EADV CONGRESS
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EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 181

Four-Year Retrospective Analysis of Mohs Micrographic Surgery Outcomes: From Concept to practice.

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Introduction & Objectives: This study presents a comprehensive four-year retrospective analysis of Mohs Micrographic Surgery (MMS) outcomes, aiming to evaluate the efficacy, safety, and patient satisfaction within a newly established Mohs surgery unit, emphasizing the evolutionary journey from conceptualization to practical implementation in dermatologic oncology.

Materials & Methods: Mohs Micrographic Surgery (MMS) stands as a cornerstone in the dermatologic oncologist's armamentarium for treating complex skin cancers. From the inception of the Mohs Surgery Unit at Fundación L'Hospital Esperit Sant - Santa Coloma de Gramenet – Barcelona , Spain, a detailed review of patient records spanning four years (2020-2023) was conducted to collect data on tumour variants, frequency, surgical procedures, histopathological findings, recurrence rates, and patient-reported outcomes were analyzed to evaluate the efficacy and evolution of MMS practice. Statistical analyses were employed to assess the significance of observed trends and outcomes.

Results: A total of 280 MMS procedures were performed during the study period. All of them belonged to the non melanoma skin cancer group. The patient cohort exhibited different characteristics of demographics and skin type. The majority of cases involved the treatment of basal cell carcinoma (BCC) 75%, squamous cell carcinoma (SCC) 21%, and other skin malignancies 4%. The analysis revealed a high overall cure rate, demonstrating the efficacy of MMS in achieving complete tumour excision while preserving healthy tissue. Over the four-year period, our Mohs Surgery Unit successfully treated a total number of 280 patients. Analysis of tumour characteristics revealed a diverse spectrum, including basal cell carcinoma, squamous cell carcinoma, dermatofibrosarcoma protuberans amongst other variants. Tumour clearance rates improved steadily and it's still 100% till the date, reflecting the unit's commitment to refining surgical techniques. Recurrence rates decreased to 0%, underlining the effectiveness of MMS in achieving complete tumour excision. Furthermore, the study investigated procedural complications and patient satisfaction levels. The incidence of postoperative complications, such as wound dehiscence or infection, was found to be minimal reaching around 1%, highlighting the safety profile of MMS in our unit. Patient-reported outcomes, including cosmetic satisfaction and quality of life, were assessed through surveys, providing valuable insights into the psychosocial impact of MMS on individuals undergoing the procedure.

Conclusion: This four-year retrospective analysis underscores the success and safety of Mohs Micrographic Surgery in our dedicated unit. The consistently high cure rates, low complication rates, and positive patient-reported outcomes affirm the efficacy of MMS in managing cutaneous malignancies. The establishment of this Mohs surgery unit not only contributes to the advancement of dermatologic oncology but also emphasizes the importance of specialized care in achieving optimal patient outcomes. Continued research and collaboration within the dermatologic community are essential for refining techniques and further enhancing the field of Mohs Micrographic Surgery.

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Abstract N°: 307

Beyond Beauty: Facial Sebaceous Nevus and the Vitality of Surgical Intervention

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Introduction & Objectives:

Nevus sebaceus, also known as nevus sebaceus of Jadassohn, is a rare benign hamartoma of the skin that typically presents at birth. It appears as waxy, yellow-orange plaques without hair, most commonly on the scalp. Over time, these nevi tend to thicken and develop a more verrucous texture, particularly during puberty. Various benign and malignant epithelial neoplasms may arise within this lesion.

The objective of this article is to discuss a case of linear sebaceous nevus on the dorsum of the nose with satisfactory aesthetic and functional outcomes, as well as emphasize the importance of the surgical management to prevent malignant transformation over the time.

Materials & Methods:

A narrative review of the literature was carried out.

Results:

This review focuses on a 14-year-old female patient with a Jadassohn nevus sebaceus on the dorsum of the nose. The patient has had a linear lesion on the dorsum of the nose since birth, characterized by a verrucous plaque with yellowish areas and other hyperpigmented regions, occupying almost the entire dorsum of the nose, with gradual growth over time. Complete excision of the lesion was performed with primary wound closure. Postoperative recovery was good, with no recurrence observed after one year, and an excellent cosmetic outcome was achieved.

Conclusion:

The current case highlights the essential role of surgery in the management of nevus sebaceus patients and emphasizes the importance of preventive measures to mitigate the risk of malignant transformations within this lesion. There is still no consensus on the treatment of choice for nevus sebaceus, but surgical removal is often reported as most effective method, considering the aesthetic and functional aspects of the patient.

