy when not all cysts can be removed in one session due to their extensive number. Overlooking smaller lesions during surgery can lead to larger cysts developing in the following months and recurrence shortly after the operation. Genital cysts have a good prognosis but can cause discomfort, embarrassment, and psychological/sexual impairment with extensive cysts. In this case series, we present scrotum and labia majora subtotal excision with reconstruction as an alternative treatment for genital cysts.

**Materials & Methods:**

We report on three patients with recurring cysts on the scrotum and one patient with cysts of the labiae majores. The first patient was 25 years old and had previously undergone multiple surgeries for scrotal cysts. He was treated with Dupilumab for atopic dermatitis. Upon examination, multiple, sometimes confluent, solid nodules up to 1.5 cm in diameter were found on the scrotum. The skin of the scrotum was rather lax, resulting in an elongated scrotum. During surgery, a scrotal skin area of approximately 18x10 cm was excised, and the skin was reconstructed in the middle line, imitating the raphe scroti. The second patient (male, 22 years old) had undergone multiple surgeries for epidermoid cysts on the scrotum and presented with over 200 cysts with a diameter of up to 4 cm. His scrotum was also elongated and enlarged possibly due to the traction of the weight of the cysts. The medial two-thirds of the scrotal skin were excised and reconstructed. The third patient (female, 57 years) had multiple cysts on the labia majora since puberty. So far, she had not undergone any treatment, but the cysts caused a problem in hygiene of the genital area. She underwent surgical excision of the affected skin of both labiae majores followed by reconstruction to remove affected labia majora skin, followed by reconstruction. The fourth patient (37M) had 40 scrotal cysts, up to 1.8 cm in diameter, and an elongated scrotum. Two-thirds of the scrotum were removed and reconstructed similarly.

**Results:**

Excision of cyst-filled skin led to long-term satisfactory outcomes for 4 patients. No significant complications arose during the follow-up period. All male patients were satisfied with the loss of the lax skin of the elongated scrotum. The first patient developed 3 new cysts within 3 years, removed by pinch-punch-biopsy. No cysts recurred in the other cases during the 2-12 month follow-up period.

**Conclusion:**

Genital cysts can cause significant psychological and sexual distress. Radical excision of the affected skin is a highly



effective treatment, offering patients good cosmetic outcomes and long-term therapeutic success. Treatment can improve psychological and sexual impairments related to genital cysts, ultimately enhancing quality of life.

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**Abstract N°: 1871****Surgical Technique for Direct Removal of Button Osteoma and its Surgical Outcome : Review of 16 cases**

Ji Soo Park<sup>1</sup>, Sang Yeon Kim<sup>1</sup>, Kyu Yeon Kim<sup>1</sup>, Bo Bin Cha<sup>1</sup>, Jin Seop Kim<sup>1</sup>, Young-Jun Choi<sup>1</sup>, Won-Serk Kim<sup>1</sup>, Ga-Young Lee<sup>1</sup>

<sup>1</sup>Kangbuk Samsung Hospital, Samsung Medical Center, Department of Dermatology, Seoul, Korea, Rep. of South

**Introduction & Objectives:** Button osteoma (BO) is a benign bony neoplasm usually occurs on craniofacial area. Although BO is commonly seen, most of dermatologists have difficulty in treating BO due to its technical challenges. The purpose of this study is to present surgical technique for removal of BO and its surgical outcome.

**Materials & Methods:** In this study, patients who were diagnosed with BO by radiological exams including skull series and computed tomography were reviewed. Patients who did not undergo surgery were excluded. All surgical cases were performed under local anesthesia in an outpatient setting. The incision line was designed transversely above the BO, then the BO was removed by osteotome and mallet. Surface trimming was done by powered burr. After the fascia and skin were sutured, drainage tube was inserted.

**Results:** Out of 20 patients reviewed based on the retrospective data, 16 patients (4 males and 12 females; mean age  $50.4 \pm 13.8$ ) with 18 BO lesions underwent surgery. The mean size of BO was 0.94 cm (range 0.5 to 1.7). BOs were mostly located on the forehead (72.2%), followed by frontal (22.2%), and occipital scalp (5.6%). The mean follow-up duration was 3.4 months, and it revealed no evidence of recurrence (0%) or serious adverse events including nerve injury (0%). Only 3 patients (18.7%) showed minimal hematoma shortly after the surgery.

**Conclusion:** The direct superficial osteotomy with surface smoothing using burr offers an effective and safe method for removal of BO.



**Abstract N°: 2121****Association between Heavy Metal Exposure and Clinical Characteristics of Nonmelanoma Skin Cancer Treated with Mohs Micrographic Surgery**

Jin Seop Kim<sup>1</sup>, Sang Yeon Kim<sup>1</sup>, Ji Soo Park<sup>1</sup>, Kyu Yeon Kim<sup>1</sup>, Bo Bin Cha<sup>1</sup>, Young-Jun Choi<sup>1</sup>, Won-Serk Kim<sup>1</sup>, Ga-Young Lee<sup>1</sup>

<sup>1</sup>Kangbuk Samsung Hospital, Samsung Medical Center, Department of Dermatology, Seoul, Korea, Rep. of South

**Introduction & Objectives:** With the rising incidence of non-melanoma skin cancer (NMSC), efforts to reduce risk factors have gained attention. Although heavy metals have been reported as potential risk factors for NMSC in several epidemiologic review, clinical studies with quantitative evaluation have been limited. The purpose of this study is to identify the association between clinical characteristics of NMSC and serum heavy metal levels.

**Materials & Methods:** A retrospective review was conducted on NMSC patients who underwent Mohs micrographic surgery (MMS) and performed inductively coupled plasma mass spectrometry for serum chromium, lead, arsenic, cadmium, and mercury levels. Multiple logistic regression and linear regression were used to determine whether heavy metal levels influence tumor size, age at diagnosis, MMS stage, and multiplicity.

**Results:** A total of 86 patients were enrolled and the total number of NMSC lesions was 89. Among them, there were 52 (58.4%) cases of basal cell carcinoma and 37 (41.6%) cases of squamous cell carcinoma. After adjusting for confounding factors, there was a positive correlation between chromium, lead, and arsenic levels and tumor size ( $p < 0.05$ ). Elevated mercury levels tended to show early-onset NMSC ( $p < 0.05$ ). There was no statistically significant relationship in MMS stage and multiplicity.

**Conclusion:** High serum chromium, lead, arsenic, and mercury levels are associated with aggressive NMSC, suggesting a potential role as a carcinogen.



**Abstract N°: 2125****Secondary lymphangioma circumscriptum after breast surgery and radiotherapy: Case report**Nora Windeler<sup>\*1</sup>, Florian Löhr<sup>1</sup>, Nikolaos Patsinakidis<sup>1</sup>, Ulrike Raap<sup>1</sup><sup>1</sup>Klinikum Oldenburg AÖR | Universitätsklinik für Dermatologie und Allergologie, Oldenburg, Germany**Introduction & Objectives:**

Secondary lymphangioma circumscriptum is an acquired form with manifestation in adulthood. There is a cutaneous/subcutaneous localized circumscript lymphatic vascular ectasia, which often presents clinically as chronic lymphedema secondary to oncologic surgery and/or localized radiotherapy.

**Materials & Methods:**

Not applicable (case report)

**Results:**

A 54-year-old female patient presented with a partly bleeding, sharply demarcated light to dark erythematous plaque with vesicular margins and centrally scarred areas on the right breast that had been present for 2 months. 2 years earlier, the patient was diagnosed with breast carcinoma in the same breast, which was followed by treatment with surgical intervention, chemotherapy and radiotherapy. B-symptoms were denied. Local and systemic steroid therapy did not improve the findings.

To confirm the diagnosis, a sample biopsy was performed, which histopathologically showed light chronic inflammation with blister formation and discrete vascular activation. Mammography was used to exclude infiltration of the mammary gland tissue. Complete excision under general anesthesia was performed to exclude angiosarcoma as a potential diagnosis. The results showed marked subepidermal lymphedema, consistent with a secondary lymphangioma in therapy-associated lymphatic drainage disorder.

One month postoperatively, a local recurrence occurred. Thereafter, treatment with sclerotherapy was initiated.

**Conclusion:**

Acquired lymphangioma represents circumsriptal lymphatic vascular ectasia, which frequently occurs after stimulating processes such as surgery and radiotherapy. To date, little is known about the pathogenesis other than present damage to the lymphatic vessels. With the increasing importance of radiotherapy, more and more case reports can be found in which oncological patients, especially breast cancer patients, develop lymphangioma in the radiation area years after treatment. For example, the aforementioned patient had also been diagnosed with breast carcinoma 2 years earlier. Secondary lymphangioma circumscriptum is a benign disease. However, malignant differential diagnoses such as angiosarcoma should be excluded as a potential differential diagnosis.

Therapeutic options include surgical excision, vaporization by laser therapy (argon laser, CO2 laser), electrocoagulation, cryotherapy, and sclerotherapy. Unfortunately, there is a high risk of recurrence which was also the case in our patient.



**Abstract N°: 2190****Modified Mohs micrographic surgery with rim and deep margin technique: A new method to minimize bleeding in dermatologic surgery patients**

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**Introduction & Objectives:**

Delayed care for skin cancers is significantly associated with increased tumor size in nonmelanoma skin cancers (NMSCs), which may lead to increased complications from Mohs micrographic surgery (MMS). Increased tumor size (>2cm) is associated with increased risk of metastasis and/or risk of recurrence and may lead to increased intraoperative morbidity, including bleeding and lesion recurrence, especially in elderly patients with comorbidities or taking anticoagulant or antithrombotic medications.

**Materials & Methods:**

To decrease these risks, we have developed a technique called “rim and deep margin”. Here we present cases using the latter technique to minimize bleeding and operative time for patients with increased risk of morbidity.

The “rim and deep margin” MMS technique was conducted on 9 patients. First, peripheral tumor margins are marked and subsequently, a second outline is marked 2 mm away from the previously marked peripheral tumor margin. This 2 mm wide rim of tissue is removed, mapped, processed via frozen section. This process is repeated until the peripheral margins of the tumor are clear. Once the rim margins are clear, the tumor is debulked and discarded. To examine the deep margin, a deep tissue sample is taken from the base of the debulked tumor to subcutaneous tissue extending to the rim and is mapped, processed. This process is repeated until the deep margin of the tumor is clear. Once all margins are found to be negative, appropriate closure is initiated.

**Results:**

All nine cases were large tumors ( $\geq 2$  cm in diameter). Four patients displayed negative lateral and deep margins in the first stage, and another four displayed negative margins in the second stage. The remaining patient, who was from a nursing home and had delayed care, displayed a large tumor (8x6 cm) with positive margins in the first stage so the lesion was debulked and the patient was subsequently referred for radiation. Only one patient, who also had delayed care, experienced postoperative complications. These consisted of infection, for which the wound was cultured and resolved with oral antibiotics, and wound dehiscence, which healed by secondary intention. Other postoperative complications such as excessive bleeding, hematoma formation, and flap necrosis, were not detected in the first 6 months in any patient. Electrocauterization was not necessary for hemostasis in any patient. No tumor recurrences were reported in the first 6-12 months. The tumors were removed in an average of 1.5 stages using our modified Mohs technique excluding the patient referred for radiation therapy.

**Conclusion:**

Despite the increased risk of intraoperative morbidity from MMS due to the delayed care faced by patients during the COVID-19 pandemic, we propose the use of our “rim and deep margin technique” as an option for Mohs surgeons to minimize bleeding and operating time. Additionally, successful implementation of this technique can

limit perioperative complications common in high-risk patients with large tumors. Thus, the “rim and deep margin” technique has utility in certain high risk patients undergoing MMS and with the delays presented by the COVID-19 pandemic, it may warrant further implementation by Mohs surgeons.

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**Abstract N°: 2225**

**Functional and aesthetic evaluation of Yu's flap for lower lip reconstruction in dermatologic surgery under local anesthesia**

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**Introduction & Objectives:**

Extensive lip defects require adequate planning, considering this structure's characteristics (functional or aesthetic). There are several surgical techniques previously described to reconstruct surgical defects of the lower lip, such as the Karapandzic flap, the Bernard-Burrow-Webster flap, and Yu's flap. To choose the best approach, the location and size of the tumor, as also the patient's background, matter.

**Material & Methods:**

A total of 5 patients underwent surgery for lower lip reconstruction with Yu's flap after cancer surgery at our dermatology surgery center. These patients presented with defects between  $\frac{1}{3}$  and  $\frac{2}{3}$  of the lower lip and had unilateral reconstruction under local anesthesia without hospitalization in a single surgical procedure. Follow up at 1 and 6 months were recorded. A survey was performed across these patients.

**Results:**

Most patients retain complete oral continence, with no limitations on food or speech, and have no deficits in quality of life. One patient had mild liquid loss while drinking and maintained mild pain in the surgical scar. No microstomia was observed in none of the patients. Desirable functional and aesthetic outcomes were recorded in all cases with a mean subjective valuation of 4/5.

**Conclusion:**

Here we report our experience with Yu's flap in outpatient surgery under local anesthesia for the benefit of other surgeons. The Yu's flap is advantageous for the functional preservation of the lip by maintaining the orientation of the orbicular muscle fibers and preserving oral continence and good overall aesthetic results. The Yu's flap guarantees good functional and aesthetic results in a single surgical procedure and allows a quick return to everyday life.



**Abstract N°: 2299****Non-cytotoxic Moderate to Severe Drug Extravasation Injury in Children: A cross-sectional study**

1. Bahareh Abtahi-Naeini<sup>\*1</sup>, Hamid Rahimi<sup>2</sup>, Alireza Aghaei<sup>3</sup>, Majid Mirmohammadkhani<sup>4</sup>, Ali Mohammad Sabzghabae<sup>5</sup>, Mahsa Pourmahdi-Boroujeni<sup>3</sup>, Mahdi Hadian<sup>3</sup>, Mojtaba Akbari<sup>6</sup>, Ali Saffaei<sup>7</sup>

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**Introduction & Objectives:**

This study aimed to assess the clinical and epidemiological pattern of non-cytotoxic moderate to severe drug extravasation injury in a tertiary referral centre, in Iran.

**Materials & Methods:**

This cross-sectional study was conducted at a pediatric referral centre in the Children's Hospital, affiliated with Isfahan University of Medical Sciences, Isfahan, Iran, between September 2017 and March 2021 on children aged between one month and fifteen years old with a definite diagnosis of moderate to severe drug extravasation injuries. Severity at clinical presentation was assessed using a four grades scale with increasing severity.

**Results:**

79 children with a diagnosis of drug extravasation were included in the study. Most of them were infants (46.9%). Shorter interval between drug extravasation and intervention was significantly associated with improvement (Median (interquartile range): 12(5, 24) vs. 25(24, 120) in improved vs. non-improved lesion) ( $P < 0.001$ ). The most frequent drug categories of the offending drug were osmotic agents in 30 cases (38%) and irritant agents in 27 cases (34.2%). In 4 cases, the offending case was uncertain. Non-improved lesions were significantly higher in patients with drug extravasation grade 4 ( $P < 0.001$ ). The existence of blisters, necrosis, and ulcers was associated with no improvement conditions ( $P < 0.001$ ). The presence of previous medical conditions, including metabolic disorders, is associated with more than seven times no improvement lesions (Adjusted Odds Ratio: 7.208  $P = 0.024$ ).

**Conclusion:**

The result of our study demonstrated an interval between extravasation and intervention, type of extravasated drug, and previous medical histories had a significant relationship with no improvement outcome.



**Abstract N°: 2544****Hook rotation flap as a reconstructive option of the lateral nasal tip defects**Irina Monica Ciobotariu<sup>\*1, 2</sup>, Ketty Peris<sup>1, 2</sup>, Andrea Paradisi<sup>1, 2</sup>

<sup>1</sup>Dermatologia, Dipartimento di Medicina e Chirurgia Traslazionale, Università Cattolica del Sacro Cuore, Rome, Italy, Dermatology, Rome, Italy, <sup>2</sup>UOC di Dermatologia, Dipartimento di Scienze Mediche e Chirurgiche, Fondazione Policlinico Universitario A. Gemelli - IRCCS, Rome, Italy, Dermatology, Rome, Italy

**The hook rotation flap as a reconstructive technique for lateral nasal tip defects**Andrea Paradisi<sup>1,2</sup>, Irina Ciobotariu<sup>1,2</sup>, Ketty Peris<sup>1,2</sup>

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**Introduction & Objectives:**

The lateral nasal tip defect represents a challenge for the reconstructive surgeon. Several techniques have been described to repair small to medium size lateral nasal tip defects such as bilobed flap, AIRNS flap and dorsal nasal flap. The bilobed flap is probably the most popular technique.<sup>1</sup> Large lateral tip defects, involving the alar rim or the soft triangle, often require more complex reconstruction as the interpolated nasolabial flap and the forehead paramedian flap, both implying a two-stages repair, or full-thickness grafts.

Recently we described a hook-shaped inferiorly based rotation flap to repair small to medium size lateral nasal tip defects<sup>2</sup>, based on the most important nasal reconstructive principles: 1) to respect the aesthetic subunits; 2) to use skin with comparable texture and thickness; 3) to avoid nasal tip and nostril lifting/distortion.<sup>3</sup>

**Materials & Methods:**

Tumor resection and reconstruction using the 'hook flap' is used for treatment of basal cell carcinoma (BCC) located on the lateral nasal tip. An arch incision with surgical lines well-hidden on both the lateral and inferior junction of the cosmetic subunits is performed just above the columella allowing to rotate the entire nasal tip reaching the contralateral alar groove. The Burow equalizing triangle, localized in the contralateral nasal wall, is removed and the flap was rotated with a lateral movement in the frontal plane. A buried suture is made in order to secure the 'hook' tip to the primary defect.

**Results:**

Two women and one man, aged between 64 and 83 years, underwent excision of nodular, ulcerated BCCs on the lateral nasal tip with 3 mm safe margins, followed by reconstruction using the 'hook flap'. The histopathological examination showed nodular BCC and one infiltrating BCC subtypes. Surgery was well tolerated by all patients, with no evidence of immediate and late complications in the postoperative period. All patients showed no recurrences after 6-24 months of follow-up.

**Conclusion:**

Hook rotation flap is a simple and rapid technique that can be used for the reconstruction of small and medium-

size defects of the lateral nasal tip, offering excellent aesthetic results and functional outcomes.

\1. Okland TS, Lee YJ, Sanan A, Most SP. The Bilobe Flap for Nasal Reconstruction. *Facial Plastic Surgery*. 2020;36(3):276-280. doi:10.1055/s-0040-1712160

\2. Paradisi A, Cornacchia L, Fossati B, Peris K. The 'hook rotation flap' to repair lateral nasal tip defects. *Journal of the European Academy of Dermatology and Venereology*. Published online 2023. doi:10.1111/jdv.18898

\3. Menick FJ. Nasal reconstruction. *Plast Reconstr Surg*. 2010;125(4). doi:10.1097/PRS.0b013e3181d0ae2b

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**Abstract N°: 2701****Surgical procedures in Ireland - are we working to capacity?**

Lisa Murphy<sup>1</sup>, Madonna Andrawis<sup>1</sup>, Paula Beatty<sup>1</sup>, Marta Costablasco<sup>1</sup>, Claire Doyle<sup>1</sup>, Orla Mcfeely<sup>1</sup>, Anna Wolinska<sup>1</sup>, Anne-Marie Tobin<sup>1</sup>

<sup>1</sup>Tallaght University Hospital, Dermatology, Dublin, Ireland

**Surgical procedures in Ireland - are we working to capacity?****Introduction & Objectives:**

The number of people over the age of 65 in Ireland is increasing annually. This has implications for how we provide healthcare, and we need to give greater consideration to our patients' cognition when gaining their consent for dermatological procedures. The aim of this study is to establish if capacity assessments are being routinely performed for dermatological procedures in Ireland.