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Abstract N°: 487

Evaluation of the efficacy of autologous nanofat injection in treating burn scars using optical skin imaging

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Evaluation of the efficacy of autologous nanofat injection in treating burn scars using optical skin imaging

Introduction & Objectives: Burn scars are considered one of the challenging issues at present and can affect the quality of life by causing aesthetic and functional problems. Injecting nanofat particles, which are considered a source of stem cells into the dermis and/or subcutis of the burnt area, is considered a promising procedure for the treatment of scars as well as the correction of volume shortage and skin renewal. The purpose of this study was to assess the safety and effectiveness of using autologous nanofat injections to treat burn scars.

Materials & Methods: Thirty patients with postburn scars participated in the trial. Each patient received one session of liposuction, which was then converted into nanofat and injected back into the scar tissue. Four months following the session, the evaluation was conducted both objectively using the Antera camera 3D imaging and subjectively using the Vancouver scar scale (VSS).

Results: Because there were statistically significant improvements in the treated scars' height, color, vascularity, and pliability, the total VSS scores differed significantly before and after treatment. Furthermore, the Antera 3D imaging revealed a statistically significant variation in the treated scars' indentations, erythema, and pigmentation scores.

Conclusion: The study findings indicated that ADSCs within nanofat make it one of the effective modalities in treating postburn scars and improving both aesthetic appearance and psychological health of the patient with minimal complications and good patient compliance.

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Abstract N°: 489

Scrotal Calcinosis

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Scrotal Calcinosis: Case Report

Introduction & Objectives:

Scrotal calcinosis is a benign condition where multiple clacified nodules are found within the dermis of the scrotal skin. This rare, benign condition of uncertain etiology typically begins in adolescence or early adulthood and occurs in the absence of abnormalities in calcium and phosphate metabolism. It is a rare condition which is usually asymptomatic and has no clear etiology. It is considered part of dystrophic calcinosis cutis. The intradermal nodules tend to increase in size and number over time and can produce a white chalky material. In this paper, we report one case of scrotal calcinosis that successfully treated with surgical management.

Materials & Methods:

A 36 year old man came to the skin and genital clinic with complaints of lumps on his testicles since 1 year after hospitalized. Initially, only one small lump appears, but it is felt that the lump is getting bigger and spreading throughout the testicles. The lump feels solid and accompanied by itching, which comes and goes and feels increasingly itchy, especially at night. This is the first time this patient has experienced a complaint like this. The patient has never received treatment or gone to a health facility before. The patient has never had casual sexual relations and has no other complaints such as lesions that bleed easily, pain, fever, nausea, vomiting, defecation and urination disorders, and disturbances during intercourse. We performed surgical excision and histopathological examination.

Results:

On physical examination, it was found that in the scrotal region there were multiple round-shaped nodules with circumscript boundaries, varying in size, lenticular and nummular. On histopatology examination, it was found that tissue covered by complex squamous epithelium in the dermis contained spaces in the form of nodules containing relatively monomorphic calcified masses. There were no signs of malignancy, the picture showed the impression of Scrotal Calcinosis.

Conclusion:

Scrotal calcinosis is a very rare condition. The main treatment option is surgery in the form of nodule excision. One-stage excision has been shown to result in patient satisfaction and improved quality of life. Although one-stage excision has shown good results, it may not be feasible in all situations given the highly variable distribution and extent of lesions. **

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Abstract N°: 789

Pilomatricoma: an atypical presentation

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Introduction & Objectives:

Pilomatricoma is a benign skin tumor that arises from the matrix cells of the hair follicle. It mainly affects patients in the first and second decades of life, primarily affecting the head and neck. Its pathophysiology is still uncertain, however genetic molecular events are involved in the process. Clinically, it appears as a solitary, well-defined, mobile, and slowly growing nodule. However, despite being a lesion that can be clinically recognized, it is often confused with other skin pathologies, leading dermatologists to use complementary diagnostic methods. In most cases, a treatment that involves complete excision of the lesion is chosen. Finally, the relevance of the case lies in the atypical form of the case described. In which the male patient was affected in the upper limb and the growth of the lesion did not take so long. Furthermore, due to the difficulty in diagnosing this tumor, it is important to highlight that the use of complementary exams can help in better management of the case.

Materials & Methods:

An 8-year-old male patient came to the service due to an injury that had appeared over a period of 8 months on his right arm. He reported that the lesion started as a bite, but that during the 8 month period it evolved with a more whitish center, leading the father to manipulate the lesion, noticing a yellow secretion coming out. On clinical examination, the patient presented a pink nodule on the right arm with a fibroelastic consistency, however, when applying greater pressure, calcification was noted. We then thought of the possible diagnoses, such as: pilomatricoma or calcified hemangioma.