**Materials & Methods:**

An anonymous survey was disseminated to the members of the Irish Association of Dermatologists, with questions pertaining to capacity assessments and their surgical practice.

**Results:**

Thirty-nine doctors working at consultant and registrar level participated in this study. The majority of respondents advised that they perform surgery at least weekly, with 49% of doctors performing surgery twice weekly. 54% of doctors advised that they did not routinely assess capacity in patients 65 years or older. 28% of clinicians advised that they don't read a patient's medical file prior to surgery to check the patient's medical history. 44% of doctors reported that capacity is assessed often but not routinely in their department, with a further 15% advising that it is rarely assessed in their department. 49% of clinicians advised that the issue of capacity was not highlighted to them when they began surgical training.

**Conclusion:**

The results of this survey suggests that there is a greater need for doctors to address the issue of capacity within their practice. There is also a need for a greater emphasis on this area during surgical training to ensure that clinicians are equipped with the necessary tools to perform capacity assessments when appropriate.



**Abstract N°: 3187**

### **Surgery for the Treatment of Hidradenitis Suppurativa - A Case Series**

Athos Martini<sup>\*1</sup>, Vanessa Maciel<sup>1</sup>, Fernanda E Lima<sup>1</sup>, Ana Paula Bald<sup>1</sup>, Ricardo Schmitz<sup>1</sup>, Daniel Holthausen Nunes<sup>1</sup>, Matheus Alves Pacheco<sup>1</sup>

<sup>1</sup>Polydoro Ernani de São Thiago University Hospital, Brazil

#### **Introduction & Objectives:**

This case report presents a series of surgical interventions for hidradenitis suppurativa with secondary intention wound closure. The objective is to showcase the surgical approach and outcomes through pre- and post-operative photographs, highlighting the effectiveness of this technique in managing hidradenitis suppurativa.

#### **Materials & Methods:**

A retrospective analysis was conducted on a series of cases involving surgical treatment for hidradenitis suppurativa. The surgical procedures consisted of wide excision of affected areas followed by secondary intention wound healing. Pre-operative and post-operative photographs were taken to document the progression and outcome of the surgical interventions.

#### **Results:**

The series includes a collection of pre-operative and post-operative photographs demonstrating the surgical management of hidradenitis suppurativa. The photographs illustrate the improvement in lesion appearance, wound healing process, and reduction of symptoms following the surgical interventions.

#### **Conclusion:**

Surgical treatment with secondary intention wound closure is a viable approach for managing hidradenitis suppurativa. The presented case series highlights the visual outcomes of this technique and provides valuable insights for clinicians considering similar surgical interventions. Further studies and larger case series are warranted to evaluate the long-term effectiveness and patient satisfaction with this approach.



**Abstract N°: 3224****case of a goldfinger**

Liana Victory\*<sup>1</sup>, Fergal Moloney<sup>1</sup>, Claire Quigley<sup>1</sup>, Aoibheann Flynn<sup>1</sup>

<sup>1</sup>Mater Hospital, Dermatology , Dublin, Ireland

Case of a goldfinger

Dr L Victory, Dr C Quigley, Dr F Moloney, Dr A Flynn, Ms S Potter

**Introduction & Objectives:**

A 73 year old male presented with a pigmented subungual papule of his left hand third finger. There was an area of ulceration associated with this lesion on the pulp of the middle finger. Diagnostic excisional biopsy confirmed nodular malignant melanoma with a Breslow thickness of at least 2.98mm. He subsequently underwent a wide local excision showing breslow thickness 5.1mm with superficial infiltration of underlying bone, margins negative with invasive component 18mm. He underwent an amputation at the neck of the middle phalanx and sentinel lymph node biopsy was negative. He underwent staging PET CT which reported no metastatic disease. He was followed up in the dermatology clinic for surveillance and eighteen months after his diagnosis it was noted he had developed new pigmentation at the scar site, and he underwent re-excision which confirmed malignant melanoma Breslow thickness 0.6mm.

In clinic follow up two years following his diagnosis our patient was noted to have very subtle pigmentation at the amputation stump which remained stable over the course of four months. This area was biopsied due to his previous history of recurrence. This biopsy reported skin with dark brown and black pigment within the dermis associated with fibrosis and scattered macrophages. Following discussion at Melanoma MDM this pigmentation was felt to represent foreign material or post traumatic pigmentation. A detailed history revealed that he worked as a gold smith and this was felt to reflect traumatic tattooing.

**Conclusion:**

There have been multiple case reports of amalgam tattoos caused by implantation of dental amalgam, imitating melanoma on oral mucosa. There was also a case report of a case of silver tattooing of the nasal mucosa in a silver polisher which was initially concerning for melanoma. This is a case of patient developing traumatic tattooing from working as a goldsmith in the setting of a malignant melanoma.

[1] K. Lundin,<sup>1</sup> G. Schmidt,<sup>1</sup> and C. Bonde<sup>1</sup>

<sup>1</sup>Department of Plastic Surgery, Breast Surgery and Burns Treatment, Rigshospitalet-Copenhagen University Hospital, 2100 Copenhagen OE, Denmark

[2] Kayarkar R, Parker AJ, Goepel JR. The Sheffield nose—an occupational disease? *Rhinology*. 2003 Jun;41(2):125-6. PMID: 12868381.



**Abstract N°: 3339**

**Island pedicle advancement flap for the reconstruction of surgical defects adjacent to the nasofacial sulcus and the nasolabial fold**

Cláudia Brazão<sup>1</sup>, Lanyu Sun<sup>1</sup>, Diogo De Sousa<sup>1</sup>, Ana Fraga<sup>1</sup>, Rita Travassos<sup>1</sup>, João Nuno Maia-Silva<sup>1</sup>, Paulo Filipe<sup>1</sup>

<sup>1</sup>Centro Hospitalar Universitário Lisboa Norte, Dermatology Department, Lisbon, Portugal

**Introduction**

The perinasal area is a cosmetically and functionally important subunit of the face, with considerable significance in appearance and expression. In oncologic dermatology surgery, surgical defects of this area are often large, in order to obtain complete excision of the tumors. When these surgical defects occur around facial folds, sulci and creases, they are challenging to reconstruct and it is important to provide a good functional and cosmetic result. We present two clinical cases in which island pedicle advancement flap was a good option for the reconstruction of surgical defects adjacent to the nasofacial sulcus and the nasolabial fold, after basal cell carcinoma excision.

**Results**

Patient 1 is a 82-year-old Caucasian female, Fitzpatrick's phototype III, with no relevant comorbidities, who was referred to our Dermatology Department with a 1-year-history of a gradually growing asymptomatic nodule on the nose. On physical examination there was an erythematous nodule on the right sidewall of the nose, approximately 1 centimeter in size, with macroscopically visible vessels.

Patient 2 is a 67-year-old Caucasian female, Fitzpatrick's phototype II, with no relevant comorbidities, who was referred to our Dermatology Department with a 6-month-history of a gradually growing nodule on the upper cutaneous lip. On physical examination there was an erythematous nodule on the left side of the upper cutaneous lip, approximately 8 millimeters in size.

On both patients, dermoscopy revealed a yellowish-erythematous background, with arboriform telangiectasia, suggestive of basal cell carcinoma.

Elective surgery was performed, with excision of the lesion until the hypodermis, using a 4 millimeter margin. The primary surgical defect was round to oval and approximately 2 centimeters in size. On both patients, an island pedicle flap was used to reconstruct the surgical defect, using the right malar region on patient 1 and the left upper cutaneous lip region on patient 2 as donor sites. The secondary surgical defect was closed over the nasofacial sulcus and nasolabial fold, respectively. There were no postoperative complications. The histopathologic examination confirmed the diagnosis of basal cell carcinoma on both patients, with complete excision.

This surgical technique resulted in maintenance of the nasofacial sulcus and the nasolabial fold, respectively, with a good functional and cosmetic final result.

**Discussion**

In dermatologic surgery, surgical defects of the perinasal area, especially around facial folds, sulci and creases, are challenging to reconstruct. It is important to be aware that these structures are fundamental to maintain the normal facial anatomy and cosmetic subunits. When reconstructing these surgical defects, several techniques are possible. In our experience, the island pedicle advancement flap is a simple and effective method for reconstructing defects around creases and folds, with a good functional and aesthetic final result.

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**Abstract N°: 3595****A case of subungual onycholemmal cyst**

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**A case of subungual onycholemmal cyst**

Subungual onycholemmal cyst (SOC) is a rare nail abnormality which affects the dermis of the nail bed. SOC has different clinical presentations, including onychodystrophy, ridging, clubbing, thickening, pigmentation, or even normal appearance. It can mimic different nail malignancies, such as melanoma, SCC, or glomus tumor. In this report, we describe a 54-year-old taxi driver was referred to our orthopaedic department with onychodystrophy on a nail of the second right finger from a year before the current presentation. No history of recent trauma, pain, or bleeding has been noted. On physical examination, onycholysis and onychodystrophy of the right second nail were revealed. The lesion had tenderness when it was compressed bilaterally.

Complete surgical excision of the nail was performed with local anaesthesia . On surgery of the nail plate, a lesion measuring 10 × 10 mm appeared within the nail bed. The histopathological examination revealed a subungual onycholemmal cyst .Nail biopsy can contribute to the early diagnosis of SOC and improvement of treatment outcomes.





**Abstract N°: 3645****Content Evaluation of YouTube Videos for Patient Education on Mohs Micrographic Surgery**Naila Bouadi<sup>1</sup>, Selena Osman<sup>2</sup>, Samia Rahman<sup>3</sup>, Michelle Le<sup>4</sup>, Wayne Carey<sup>4</sup>, Chaocheng Liu<sup>5</sup>

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**Introduction & Objectives:**

Mohs Micrographic Surgery (MMS) is a specialized technique for removing locally invasive skin cancers. Patient education is crucial to achieving optimal clinical outcomes. YouTube is a popular video-sharing platform for MMS patient education, but posting is not limited to healthcare professionals creating potential risk for outdated or misleading content. This study's objectives were to describe the importance of social media platforms in providing patient education before Mohs Micrographic Surgery (MMS), understand the status of patient educational sources for MMS on YouTube and their limitations, and identify the knowledge gaps or areas of improvement in promoting patient education using YouTube for MMS.

**Materials & Methods:**

Using six predefined terms related to MMS, top 50 videos for each term were collected. Two authors independently evaluate the quality of MMS videos using a list of 20 criteria (validated by two Mohs surgeon) on pre-, peri-, intra-, and post-operative information. Disagreement was resolved by a third party. Popularity data was assessed using mean daily view count (MDVC).

**Results:**

Ninety-five videos met inclusion criteria for analysis. The average MDVC was 0.82 (i.e., <1 view per day). Most videos were lectures (70.8%), followed by surgical demonstrations (12.5%). Out of 20 points, the mean number of criteria satisfied was 4.77 ( $\pm 3.55$ ). Videos produced by academic journals satisfied more criteria ( $8.33 \pm 6.81$ ). However, this was not statistically significant when compared to other producer categories or all videos combined. The pre-operative category had the highest percentage of criteria met (28.3%), followed by intraoperative (26.2%). Skin of colour representation was seen in 24.2% of videos analyzed.

**Conclusion:**

MMS videos on YouTube intended for patient education are popular, but not adequately educational in general with variable reliability. Future high-quality videos with accurate information are warranted for effective patient education. Future videos should address peri- and post-operative information in greater detail.



**Abstract N°: 3768****Beyond the Surface of Giant Pilomatricoma: A Rare Skin Tumor with Unique Clinical and Histological Findings: A Review**Kendra Cruickshank<sup>1</sup>, Heba Sati<sup>2</sup>, Elio Assaad Saad<sup>2</sup>, Mira Bechelany<sup>2</sup>, Viviane Maria Maiolini<sup>3</sup>, Nancy Emmanuel<sup>\*3</sup><sup>1</sup>Saint James School of Medicine St. Vincent, Arnos Vale, Saint Vincent and the Grenadines, <sup>2</sup>Faculty of Medicine and Medical Sciences, University of Balamand, Koura, Lebanon, <sup>3</sup>Hospital das Clínicas of the Faculty of Medicine of the University of São Paulo, São Paulo, Brazil

**Introduction & Objectives:** Giant pilomatricoma, also known as giant calcifying epithelioma of Malherbe, is a rare benign skin tumor that arises from the hair follicles. This very rare and intriguing tumor has distinct clinical features including its significant dimensions and can be challenging to diagnose. Surgical excision for both diagnostic and therapeutic purposes is often necessary.\*\* This review aims to summarize the different histopathological findings and surgical approaches of this very rare entity that often mimics pilomatrix carcinoma.

**Materials & Methods:** A review of the literature was conducted using PubMed, and Embase. The search strategy employed the following keyword: "giant pilomatricoma". Additionally, the articles referenced were manually screened to identify any additional relevant studies that were missed in the initial screening process. All results were uploaded to Rayyan where articles were selected based on predefined inclusion and exclusion criteria to ensure the selection of appropriate studies for this literature review.

**Results:** Pilomatricoma is a rarely diagnosed skin neoplasm that usually presents on the head, neck, and upper trunk. This benign type of tumor can, even more rarely, present as a giant tumor, exceeding 5 cm in diameter, in which case it is known as a giant pilomatricoma. Such cases are often mistaken with pilomatrix carcinoma and despite histopathology results showing benign tumors, the size of the lesion often favors a clinical diagnosis of pilomatrix carcinoma and final diagnosis is only confirmed after total resection and histopathological evaluation of the entire tumor. Imaging can also be helpful in distinguishing between a benign and malignant process. Histological findings are diverse and may include cystic lesions with basaloid cells and fading centrally located nuclei, ossifications, transitional cells, and foreign-body giant multinucleated cells. Necrosis, keratinization of tumor cells in a pattern that simulates squamous cell carcinoma, and expansive growth have also been described. When it comes to management, these tumors do not spontaneously decrease in size making surgical resection necessary. Multiple techniques have been described for the closure of the defect post resection including local rotational flaps, split thickness skin grafts, and pedicled deltopectoral rotational flaps for coverage, often needing the collaboration with a plastic & reconstructive surgery team depending on the size of the defect. Primary closure may also be an option depending on adjacent skin laxity.

**Conclusion:** Giant Pilomatricoma is an extremely rare skin tumor with a challenging clinical presentation, diagnosis, and management. Final diagnosis often depends on histopathological evaluation of the entire tumor as giant pilomatricomas are important mimickers of pilomatrix carcinoma. Collaboration with a plastic and reconstructive surgery team may be necessary for optimized treatment.



**Abstract N°: 3893****Dermal-fat grafting. Our experience**

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**Introduction & Objectives:**

Dermal-fat grafting is a very useful surgical reconstruction technique for deep defects or cavities, widely used in ophthalmic surgery after enucleation due to retinoblastoma, but not very common in dermatological surgery.

It consists of obtaining, generally from the inner face of the arm or the upper outer portion of the buttock, a graft made up of fatty tissue and dermis, removing the epidermis, and transferring it to an area with a skin and deep subcutaneous cell tissue defect, ideally concave. The objective is to fill this defect and let the epidermis regenerate over the existing dermis. This healing process is based on the migration of the adjacent cells to the graft, resulting on a more similar epidermis. Despite being a graft, the cosmetic results are much better than those obtained after a total skin one.

**Materials & Methods:**

We present our series of thirty patients who underwent a dermal-fat graft in the last four years, as reconstruction of Mohs surgery, focusing on its indication, procedure, and results.

**Results:**

The cosmetic and functional results obtained with this procedure are excellent and the surgical intervention does not require more than thirty minutes.

**Conclusion:**

Dermal-fat grafting is a procedure with multiple assets and few drawbacks, from our point of view. Pros are: absence of displacement of the anatomical structures; application in all types of concave defects, whatever the depth of the defect; quick and simple process without sophisticated means; excellent cosmetic and functional results with the possibility of performing other types of flaps in the same surgical procedure. Cons are: need of periodical cures until release of the crust, longer time than a regular flap to heal, and occasional keloid scar in the donor area.

**Abstract N°: 3914**

**Suction micro-blisters grafting in stable vitiligo patients using automated negative pressure epidermal harvesting system- A novel and minimally invasive technique in vitiligo surgery.**

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**Introduction & Objectives:**

Vitiligo is an autoimmune disorder, characterized by depigmented macules and has a high psychosocial impact. Surgical treatment is considered for non-responsive stable vitiligo.

Automated negative pressure epidermal harvesting system is a newer method in skin grafting which is based on the modified technique of suction blister grafting, using a sustained vacuum pressure and heat, which results in the formation of micro-domes of the epidermis.

Aims and objectives- To observe the outcome of suction micro-blisters grafting as a therapeutic option in vitiligo and to observe donor site morbidity.

**Materials & Methods:**

40 patients of stable vitiligo were enrolled. Study period was one year.

Inclusion criteria- stable vitiligo patient (no new lesions, no progression of pre-existing lesions and absence of Koebner's phenomenon during the past 12 months).

Suction micro-blisters grafting is done by using commercially available epidermal harvesting device.

It consists of a harvester which is tied to donor area, and a vacuum head is attached to the machine which delivers heat at temp. of 37°C to 41°C and a negative pressure of -400 to -500 mm Hg. Total 128 micro-domes are formed within 30-40 mins, of avg. 1.8 mm diameter and 2 mm apart. No anaesthesia is required at donor area whereas recipient site is prepared with dermabrasion after giving local anaesthesia. These pure epidermal grafts are then transplanted to the recipient site using adhesive dressing. The entire procedure takes 50-60 minutes.

**Results:**

Quantitative assessment was done with a simple point counting method using a transparent sheet to mark the outlines of the lesion and calculate the re-pigmented surface area using a standard graph paper.

**|Re-pigmented surface area|Grade|**

**No. of patches**

**(N= 40)**

%			
>75%	Excellent	31	77.5%
50-75%	Good	5	12.5%
25-50%	Fair	3	7.5%
<25%	Poor	1	2.5%

The donor sites were fully healed without scarring within 4 weeks of harvesting and required no further treatment. 77.5% patients showed excellent re-pigmentation (>75% area re-pigmented) whereas 12.5% patients showed good re-pigmentation (50%-75% area re-pigmented), 7.5% patients showed fair re-pigmentation (25%-50% area re-pigmented) and only in 1 case i.e. 2.5% cases there was poor re-pigmentation (< 25% area re-pigmented).

Degree of colour matching of recipient site was also observed as compared to surrounding normal skin and excellent colour matching was found in 87.5% cases.

**Conclusion:**

Suction micro-blister grafting is a newer method to achieve faster and uniform re-pigmentation in vitiligo with excellent colour matching. It is done by using automated negative pressure epidermal harvesting system and is a novel and minimally invasive technique in vitiligo surgery. It is a time conserving procedure with no/minimal donor site morbidity. It is a bedside procedure providing pain-free epidermal skin grafts in outpatient setting with no need for anaesthesia at donor site and has an easy learning curve.