We sent the patient for an ultrasound, in order to evaluate the dimensions of the lesion, the examination returned with the hypothesis of pilomatricoma, absence of deep involvement or subcutaneous cellular tissue, so we referred the patient for excision of the lesion.

Results:

The anatomopathological examination showed proliferation of basophilic cells with rounded vesicular nuclei, alternating with areas of necrosis, where keratinized cells showed negative images of nuclei and multinucleated foreign body giant cells and foci of dystrophic calcification. Findings compatible with pilomatricoma.

Conclusion:

Pilomatricoma, despite being a benign tumor, can cause aesthetic discomfort and concern in the eyes of the patient and family. In the case presented, the size of the child’s lesion was one of the main reasons for its surgical treatment, in addition to the need for diagnostic accuracy, even though the ultrasound findings were compatible with dermatosis.

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Abstract N°: 910

The Single-stage Split-thickness Skin Grafting for the Treatment of Hurley Stage III Hidradenitis Suppurativa: A Retrospective Analysis of 23 Patients.

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Introduction & Objectives:

Hidradenitis suppurativa (HS) is a common chronic with high recurrence. Advanced HS is often irresponsive to conservative treatment and requires extensive surgery to improve the clinical symptoms and prevent recurrence. To assess the effectiveness of single-stage split-thickness skin grafting in patients with Hurley stage III HS.

Materials & Methods:

Fifty-two cases of Hurley stage III HS located in the axillary, groin, perineum, buttock, and penis were treated with split-thickness skin grafting.

Results:

There were 20 male and 3 female patients included with a mean age of 38.7 years (range, 24 to 77). The overall success rate was 98.1% at a mean follow-up time of 29.3 months (range, 2 to 86). Early complications and late complications were observed in 30.7 percent (n = 16) and 59.6 percent (n = 31) of the cases respectively. Wound scarring was the most common complication reported in 32.7 percent (n = 17) of the cases. Only 1 case (1.9%) of recurrence was reported in the perianal region at the post-operative 4.4 months. The satisfaction survey showed that 78.3% (18 of 32) patients were satisfied or very satisfied with the surgical result. Despite the advances in HS surgery, the recurrence rates continue to be high. This is the first study to demonstrate the efficacy and low recurrency of single-stage split-thickness skin grafting for the treatment of Hurley stage III HS.

Conclusion:

Single-stage split-thickness skin grafting is a feasible approach for treating Hurley Stage III Hidradenitis Suppurativa with a high success rate, low HS recurrence rates, and high patient satisfaction during long-term follow-up.

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Abstract N°: 1033

Lipedema - Safety in power-assited Liposuction in tumescent local anesthesia

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Introduction & Objectives:

Lipedema is a chronic disorder characterized by the abnormal accumulation of fat, typically in the legs and arms, leading to a disproportionate appearance. It predominantly affects women and is often misdiagnosed or overlooked. Symptoms include pain, tenderness, swelling, and bruising in the affected areas. Despite its prevalence, lipedema remains poorly understood.

In this study we investigate the safety of power-assited liposuction in tumescent local anesthesia.

Materials & Methods:

From 2017 on more than 1800 power-assited liposuctions in tumescent local anesthesia were performed in the Department of Dermatology at the Klinikum Darmstadt. Regarding safety these procedures were investigated to following complications : Infection, thrombosis, embolia, bleeding and cardiovascular complications.

Results:

Wound infection rates were at 1,7%, superficial thrombosis <0,2% and cardiovascular complications at 0,3%. No embolia, sepsis, nor postoperative bleeding which required a transfusion were recorded.

Conclusion:

The power-assited liposuction shows very low complications rates and is a safe procedure for the treatment of lipedema.

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Abstract N°: 1124

Combination of reconstructive techniques in Mohs micrographic surgery

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Introduction & Objectives: the objective of the presentation is to comment on the quadrennial experience in Mohs surgery carried out at the Hospital since the beginning of the service in January 2020. We will focus the presentation on the the data obtained, analyzing the trend throughout the four years of activity, commenting the type of pathology treated, comparing reconstructive techniques or combinations of techniques to repair the final defect.

Materials & Methods: From January 2020 to December 2023, the Hospital's Mohs Surgery service has performed a total number of 280 surgeries for the treatment of non-melanoma skin cancer: 75% for basal cell carcinoma, 21.7% for squamous cell carcinoma, and 3.3% for other tumors. Considering the cases treated, all were located in the head and neck district. Regarding the reconstruction of the final defect: 253 cases were reconstructed through the application of a single reconstructive technique: that is, 29 through direct closure, 13 through total skin graft, 8 through second intention, 203 through flap and 27 cases through a combination of multiple surgical techniques.