**Abstract N°: 3920**

**Combined Retroauricular Transposition Flap and V-Y Advancement Flap for the Repair of a Large Surgical Defect Involving the Preauricular Cheek and Sideburn.**

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**Introduction & Objectives:**

The aim of this study is to present a surgical technique utilizing a combined retroauricular advancement and V-Y advancement flap for the successful repair of a large surgical defect involving the preauricular cheek and sideburn.

**Materials & Methods:**

A 55-year-old male patient with a basal cell carcinoma involving the preauricular cheek and sideburn underwent surgical excision of the lesion, resulting in a large defect (34mm x 25mm). To reconstruct the defect, we employed a combined approach involving a retroauricular transposition flap and a V-Y advancement flap. The V-Y advancement flap was designed to cover the majority of the defect, while the a retroauricular transposition flap provided additional coverage and helped achieve a satisfactory aesthetic outcome, without requiring skin grafts. The surgical procedure was performed under local anesthesia, and postoperative follow-up was conducted to evaluate the healing process and cosmetic result.

**Results:**

The combined retroauricular transposition flap and a V-Y advancement flap technique provided excellent coverage of the surgical defect in the preauricular cheek and sideburn region. The patient experienced uneventful wound healing, and no complications such as infection, flap necrosis, or hematoma were observed. The cosmetic outcome was highly satisfactory, with minimal distortion of facial contours and a natural appearance of the reconstructed area.

**Conclusion:**

The combined retroauricular transposition flap and a V-Y advancement flap technique represents an effective approach for the reconstruction of large surgical defects involving the preauricular skin. This technique offers several advantages, including robust blood supply, preservation of facial nerve branches, and a favorable cosmetic outcome. Further studies and long-term follow-up are warranted to validate the efficacy and durability of this novel surgical technique for similar cases.

**Abstract N°: 3964****Reconstruction of an Anterior Auricular Defect Through a Tunnelized Preauricular Transposition Flap**

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**Introduction & Objectives:**

The auricle is composed of tightly adherent skin over a cartilaginous framework. The position of the external ear predisposes it to both traumatic injury and malignancy. Reconstruction of the anterior surface of the auricle after oncologic surgery is often challenging due to the scarce amount of skin available, its restricted vascularization, and the fact that it is an area of difficult manipulation. Several options exist to correct auricular defects, including local flaps, skin grafts, and even healing by secondary intention.

**Materials & Methods:** We present a reconstruction of an anterior auricular defect through a tunnelized preauricular transposition flap.

**Results:**

A 47-year-old male, Fitzpatrick phototype III, presented to our dermatology surgery consult with a basal cell carcinoma in his left triangular fossa. We designed a banner pattern flap in the preauricular region for reconstruction and then administered local anesthesia with lidocaine 2%. We excised the lesion with 4 mm margins, sparing the cartilage. The primary defect measured about 10 mm in diameter. Then, the flap was dissected and passed through an incision on the posterior aspect of the antihelix, under the helix's root, and adapted to the defect. The segment of the flap passing under the tunnel was de-epithelialized. Finally, we closed the flap and donor site with a simple interrupted suture using a 4/0 nylon suture. The histological examination of the lesion confirmed nodular basal cell carcinoma totally excised. There was good healing without complications in 5 months of follow-up.

**Conclusion:**

Surgery of the ear is complex, particularly when the tumor affects the anterior surface, which is more visible. Transposition flaps must be elevated over an area of normal skin to reach their eventual destination in the primary defect. This reconstruction through a preauricular tunnelized transposition flap allows for preserving the antihelix original anatomy and its natural curvature. It also provides skin with a similar color and texture to the defect as an alternative to the graft, and it can be a better option than second-intention closure, which is a long process associated with an increased risk of infection. In addition, the donor site of the flap has no visible scar. The flap is well vascularized and has a good consistency. This surgical technique provides a satisfactory cosmetic result in a single-stage procedure.

**Abstract N°: 4013****Use of infiltrative corticosteroid and blend of actives for fat reduction around surgical wound of melanoma excision**

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**Introduction:**

Excess subcutaneous fat in different areas of the face has been the focus of new treatment modalities in aesthetic dermatology, especially those involving non-invasive procedures.

The use of localized injections combining substances to reduce facial fat was first described in the literature in 2001. As they are effective with satisfactory results for the patients, we used a blend of water, Carnitine, Methylsilanol Mannuronate, Cynara Scolymus Leaf Extract, Melilotus Officinalis Extract, Hydrogenated Lecithin, Caffeine, Troxerutin, Tyrosine and triamcinolone acetonide to improve the aesthetic result of melanoma excision.

**Case Report:**

Our patient was a woman with 61 years of age, with neither history of skin cancer nor comorbidities. In October 2022, in view of atypical melanocytic lesion in the right upper limb, a complete excision of the primary tumour was performed in order to drain the lymphatic limb.

The result of the pathological analysis was superficial extensive melanoma. So, in the following month, a new surgical approach was done to enlarge the margin by 1 cm.

In December 2022, the patient was dissatisfied with the perilesional aesthetic result due to tissue swelling in the upper and lower margins of the surgical wound. We infiltrated 0.3 ml of a blend of water, Carnitine, Methylsilanol Mannuronate, Cynara Scolymus Leaf Extract, Melilotus Officinalis Extract, Hydrogenated Lecithin, Caffeine, Troxerutin, Tyrosine and together we used 0.1 ml of triamcinolone acetonide (dilution of 40mg in 1 ml of 0.9% saline solution) and 0.1 ml of xylocaine with vasoconstrictor. In the upper portion of the wound we used 2:3 of the solution and 1:3 in the lower region.

In the following month, the patient returned satisfied with the final aesthetic result due to the absorption of the extra perilesional tissue. In view of the satisfactory result, it was decided not to carry out further application on the site.

**Discussion:**

This blend of water, Carnitine, Methylsilanol Mannuronate, Cynara Scolymus Leaf Extract, Melilotus Officinalis Extract, Hydrogenated Lecithin, Caffeine, Troxerutin and Tyrosine is a combination of active ingredients that act on both the adipose and connective tissues to achieve a reduction of volume through a draining effect that allows the elimination of toxins and retained fluids favouring facial remodelling. The process needs from 2 weeks to 2 months to achieve the effects. The traditional applications areas of it are double chin, jowls, cheeks and jugal área.

The intralesional use of corticosteroids is a practice that became common in dermatology since 1950. They are capable of drastically reduce the inflammatory response and suppress immunity, but the exact mechanism is complex and not fully understood. They can inhibit adipogenesis, which is the process of fat cell development, leading to a decrease in the size and number of fat cells. Additionally, corticosteroids can increase the breakdown



of fats (lipolysis) and inhibit the synthesis of new fats (lipogenesis), further contributing to the reduction in adipose tissue. One such complication of intralesional corticosteroid is local soft tissue atrophy, that's why we decided to use it together with the blend of substances to improve aesthetic result of the melanoma surgery.

**Conclusion:**

The cosmetic results observed in this case were satisfactory from both the patients' and the dermatologists' point of view without adverse effects.

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**Abstract N°: 4178****A case of congenital melanocytic nevus of the periorbital area successfully treated with full-thickness skin graft and fractional carbondioxide laser**

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**A case of congenital melanocytic nevus of the periorbital area successfully treated with full-thickness skin graft and fractional carbondioxide laser**

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**Introduction & Objectives:**

Congenital melanocytic nevi (CMN) are neural crest-derived hamartomas that result from postzygotic mutation. CMN, particularly located on the face, both its and the its scar left after surgical treatment, may affect the patient's quality of life. Various therapy methods for CMN have been reported, including surgical and nonsurgical treatments such as lasers. However, the surgical treatment method allows for the complete removal of nevus cells and the histopathological analysis. But postoperative scars can cause significant distress that persists long after the time of surgery and affects patients quality of life.

**Materials & Methods:**

A 30 year-old female patient presented with melanocytic pigmented plaque on periorbital area since birth She requested surgical treatment for cosmetic problems. Excisional biopsy was performed by Plastic and Reconstructive surgery Department. A full-thickness skin graft was performed from the inguinal region. Congenital melanocytic nevus (CMN) diagnosis was based on clinical and histological findings. Fractional carbondioxide laser treatment was started 4 months after surgery. A total of six sessions fractional laser treatment was performed at 8.0 W, 17 mJ/dot (surgical and traumatic scar mode with YouLaser). There was no complaints or symptoms related to laser therapy except mild pain.

**Results:**

Skin grafting is the most common form of reconstruction after excisional procedure of the congenital melanocytic nevi. Laser treatments eg. fractional carbondioxide laser, pulsed dye laser, are successfully used in the treatment of scars left after surgical treatment. In our patient, we achieved a good clinical cosmetic result with the surgical treatment and the fractional carbondioxide laser treatment after surgery.

**Conclusion:**

Surgical treatment should be the first choice in the treatment of CMN. Cosmetic treatments that can be applied after surgery, such as laser treatment, will provide a good cosmetic appearance.

**Abstract N°: 4216**

**Mohs micrographic surgery and skull base resection for the insidious penetrating Marjolin's ulcer of the scalp**

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**Mohs micrographic surgery and skull base resection for the insidious penetrating Marjolin's ulcer of the scalp**

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**Introduction & Objectives:**

Marjolin ulcer's (MU) is an aggressive cutaneous malignancy that commonly arises from scar tissue. Although it mainly arises from a burn scar, it could arise from any chronic wound or even other chronically irritating skin lesions. It usually has a latency period of several years after the primary injury occurs. The most common malignancy type is squamous cell carcinoma (SCC). It has a poor prognosis with a high rate of recurrence and requires more aggressive surgical therapy.

**Materials & Methods:**

We present a case report of an elderly with MU-SCC of the scalp involving a skull that was treated with Mohs micrographic surgery and skull base resection.