Results: the purpose of the presentation is to comment on the results obtained during the activity of the Mohs surgery service and, successively, to present the 3 most representative surgical cases that ended with a complex final defect and required an appropriate reconstructive approach, since by their complexity corresponded to a reconstructive challenge.

Conclusion: In Mohs surgery it is not possible to predict the entity of the final defect, especially when the technique is reserved for the most aggressive and invasive histological subtypes of skin cancer.

For this reason, the Mohs surgeon needs to master reconstructive techniques and adapt them to the resulting defect at the moment when, thanks to microscope observation, tumor-free margins have been assured. Once the tumor has been removed, the optimal result is to ensure that the reconstruction first ensures the restoration of the organ or the area involved from a functional point of view and at the same time that the reconstruction does not alter the macroscopic aesthetic appearance.

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Abstract N°: 1132

Lipedema- The forgotten 10%

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Introduction & Objectives:

Lipedema is a chronic condition characterized by abnormal accumulation of fat, typically in the legs and arms, leading to a disproportionate appearance. It primarily affects women and is associated with symptoms such as pain, tenderness, swelling, and bruising in the affected areas. Lipedema can have significant psychosocial impacts and often requires a multidisciplinary approach to care. Lipedema is often unrecognized or misdiagnosed; despite an estimated prevalence of 10% in the overall female population. Thus the pathogenesis is still unknown its differential diagnosis can still be challenging.

Materials & Methods:

This presentation and review is based on publications about lipedema that were retrieved by a selective search in the MEDLINE, Web of Science and Cochrane Library databases

Results:

The cause of lipedema remains unknown. Hypothesis regarding the pathogenesis include altered adipogenesis, microangiopathy, and disturbed lymphatic microcirculation. The diagnosis is still made on clinical grounds, no specific biomarker is known.

Treatment consists of conservative complex decongestive therapy and as a surgical approach liposuction to relieve symptoms.

Conclusion:

Diagnosis of lipedema is still challenging as it shows a lack of objective measuring instruments, biomarkers and its heterogeneous phenotypes. In this presentation we try to provide an overview to its pathophysiology, diagnosis and treatment.

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Abstract N°: 1161

Venous lakes treated with electrocoagulation via needle: a case series.

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Introduction & Objectives: Venous lakes are benign and acquired vascular dilations. They mainly occur after the age of 50 and, although they can be found on various sunexposed areas such as the auricular pavilions or the facial region, the most frequently implicated site is the lower lip semimucosa. They are generally asymptomatic lesions with no greater implication than cosmetic appearance, but occasionally they can cause discomfort or occasional bleeding. Treatment options include excision, cryotherapy, sclerotherapy, and the possibly most widely accepted method, laser therapy.

We present a case series of 15 patients with venous lakes in the lower lip semimucosa treated with an economical method, yielding good cosmetic results and a high degree of patient satisfaction.

Materials & Methods: This is a case series of patients with venous lakes treated from January 1, 2021, to December 31, 2023, in our service using electrocoagulation via needle puncture of the lesion. It was performed under local anesthesia with 2% mepivacaine. Photos were taken before treatment and 2 months after treatment and they were evaluated by 2 dermatologist to assess resolution (no response, partial response or total response), and all side effects were recorded. Patient satisfaction was also assessed using a visual analogic scale from 0 to 10.

Results: Fifteen patients were recruited, 53% of whom were females with a a mean age of 56.13 years. Complete resolution of the lesion was observed in 14 patients and partial resolution en 1 of them. Local pain lasting for 15 days was report as a side effect in 1 patient. The main satisfaction score of the patients was 9.66.

Conclusion: Electrocoagulation via needle puncture is a safe, effective method with very low risk of adverse effects for the treatment of venous lakes in the lower lip semimucosa. The gold standar is probably Nd:YAG laser treatment, but its availability is limited in some centers. In such cases, we consider this therapeutic option a good alternative.

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Abstract N°: 1301

Post-operative tissue defect of recurrent BCCs subjected to Mohs Micrographic Surgery, cannot be predicted based on the pre-operative clinical tumor size when compared to primary tumors: Evidence from a Mohs Surgery case series.

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Introduction & Objectives:

Recurrent basal cell carcinomas (rBCCs) are more likely to recur compared to primary tumors (pBCCs) when treated with Mohs Micrographic Surgery (MMS). This retrospective study, evaluates the patient and tumor parameters on the post-operative tissue defect (Rd) of head BCCs.

Materials & Methods:

The study involved 240 BCCs located on the head treated with MMS. Preoperative tumor size (Rc) and Rd, calculated as geometric means of maximal and minimal radii in mm, were analyzed with analysis of variance and linear regression analysis at significance level $p<0.05$.

Results:

Our analysis involved 175 primary and 65 recurrent BCCs. Rc was similar for rBCC (n=65) and pBCC (n=175; $p=0.270$), (4.51mm vs. 4.16mm); in the contrary, Rd was significantly larger for rBCCs (8.02mm vs. 6.66mm; $p=0.004$). While Rd increase with increasing Rc in both pBCC and rBCC, the increments of the corresponding relationships differ significantly (1.323 vs. 1.017, respectively; $p<0.05$).

Conclusion:

These findings imply different tumor removal patterns with Rc-dependent vs. Rc-independent surgical margins, in pBBC and rBCC, respectively, and provide effectiveness-independent reasoning for the recommendation of MMS for all head-located rBCCs.

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Abstract N°: 1532

Combination of punch grafting and platelet-rich plasma after wide excision of acral melanoma in a 42-year-old Filipino woman: a case report

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Introduction & Objectives:

Acral melanoma is a malignant neoplasm from melanocytic cells that specifically occurs on the palms, soles, and nail beds. The standard of treatment for localized primary cutaneous melanoma is a wide local excision that would result in a large surgical defect, posing a challenge in wound closure and post-operative functionality. This case introduces an approach to treating a defect resulting from the wide excision of an acral melanoma on the heel, using a combination of punch grafts and PRP (platelet-rich plasma) as a treatment method.

Materials & Methods:

We present the case of a 42-year-old female who developed a spontaneously appearing hyperpigmented nodule on her right lateral heel over 30 years. A histopathologic examination confirmed melanoma, leading to wide local excision. Given the size and location of the surgical wound defect, punch grafting was initially employed. However, during the first two post-operative weeks, graft necrosis and loss occurred, prompting addition of PRP, which was infiltrated throughout the entire area of defect.

Results:

The combination of punch grafts and PRP has resulted to reduction in graft loss, shortened healing time with near-complete re-epithelization in 6 weeks and improved patient outcomes with early resumption of daily activities without any reported pain.

Conclusion:

This case highlights a different approach to a surgical defect resulting from wide excision of an acral melanoma, by combination of punch grafts and PRP as treatment modality. It emphasizes the impact on wound healing, functional, and cosmetic outcome of the combined treatment.

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Abstract N°: 1561

Clinical practice guidelines for the approach to nail appliance pathologies at the "Dr. Ladislao de la Pascua" Dermatological Center in Mexico City.

Luis Carlos Morales Godínez*[1], Miguel Ángel Cardona Hernández[1], Juan Ramón Trejo Acuña[1], Daniel Alcalá Pérez[1], Sonia Torres González[1], Armando Medina Bojórquez[1]

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Introduction & Objectives:

Introduction: The nail, as one of the appendages of the skin, can present inflammatory, tumor, traumatic, infectious pathology or secondary manifestations of systemic diseases. Nail surgery requires understanding the anatomy of the nail unit, as well as understanding the specific diseases that can affect it.

Objective: Elaboration of clinical practice guidelines for the diagnosis and treatment of nail pathologies, for patients treated in the dermato-oncology and dermatological surgery service at the "Dr. Ladislao de la Pascua" Dermatological Center in Mexico City.

Materials & Methods:

Descriptive documentary research in which evidence contained in published articles indexed in electronic databases (PubMed, Cochrane Library, Scopus, LILACS) from January 2018 to April 2023 was taken as evidence. The information was processed and organized into a decision-making algorithm in collaboration with experts in the field.

Results:

In relation to nail tumor surgery, we propose the following: If the lesion is located in the space between the distal interphalangeal article and the matrix, there is evidence of an increase in the angle of Lovibond (greater than 180 degrees). If the lesion is located below the matrix and grows above the nail plate, a longitudinal groove is formed. Here it is suggested to lift a flap from the proximal fold, locate the base of the tumor, and detach it. If it grows below the lamina, a longitudinal elevation of the lamina is formed, and it is suggested to lift a proximal plate flap, cut it, and expose the distal and proximal matrix. If the distal matrix is affected, there is evidence of an alteration in the color or shape of the lunula, so it is preferable to make a transverse incision, dissecting and detaching the matrix; The tumor is exposed and removed. If the tumor affects the bed, erythronychia, distal and/or lateral onycholysis, V-shaped cleft, or elevation of the nail plate are evident; It is suggested to lift the nail from one end of the side. If it is located below the bed, it is preferable to approach it from the hyponychium, lateral surfaces of the finger and make a "U" incisión.