**Results:**

A 75-year-old woman presented in our hospital with a 1-year history of an ulcerated mass on the scalp. Hence, the exact natural history of the ulcerated mass was unclear. One year before admission, she noticed an itchy small blotch on her scalp, that was repeatedly scratched. The lesions had healed into a small scar in months until she notice a rapidly growing ulcerating lesion arising from the scar. She was a farmer for most of her life, and she was never concerned about sun-safety behaviour. Physical findings of interest included a 7x6x1.2 cm deep ulcer covered with soft, white-yellowish necrotic material, and rolled elevated margins invading the parietal portion of the scalp. No regional lymph node enlargement was noted. On neurological examination, no deficits were identified. Initial biopsy from the ulcer revealed a moderate to poor differentiation of SCC. Contrast magnetic resonance imaging (MRI) and computed tomography (CT) scan confirmed the involvement of the external table of the skull. The tumor was staged clinically as T4N0M0. We performed a collaborative surgery, the surgical team comprised a dermatologic surgeon, neurosurgeon, and plastic surgeon to clear the tumor and provide adequate reconstruction. The patient underwent a 1 stage of Mohs micrographic surgery and the involved external table was excised. The defect was repaired using an orticochea flap and split-thickness skin graft from the thigh. The final histopathology result confirmed an invasive SCC with perineural invasion, without vascular involvement, and a completed tumor clearance was noted. Postoperative MRI showed a clearing of the mass.

**Conclusion:**

Physicians should be aware of the presence of MU arising from any chronic skin lesions with healing by secondary intention. Marjolin's ulcers SCC which develop in the first year of injury are rare. But additional chronic sun exposure could also predispose to this malignant transformation. Early recognition and surgical treatment are mandatory for MU of the scalp, as they may penetrate vital structures rapidly. Mohs micrographic surgery with interdisciplinary principles of skull base surgery provides precise and systematic removal of MU-SCC of the scalp.

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**Abstract N°: 4990****A novel method for Fox Eye lift (Misha Eyes technique): 5 years' experience**Mehdi Shiri<sup>1</sup>, Hadi Shiri<sup>2</sup>, Saeedeh Shiri<sup>3</sup>, Ghazaleh Bahrami<sup>1</sup>, Zahra Shiri<sup>1</sup>, Farideh Bahrami<sup>1</sup><sup>1</sup>Diar Pharma Tehran Co. Ltd., Tehran, Iran, <sup>2</sup>Kermanshah University of Medical Sciences, Kermanshah, Iran,<sup>3</sup>Ferdowsi University of Mashhad, Mashhad, Iran**Introduction & Objectives:**

A young eye is defined by an eyebrow in an ideal position. The Fox Eye trend was originally developed by make-up artists but has become popular in aesthetic surgery in order to achieve a firmer, youthful eye appearance. Fox Eye appearance can be achieved by upper blepharoplasty and cosmetic lateral canthoplasty or thread lift. However as with current surgical methods, either complications like significant scarring and recurrence should be common or the result is not long lasting. An innovative method was designed based on Lateral Subcutaneous Brow Lift and Positive canthal tilt.

**Patients & Methods:**

85 women, ranged from 25 to 35 years underwent the procedure (2017-2018) to create Almond-shaped upturned eye with a gentle, attractive eyebrow lift. The aesthetic results were judged by both the patients and the blinded panel of two independent experts in plastic surgery. The procedure was coined Misha Eyes technique to define a new technique for Fox Eye lift. Patient satisfaction and adverse effects were evaluated.

**Results:**

Fox Eye lift (Misha Eyes technique) was performed by a combination designated method conducting Suspension surgery on lateral canthus and subcutaneous lateral brow. The mean operative time was  $1.5 \pm 0.2$  h (range: 1.0-2 hours). Unlike other methods for Fox Eye Lift, the Misha Eyes technique often lasted up more than 48 months (80/85, 94.1%). It restored a youthful appearance; the eyebrows were angled upwards and created a more lifted appearance to the eyes. There was no significant complications. Only 3.5% of the patients had slight postoperative asymmetry that was easily corrected. Recovery time was 2 to 5 days. The technique was Scar Less.

**Conclusion:**

The main advantage of Fox Eye lift (Misha Eyes technique) lies in the easy planning and in the versatility of the applied vector lines, long lasting results and its scar less approach.



**Abstract N°: 5010**

**Comparative study of various treatment modalities in Pyogenic Granuloma**

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**Introduction & Objectives:** Pyogenic granuloma also known as lobular capillary hemangioma is an idiopathic abruptly presenting vascular neoplasm which tends to grow rapidly and bleed easily. It is a misnomer and occurs at any age. To assess management options based on recurrence and efficacy of different treatment modalities in Pyogenic granuloma

**Materials & Methods:** 15 patients having pyogenic granuloma were studied. 5 patients had undergone excision where lesion was present over scalp and lips, 5 patients underwent Intralesional RF, where patients had lesions over the cheek and scalp and 5 patients underwent sclerotherapy (Polidocanol 3%) where lesions were present over the lips, fingers, and palms.

**Results:** Patients who underwent excision had to tolerate local anesthesia and chances of bleeding were more. Moreover, surgical excision is not preferable for larger pyogenic granuloma nevertheless it requires a single sitting and chances of recurrences are less. Intralesional RF also requires local anesthesia, recurrence is more but has lesser complications. Sclerotherapy does not require anesthesia, is easy to perform and can be used for larger lesions.

**Conclusion:** Surgical excision and removal of underlying cause in some cases, is preferred method of treatment because of the benign nature and decreased chances of recurrence in non-cosmetic sensitive areas. In cosmetically sensitive areas other treatment modalities such as electrocautery may be used. Recurrence is more in case of Intralesional RF. Sclerotherapy can be a simple alternative to surgically challenging PG. It requires less technical expertise, is non-invasive and has less complications.



**Abstract N°: 5104**

### **Single Center Experience of Surgical Success Rates of Non Melanoma Skin Cancer**

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#### **Introduction & Objectives:**

This study aimed to investigate a single center experience of surgical results of dermatological surgery of patients with nonmelanoma skin cancer.

#### **Materials & Methods:**

This study included a total number of 222 patients who were diagnosed, treated and followed up by the same dermatologists between January 2017- December 2022. Patients were evaluated retrospectively.

#### **Results:**

A total number of 222 were included in this study. All patients were diagnosed with either basal cell carcinoma (BCC), keratoacanthoma (KA), microinvasive or invasive squamous cell carcinoma clinically, dermatoscopically and by pathological examination.

All of the tumors were primary and located on the head and neck area.

One hundred eighty six of a total 222 patients had BCC and mean tumor size of BCC was 10.1 (±4.10). Mean follow up period for BCC was 17.2 months (±11.5 SD) Total number of keratoacanthomas were 16 and mean size of them was 8.88 (±1.54 SD) mms. Mean follow up period for these tumors were 17.6 months (±15.5).

There were 10 microinvasive squamous cell carcinoma and mean size of them was 6.70 (±1.77) mm and mean follow up period for them was 12.3 (±5.83 SD) months. There were a total number of 10 invasive squamous cell carcinomas and mean size of SCC's was 8.10 (±1.60 SD). Mean follow up period for SCC was 16.1 months (±5.26 SD) months.

A total of 5 patients with BCC, 1 patient with KA, underwent excision and flapping procedure. Mean size of the tumors were 16.0 for BCC, 8 for KA. Mean duration for follow up was 13.4 months) for BCC, 12 months for KA.

A total of 17 patients with BCC underwent primary excision. Mean size of the tumors were 9.53 (±3.04 SD) for BCC. Mean duration for follow up was 17.9 months (±11.2 SD) for BCC.

A total of 32 patients with BCC, 2 patients with KA underwent primary excision. Mean size of the tumors were 10.7 (±3.53 SD) for BCC, 16.30 (±0.707 SD) for KA. Mean duration for follow up was 16.3 months (±9.89 SD) for BCC, 14.5 months (±0.707 SD) for KA.

After surgery 5 patients had a diagnosis of cellulitis (2 after flapping, 3 after primary excision). Local necrosis was observed after one flapping procedure and after one grafting procedure. Wound care and minimal debridement was needed and the defects healed totally with acceptable cosmetical results.

During follow up 2 patients recurred. One of them was mentioned above, a case with incomplete excision. All the other patients' tumors were totally excised. The recurrence was detected after 26 months. No further treatment

protocol was applied. Second patient had a diagnosis of basal cell carcinoma and was in an immunosuppressed state (renal transplant history). Recurrence was treated with excision and primary closure.

**Conclusion:**

Dermatological surgery is mostly an office based protocol and can be performed by trained dermatologists. Multidisciplinary approach for complicated cases might be needed. Careful examination and risk analysis before planning the treatment protocol is necessary. Close follow up after surgery during the patient's lifetime is necessary to detect any recurrence.

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**Abstract N°: 5183****Chondroid Syringoma on the upper lip: A Case Report and Literature Review.**

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**Introduction & Objectives:**

Chondroid syringoma (CS) is a rare skin tumor primarily affecting adult males. It is characterized by the presence of both mesenchymal and epithelial cells and typically manifests as a slow-growing, painless, non-ulcerated tumor in the skin or subcutaneous tissue. The diagnosis relies on histopathological examination, although misdiagnosis is common due to its rarity. While most CS tumors are benign, malignant cases have been reported, particularly in younger females, with the potential to metastasize to lymph nodes, lungs, and bones. Surgical management can be challenging, especially in cases of delayed diagnosis or extensive lesions. This case emphasizes the importance of accurate diagnosis and discusses the clinical diagnosis and surgical management of CS.

**Materials & Methods:**

## Case Report

A 53-year-old man presented with a progressively growing nodular lesion over the past 2 years, located in the left midline upper lip region. On physical examination, the lesion was a well delimited, firm, nodule, measuring approximately 3 cm x 2 cm in diameter, with an irregular surface, covered by normal skin with discretely pigmented areas.