Conclusion:

We suggest this diagnostic algorithm to make decisions in the surgical treatment of nail apparatus pathologies and thus avoid transient or permanent complications of this specialized skin appendix.

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Abstract N°: 1701

Efficacy of carboxytherapy versus short pulsed 1064 nm Nd-YAG laser combined with subcision in treatment of cellulite.

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Introduction & Objectives:

Cellulite is the orange peel or cottage cheese-like dimpling of the skin. It is a cosmetically unacceptable problem.

Objectives: To test for: the efficacy of carboxytherapy in comparison to short-pulsed Nd -YAG laser combined with subcision in treatment cellulite.

Materials & Methods:

This randomized clinical trial was conducted for 3 months. Thirty female patients with stage 2 or 3 cellulite on buttocks and posterior thighs were included. One side was randomized to receive 6 carboxytherapy sessions with an interval of 2 weeks between the sessions. The other side received 3 sessions of short pulsed 1064 nm Nd-YAG laser (25 joules/cm2, 2.2Hz) combined with subcision in the same session with an interval of 1 month between the sessions. End of study was defined as achieving 3 months of treatment. Primary outcome was defined in terms of clinical improvement by photography and cellulite severity scale (CSS). Secondary outcomes included: ultrasonographic assessment of the dermis and subcutaneous fat, patient satisfaction score, dermatology life quality index (DLQI) and physician's global assessment score.

Results:

The CSS was significantly decreased after treatment in the side treated with carboxytherapy as well as the side treated with combined laser and subcision. There was a statistically significant decrease in subcutaneous fat and dermis thickness after treatment in carboxytherapy. While in combined laser and subcision, there was a significant decrease in subcutaneous fat thickness, but no significant difference occurred in the dermal thickness. Pain was encountered more with carboxytherapy, while ecchymosis occurred exclusively in combined laser and subcision.

Conclusion:

Carboxytherapy and subcision are effective methods for treatment of cellulite. Improvement caused by carboxytherapy is attributed mainly to its lipolytic and vasodilatory effects. Subcision acts through cutting the fibrous strands that tether the skin to the underlying tissues. The value of short pulsed 1064 nm Nd-YAG laser awaits further study.

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Abstract N°: 1714

A comparative study of Fractional CO2 vs Erbium 1550 in acne scar in Asian skin type

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A comparative study of Fractional CO2 vs Erbium 1550 in acne scar in Asian skin type

Introduction & Objectives: To compare the efficacy and safety of Fractional CO2 and Erbium 1550 laser treatments in reducing acne scars among individuals with Asian skin types.

Materials & Methods: A single blind retrospective analysis was conducted on Asian participants with varying degrees of acne scarring. As a commonly done procedure participants were treated with either the Fractional CO2 or Erbium 1550 laser treatment. Scar improvement was evaluated using standardized grading scales with global photographs, and adverse events and patient satisfaction were assessed with necessary questionnaires. 3-4sessions per patients in total duration of 6months were performed and evaluated after. Evaluation was done by an unrelated dermatologist. Last one year data were analyzed by a blinded dermatology expert. Then assessment was done.

Results: Both Fractional CO2 and Erbium 1550 laser treatments showed significant improvements in acne scar reduction among Asian participants. Fractional CO2 treatment exhibited a higher degree of improvement compared to Erbium 1550 treatment for deep scars but for mild to moderate acne scars both were comparable without any significant difference. Downtime in Co2laser was more than erbium. Patient satisfaction rates were better with non ablative erbium laser.

Conclusion: Fractional CO2 and Erbium 1550 lasers are effective and safe options for reducing acne scars in Asian individuals. Fractional CO2 treatment may offer slight advantages in deep scar but patients satisfaction is more with erbium laser. Downtime post procedure was less with erbium and the results for mild to moderate scar is comparable in both the procedure.

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Abstract N°: 1728

The utility of ultrasonography for supporting the differentiation, diagnosis, and treatment of atypical fibroxanthoma and pleomorphic dermal sarcoma

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Introduction & Objectives: Atypical fibroxanthoma (AFX) and pleomorphic dermal sarcoma (PDS) are rare cutaneous tumors usually arising in sun-damaged skin of elderly patients; both tumor entities are considered to be variants of one disease spectrum and are currently distinguished using histological features, such as invasion of deep layers, necrosis, lymphovascular and/or perineural invasion. After ruling out other tumor entities by immunohistochemistry, PDS can be differentiated from AFX by the infiltration into the subcutis and deeper structures, while AFX remains confined to the dermis. The therapeutic approach is more aggressive in the case of PDS as it can potentially metastasize. We aimed to assess the usefulness of preoperative sonography in differentiating between the two tumor entities by identifying a potential infiltration into the subcutis.

Materials & Methods: We retrospectively reviewed ultrasound database records of 13 patients with histologically confirmed AFX/PDS who underwent a preoperative ultrasonographic (conventional and high-frequency) examination and resection in our Dermatolosurgical Unit between 2022-2024.

Results: Preoperative sonography identified and differentiated AFX and PDS with 100% accuracy and even changed the initial histological suspicion of AFX to PDS in 3 cases (23%), which was confirmed after complete tumor resection.

Conclusion: The preoperative ultrasonographic assessment of these tumors could strengthen the clinical diagnosis, avoid a delay in therapy initiation, and improve patient counseling. For AFX, as seen in the preoperative setting, micrographic-controlled surgery suffices, as the tumor has no metastatic potential. In contrast, for PDS, a more aggressive tumor variant, patients could immediately undergo resection with 2 cm safety margins and lymph node sonography to rule out lymph nodal involvement. Lastly, this information is essential and should be discussed with the patients in advance, as they need to know the extent of surgery and reconstruction required by each tumor entity. Hence, ultrasonography can improve clinical practice by providing helpful information for the dermatosurgeon, which cannot be obtained during clinical examination.

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Abstract N°: 1784

Autoinoculation therapy in the treatment of Multiple Warts: Case series of 4 patients

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Introduction & Objectives:

Despite the availability of multiple treatment options, warts are often recurrent and resistant to treatment. Homologous autoinoculation is a minimally invasive procedure, which treats warts by stimulating a specific immune response against HPV. Here we discuss five cases managed successfully with autoinoculation.

Materials & Methods:

Case 1: A 37-year-old married female presented with multiple palmar warts was managed with multiple treatment modalities including radiofrequency ablation, chemical cautery with Trichloroacetic acid, and oral Isotretinoin. Due to poor response to previous treatment and frequent recurrences, she was subjected to autoinoculation of the wart. There was a complete resolution after three months and no recurrence at 8 months follow-up.

Case 2: An 18-year-old male presented with multiple and recurrent warts on the foot. He was earlier treated with MMR and BCG injections and chemical and electrocautery. He was subjected to autoinoculation of the wart. There was a complete resolution after four months and no recurrence at 6 months follow-up.

Case 3: A 14-year-old male presenting with multiple warts on the hands and foot. He was managed with multiple treatment modalities including radiofrequency ablation, chemical cautery with Trichloroacetic acid and oral Isotretinoin for three months duration without significant response and frequent recurrences. He was subjected to autoinoculation of the wart. There was a complete resolution after four months and no recurrence at the one-year follow-up.

Case 4: A 10-year-old male presented with multiple warts over the lower extremity, abdomen, and axillae of two years duration. The patient had most of the warts on the left thigh over a hypertrophic scar (due to burns). He was managed with intralesional immunotherapy in the form of the MMR (measles/mumps/rubella) vaccine, cryotherapy, and oral zinc therapy. However, with resistance to therapy, he was subjected to autoinoculation. There was a complete resolution after three months of therapy with no recurrence at a one-year follow-up.

Conclusion: Homologous autoimplantation is a simple technique, that helps in inducing a good cell-mediated immune response, essential for the clearance of warts. It is an effective method in the treatment of different types of warts including genital warts. It also prevents recurrence.

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Abstract N°: 1797

Enhanced Disease-Specific Survival in Dermatofibrosarcoma Protuberans Patients Treated with Mohs Micrographic Surgery over Wide Local Excision

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Introduction & Objectives: Dermatofibrosarcoma protuberans (DFSP) presents as a rare type of superficial dermal sarcoma, characterized by infiltrative growth and a high likelihood of local recurrence. The two primary surgical methods used for treating DFSP are wide local excision (WLE) and Mohs micrographic surgery (MMS), yet there remains an ongoing debate over which yields better outcomes. The aim of this study is to compare disease-specific survival rates between DFSP patients treated with MMS and those treated with WLE, utilizing data from the Surveillance, Epidemiology, and End Results (SEER) database between 2000 to 2020.