Our initial hypothesis was a dermatofibrosarcoma protuberans, basal cell carcinoma, and a glandular-origin tumor. The nodule was initially subjected to a punch biopsy, which was inconclusive, showing a pattern suggestive of a glandular tumor without signs indicating malignant behavior. Therefore, it was decided to perform a complete excision of the nodule, and the specimen was sent for analysis and histopathological study.

**Results:**

Result of the initial punch biopsy: Epithelial neoplasm with glandular differentiation, without significant atypia.

Result of complete specimen pathology with immunohistochemical study: Neoplasm exhibiting epithelial and myoepithelial components associated with fibromyxoid and chondroid stromal areas. The morphological findings, taking into account the location of the lesion, favor Chondroid syringoma (a hypothesis that should be primarily considered due to the superficiality of the lesion).

**Conclusion:**

CS is an uncommon tumor originating from sweat glands, with less than 1% prevalence among similar histological tumors. It typically occurs in the dermis or subdermis and primarily affects the head and neck region of middle-aged males. The lesion usually is confined to the skin without invading deeper structures. Differential diagnoses include epidermal cysts, compound nevus, clear cell hidradenoma, cystic basal cell carcinoma, and dermatofibroma. Occasionally, the deep variant of CS can be mistaken for a pleomorphic adenoma originating from salivary glands. Local surgical excision with an adequate margin of healthy tissue is the preferred treatment to minimize recurrence risk. Long-term follow-up is generally unnecessary if the tumor is completely excised and

determined to be benign.

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**Abstract N°: 5495**

**The Staged Forearm and Leg Rotational Interpolation flap in Cutaneous Squamous Cell Carcinoma**

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**Introduction & Objectives:**

Cutaneous squamous cell carcinoma (cSCC) is one of the most common skin cancers, which represents 20% of all non-melanoma skin cancer(1). Among approaches for treatment of cSCC, complete surgical removal at the primary tumor site should be the first line treatment when tumor characteristics (size, location, and number) allowed.

**Materials & Methods:**

The staged interpolation flap was used immediately after complete surgery to repair 3 deep defects of cutaneous squamous cell carcinoma.

**Results:**

The functional outcomes of each repair were judged from good to excellent by patient and surgeon. No cases of infection or flap necrosis occurred.

**Conclusion:**

The staged interpolation flap consistently provides good to excellent cosmetic and functional outcomes when performed on properly select the proper method to fill the defect.



**Abstract N°: 5507****Cheek Defect Reconstruction With a Rhomboid Flap After Excision of a Nodular Basal Cell Carcinoma**Adniana Nareswari\*<sup>1</sup><sup>1</sup>Sebelas Maret University, Dermatology and Venereology, Surakarta, Indonesia**Introduction & Objectives:**

The cheek is the largest and important part of face and is essential in terms of both esthetics and functionality. Basal cell carcinoma (BCC) is a skin tumor in the epidermal basal layer and is a malignant skin tumor that accounts for 75% of all non-melanoma malignancies of the skin. The management of BCC includes surgical excision with a flap, Mohs micrographic surgery, cryotherapy, electrodesiccation, 5 - fluorouracil, and chemotherapy. Defect left after excision can be cosmetically disfiguring. It can be reconstructed by using a full thickness skin graft or local flap. Application of a transpositional flap with a rhomboid flap design is fast and easy to apply, does not require special instruments, provides excellent contour, texture, thickness, skin color matching and good cosmetic outcome so that patient satisfaction is very high. This paper reports a nodular BCC case on the cheek area which treated with excision surgery and the defect was closed using the rhomboid flap technique.

**Materials & Methods:**

A-73-years-old male complained about a lump without itch and pain, on the left cheek area had a brown-black lump measuring 3.5 x 3 cm BCC. The dermoscopic examination showed abborizing vessels, blue gray globules, ovoid nests, erosion, maple leaf like appearance. He went a surgical procedure of wide excision and wound closure using a transpositional flap technique with a rhomboid flap design. Histopathological examination revealed tumor nests which are arranged nodularly with pleiomorphic tumor cells. In a higher magnification, the tumor cells are visible on the edges are palisaded.

Overall, there were no issues and a satisfactory cosmetic results. After three, seven, and ten days follow-up there was improvement on the flap. Thirty days evaluation showed good results and very minimal postoperatively scarring. There were no dysfunction nor malposition of the left eyelid, indicating that the wound has healed well.

**Results:****Conclusion:**

Reconstruction of facial defects by local flaps is easy and cost-effective technique, easy to learn, and takes minimum time to perform good esthetic results. Appropriate flap technique will yield good results in reconstruction of soft tissue deficiencies. The rhomboid flap design is common used in the closure of wounds and defects in skin cancer in the cheek area. It has the advantage of smaller secondary defects and allows for ideal wound closure with low scar tension. Our patient with nodular BCC went excision surgery and the defect closure using rhomboid flap design. This technique is very effective and gives good functional and cosmetic results without any complications

**Abstract N°: 5508****Electrochemotherapy: a safe and effective treatment of basal cell and squamous cell carcinomas in the frail elderly**

Lidia Trasobares<sup>\*1</sup>, Elena Sánchez Gómez-Aparici<sup>1</sup>, Elena Lucía Pinto Pulido<sup>1</sup>, Susana Medina Montalvo<sup>1</sup>, Ana Rodríguez-Villa Lario<sup>1</sup>

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**Introduction & Objectives:**

Electrochemotherapy (ECT) is a loco-regional procedure in the treatment of cutaneous and subcutaneous tumors, irrespective of their origin. It combines the administration of a cytotoxic agent, usually intravenous bleomycin, with the application of high-intensity electrical pulses that induce cellular electroporation, (opening pores in the tumor cell membrane), which becomes transiently permeable, allowing the passage and entrapment of the drug and achieving a high concentration of the chemotherapeutic agent inside the tumor cells.

**Materials & Methods:**

We present three elderly and frail patients one of them with two squamous cell carcinomas and the others with basal cell carcinomas in which surgical treatment was ruled out. They were treated by ECT under local anesthesia and light sedation.

**Results:**

Tolerance with excellent with no serious adverse events. Rapid re-epithelialization made subsequent reconstruction unnecessary. There were no recurrences during a minimum follow up period of six months.

**Conclusion:**

We remember ECT as a fast, safe and effective procedure with a very low relapse rate, in elderly patients with multiple pathologies who do not tolerate prolonged and aggressive surgical interventions or long-term systemic treatments.



**Abstract N°: 5577****Treatment effects of Motorized micropunch grafting with skin-seeding technique for refractory hypopigmented scars**Jin Cheol Kim<sup>\*1</sup>, Hee Young Kang<sup>2</sup>, Dong Seok Kim<sup>3</sup>

<sup>1</sup>Ajou University School of Medicine, Department of Dermatology, Suwon-si, Korea, Rep. of South, <sup>2</sup>Department of Dermatology, Ajou University School of Medicine, Suwon, Korea, Rep. of South, <sup>3</sup>Eureka Skin & Laser Clinic, Dermatology, Seoul, Korea, Rep. of South

**Introduction & Objectives:**

Hypopigmented scars can lead to cosmetic problems such as emotional distress, decreased self-confidence, and impaired quality of life for individuals affected by this condition. Although various treatment modalities commonly employed in the management of hypopigmented scars, their limitations and challenges will be issued, highlighting the need for more effective and innovative approaches. Here, we evaluate the re-pigmentation effects of full thickness skin graft using motorized-micropunch, named as skin-seeding technique (SST) for hypopigmented scar.

**Materials & Methods:**

12 patients with hypopigmented scars were retrospectively reviewed for treatment effects and side effects of SST, which are a procedure of transplanting full thickness skin with melanocyte and melanin pigment obtained from a pigmented donor skin to the hypopigmented scarring area.

**Results:**

Most of the patients had hypopigmented scarring patches after surgical and laser treatments such as epicanthoplasty and ablative laser therapy. All the hypopigmented scars were located on the face and neck and all the patients received SST treatment because they did not respond to conventional scar treatment such as topical medication, chemical peels, laser therapy, microneedling, or surgical therapy. All the patients successfully showed re-pigmentation of hypopigmented patch area and no adverse effects such as infection, bleeding, or other surgical scars. Histologic immunostaining in the re-pigmented area showed that the melanocyte and melanin pigment were regenerated in the epidermis area after SST procedure.

**Conclusion:**

This study showed that SST using motorized micropunch grafting is an effective and alternative promising surgical method for hypopigmented scar resistant to conventional treatment.



**Abstract N°: 5741****A critical re-evaluation of Mohs micrographic surgery for a facial basal cell carcinoma in older adults: Should we waive this treatment in certain patients?**

Laura Van Coile<sup>1</sup>, Lieve Brochez<sup>1</sup>, Evelien Verhaeghe<sup>1</sup>, Barbara Boone<sup>1</sup>, Katia Ongenaë<sup>1</sup>, Isabelle Hoorens<sup>1</sup>

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**Introduction & Objectives:**

Skin cancer incidences continue to increase and treatment for basal cell carcinomas (BCCs) can be questioned in certain patients. Treatment options for BCCs are various, but Mohs micrographic surgery (MMS) has the highest cure rate for primary BCCs. MMS is however a time-consuming procedure and comes with a high logistical burden and high treatment cost. Objective: developing evidence-based criteria for MMS in accordance with life expectancy and examining all characteristics in relation to survival for MMS in older adults.

**Materials & Methods:**

Two hundred and seven patients, >75 years, included receiving MMS for facial BCC (November 1998 - December 2012), Ghent University Hospital. Survival analysis for all relevant characteristics (Kaplan Meier method and multivariable Cox regression). Assessment of the patient's comorbidities using the age-adjusted Charlson comorbidity index (aCCI). The aCCI was divided into low/medium scores (aCCI <6) and high scores (aCCI ≥6).

**Results:**

- The median age was 79 years.
- Most frequent locations of the BCC: nose (45.4%), ear (17.4%), eye (9.7%).
- MMS was well tolerated in this older population (2.4% minor or moderate complication).
- Median survival of all patients was 7.85 years.
- There was a very strong association between a high aCCI and survival (HR, 6.25; 95% CI, 3.83-10.21).
- Other characteristics were not associated with survival.
- Median survival was 11.58 years in older adults with no or few comorbidities receiving MMS. Median survival was only 3.60 years in older adults with multiple comorbidities receiving MMS.

**Conclusion:**

Based on the findings of this study, clinicians should always assess the comorbidities (aCCI) in older patients presenting with a facial BCC before deciding if MMS is an eligible treatment option. High aCCI has shown to be an indicator for low median survival, even in MMS patients with usually high functional status. MMS should be waived as treatment in older patients with high aCCI scores in favor of other, less intensive and less expensive treatment options.



**Abstract N°: 6020****Breast cancer screening in patients with Frontal Fibrosing Alopecia**Mehdi Shiri<sup>1</sup>, Hadi Shiri<sup>2</sup>, Saeedeh Shiri<sup>3</sup>, Farideh Bahrami<sup>1</sup>, Zahra Shiri<sup>1</sup><sup>1</sup>Diar Pharma Tehran Co. Ltd., Tehran, Iran, <sup>2</sup>Kermanshah University of Medical Sciences, Kermanshah, Iran,<sup>3</sup>Ferdowsi University of Mashhad, Mashhad, Iran**Introduction & Objectives:**

Frontal fibrosing alopecia (FFA) is an inflammatory scarring alopecia affecting almost women. It results from the dynamic interaction of genetic, environmental, immunologic and hormonal factors. In the patients with FFA, there is no specific report of Breast cancer and its molecular genetic basis. We aimed to investigate the risk of Breast cancer in patients with FFA.

**Patients & Methods:**

We conducted a multicenter case-control study to explore risk factors for FFA and its related comorbidities. The medical records of women with clinicopathologic confirmation of FFA within 2015-2020 and controls from age-matched women were gathered through the data registry. Genetic testing for BRCA1 gene, screening mammography and if required MRI were performed for all the participants.

**Results:**

Three hundred cases of FFA and 320 age-matched healthy controls (35-74 years) were studied. Demographic characteristics and comorbidities were compared between these two groups. Women with FFA more likely had impaired fasting blood sugar (IFG, 28.6 vs. 13.4%, OR = 3.20, 95% CI: 2.98-5.55), history of anti-TPO positive thyroid diseases (12.3 vs. 3.4%, OR = 1.41, 95% CI: 1.07-1.87), the frequency of hysterectomy (3.3 vs. 0.6%, OR 2.14, 95% CI 1.35-3.39), history of benign breast disease (57.3% vs. 26.5%, OR = 1.68, 95% CI: 1.19-2.38), the frequency of breast cancer, (4.7 vs. 0.9%, OR = 3.40, 95% CI: 1.07-8.54), and BRCA1 mutation carriers (1.7 vs. 0.3%, OR = 2.22, 95% CI: 1.50-3.282) at the level of  $p < 0.05$ . The most common findings in FFA cases with benign breast disease were fibroadenoma (40.9%), fibrocystic changes (38%), and dense fibrosis (8.2%).

**Conclusion:**

The result of this study supports possible correlation of FFA with Breast cancer. The main benefit will be early screening of patients with FFA at risk of Breast cancer along with the potential for new therapies.





**Abstract N°: 6177****Modified horizontal V-Y advancement flap for lower eyelid defects: Series of 300 cases**

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**Introduction & Objectives:**

Lower eyelid malignancies, specifically basal cell carcinomas (BCC) are not uncommon. Excision of such lesions creates reconstructive challenges due to fewer surgical options and compromises in the dynamic expressivity and facial aesthetic appearances. Direct closure is often restricted and it increases the incidence of ectropion if the lesion is more than 0.5 cm. This clinical study aims to present a novel reconstructive technique and to report the authors' experiences of full-thickness lower eyelid defects after tumor resection.

**Patients & Methods:**

300 cases, 180 men and 120 women, ranged from 45 to 73 years underwent surgical resection of lower eyelid tumors between April 2015 and March 2020. On initial histology, 180 of the patients were affected from nodular BCC, 30 from pigmented BCC, 70 from micronodular BCC, 6 cases of BCC Morpheic variant, and 10 cases of Squamous Cell Carcinoma (SCC) and 4 patients with Adnexal tumors. The average diameter of the defects was 1.5 cm and immediately repaired by an island pedicle flap (V-Y advancement flap) with high height-to-width ratio horizontally shaped from beneath the lateral canthus to the medial lower lid defect. The mean procedure was 30 minutes and the patients followed for 24 months on average.

**Results:**

Advancement of lower eyelid subunit by means of a relatively long horizontal V-Y flap was performed without post-operative complications, the development of ectropion, and nearly unremarkable scar on the follow-up period. The aesthetic results were judged excellent by both the patients and the blinded panel of independent dermatologists. No recurrences were reported.

**Conclusion:**

In this study, the authors reported a modified technique of the horizontal V-Y advancement flap as a simple and most reliable alternative to repair moderate-size lower eyelid defects with satisfactory functional and aesthetic results in the long term.



**Abstract N°: 6241****Use of alar batten graft for reconstruction of iatrogenic nasal valve collapse**Ignacio Martín-Loureiro<sup>1</sup>, Cristina Prego Padín<sup>1</sup>, Sabela Paradela de la Morena<sup>1</sup>, Eduardo Fonseca Capdevila<sup>1</sup><sup>1</sup>Complejo Hospitalario Universitario de A Coruña, Dermatology and Venereology Unit**Introduction & Objectives:**

Nasal valve collapse is a common complication that can arise after surgical excision of cutaneous tumours in the alar region when the cartilaginous structure is affected. This condition can lead to significant functional and aesthetic concerns for patients with consequent impact on their quality-of-life index. In recent years, the use of batten grafts has gained recognition as an effective technique for the reconstruction of nasal valve collapse. This case report aims to highlight the benefits of this technique on iatrogenic lateral nasal valve collapse after the excision of a basal cell carcinoma (BCC).

**Materials & Methods:** Case report.**Results:**

We present the case of a 73-year-old male with no medical history of interest who had undergone a surgical excision of a BCC on the right alar region two years before. On physical examination, there was a significant functional nasal airway obstruction due to a collapse of the right nostril margin. Taking into consideration the previous findings, an alar batten graft was performed.

First step: Infiltrate anaesthetic solution on the cymba concha of the ear to create a water detachment before harvesting the cartilaginous graft with an elliptical incision.

Second step: After infiltrating aesthetic solution into the lateral wall mucosae, an endonasal approach is made by dissecting a small pocket into the subcutaneous plane at the point of maximum alar wall collapse.

Third step: Positioning the cartilaginous graft with the concave surface downwards and fixing it with a 5.0 nylon transfixing point.

After surgery: Lateralization of lateral nasal wall and increased diameter of the right nasal airway.

**Conclusion:**

The reconstruction of nasal valve collapse following BCC surgery is a challenging task for dermatological surgeons. However, the use of batten grafts has emerged as a valuable technique to address this complication effectively. Through their ability to provide structural support and restore nasal airflow, batten grafts offer patients improved functionality and aesthetic outcomes.



**Abstract N°: 6370**

### **Congenital Nasal Dermoid and Sinus Cysts: A Case Report**

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#### **Introduction & Objectives:**

Congenital nasal dermoid and sinus cysts (NDSCs) are rare congenital malformations. They are the most common type of congenital nasal midline lesions.<sup>1</sup>

Other types include nasal meningoencephaloceles and gliomas. The incidence of dermoid cysts and fistulas in the midline of the nose is 1/20,000 to 1/40,000.<sup>1</sup> NDSCs constitute approximately 11% of dermoid cysts in the head and neck, 1% of dermoid cysts in the whole body, and 61% of median lesions in children.

Herewith we describe a rare case of NDSC in an Indian adult female.

#### **Materials & Methods:**

An otherwise healthy 41-year-old female presented with an asymptomatic swelling over her nasal dorsum of 10 years duration. She reported a life-long history of a dorsal nasal pit, from which she also noted the growth of hair from within the pit.

The patient denied a history of nasal infection or abscess. She had never sought any type of medical attention for the pits

#### **Results:**

In 1817, Cruvelier first described a nasal dermoid cyst when he identified a hair-containing sinus tract of the nasal dorsum in a child.

A nasal dermoid typically presents as a midline mass, and may be located anywhere from the base of the collumella, along the nasal dorsum, to the nasoglabellar region. It is typically a noncompressible mass that does not transilluminate and has a negative Furstenberg sign (i.e. there is no enlargement with compression of the jugular veins).

A sinus opening with intermittent discharge of sebaceous material is frequently encountered. Local infection is common, but infection related to intracranial extension (e.g. meningitis and brain abscess) is rare. Hair protruding through a cutaneous punctum over the nasal dorsum is pathognomonic for a nasal dermoid. The mean age of presentation varies from 14 to 34 months but reports of nasal dermoids presenting in adults exist in the literature. There are some reports about male predominance.

Intracranial extension varied from 5 to 45% in several recently published series

#### **Conclusion:**

Although nasal dermoids are rarely encountered, their potential for local bony atrophy and distortion of the nose, as well as serious infections such as meningitis and brain abscess, warrant early recognition, accurate diagnosis, and prompt treatment. A thorough understanding of the embryogenesis of midline nasal congenital lesions is important when the diagnosis is not obvious on physical examination alone. Manipulation of a midline nasal mass

prior to excluding or confirming any central communication may result in cerebrospinal fluid leak or infection. Imaging of the midface and brain is essential for accurate diagnosis, assessment for any intracranial extension, and appropriate surgical planning. Complete excision of the cyst and its tract is the only cure. Any residual ectodermal elements result in a high rate of recurrence and complicated infections.

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