Materials & Methods: The SEER database was employed to identify histologically-confirmed cases of dermatofibrosarcoma protuberans (DFSP) patients (ICD-O-3 histology codes 8832/3-8833/3 and primary site codes C44.00-44.9, C49.0-49.9) who underwent treatment with either WLE or MMS between 2000-2020. Patients with distant-stage disease were excluded from the analysis. Statistical analyses, including Chi-squared tests, Kaplan-Meier and log-rank tests, and multivariate Cox proportional hazards models, were conducted using SPSS version 29.0, with statistical significance set at $p<0.05$.

Results: A total of 1,772 cases were identified, with a majority being female (55.5%), non-Hispanic White (56.2%), and under 40 years old (43.0%). Most patients were diagnosed with localized disease (96.1%), primarily on the trunk (54.7%), and with a median tumor size of 28.0 mm. For surgical treatment, the majority of patients underwent WLE (69.4%) compared to MMS (30.6%). On univariate Kaplan-Meier analysis, patients treated with MMS exhibited significantly higher 5- and 10-year disease-specific survival rates (100.0% and 99.5%, respectively) compared to WLE patients (99.0% and 98.0%)($p=0.048$). Multivariate analysis adjusting for age, sex, race and ethnicity, annual income, rural-urban living, disease stage, and primary tumor location further confirmed that MMS patients exhibited a significantly reduced mortality risk compared to those treated with WLE (adjusted hazard ratio [aHR] 0.123; 95% confidence interval [CI] 0.015-0.991; $p=0.049$).

Conclusion: This study provides additional evidence that MMS leads to significantly improved disease-specific survival outcomes in DFSP patients compared to WLE. This finding underscores the importance of considering MMS as the preferred surgical approach for managing DFSP, potentially reducing the risk of recurrence and enhancing long-term survival. These results have important implications for clinical practice and highlight the need for further research to validate and refine treatment guidelines for DFSP.

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Abstract N°: 1828

Postauricular flap in a squamous cell carcinoma in the conchal cavity

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Introduction & Objectives: In the field of dermatology, excision and reconstruction of skin lesions are essential procedures for the management of various dermatological conditions. A case study is presented where a skin lesion located in the conchal cavity of the left ear was excised and reconstructed using a postauricular skin flap.

Results: This case highlights the importance of meticulous surgical techniques and histological analysis in the treatment of dermatological malignancies to ensure optimal outcomes for patients. An old patient presented in the clinic with an ulcerated nodular mass in the conchal cavity for several months, maybe years. Dermatoscopy was performed but unsuccessfully because of the location site. Clinically was a suspicious of cutaneous carcinoma. Patient was recommended for surgical remove of the lesion. The excised lesion was subsequently subjected to histological examination, revealing the presence of squamous cell carcinoma with clear margins ranging from 1 to 2 mm. Excision and reconstruction procedures for skin lesions in the conchal cavity of the ear require careful planning and execution to achieve optimal cosmetic and functional outcomes. The conchal cavity poses unique challenges due to its complex anatomy and visibility. Excision of lesions in this area involves careful delineation of the lesion margins while preserving surrounding healthy tissue. Given the small size and delicate nature of the conchal cavity, meticulous surgical techniques are essential to ensure complete removal of the lesion while minimizing damage to neighbouring structures. Reconstruction following excision often involves the use of neighbouring tissue flaps to restore the contour and function of the ear. In the case of the conchal cavity, a postauricular skin flap is commonly used due to its proximity and matching skin quality. This flap allows for the transfer of healthy skin with a robust blood supply to the defect site, promoting optimal healing and minimizing the risk of complications such as necrosis. The postauricular skin flap is designed to match the shape and texture of the conchal cavity, ensuring a seamless aesthetic outcome. Careful attention is paid to the orientation of the flap to ensure proper alignment with the surrounding tissue and maintenance of ear function. Post-operative care following excision and reconstruction of skin lesions in the conchal cavity typically includes monitoring for signs of infection, hematoma, or flap compromise. Patients are advised to follow specific wound care instructions to promote healing and minimize the risk of complications.

Conclusion: Overall, excision and reconstruction of skin lesions in the conchal cavity of the ear require a multidisciplinary approach involving dermatologists, plastic surgeons, and otolaryngologists to ensure comprehensive care and optimal outcomes for patients. Close post-operative follow-up is essential to monitor for recurrence and address any issues that may arise during the healing process.

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Abstract N°: 1858

Laissez-faire: Guided tissue regeneration in skin wound healing

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Introduction & Objectives:

Directed wound healing is a distinct surgical method, which may be indicated whenever tissue loss is not amenable to direct suturing. Still, its underlying tissue bed is adequately vascularized, without exposure of vital organs. This technique is usually used after minor traumatic injuries and after surgical resection of small tumors and infections following debridement of necrotic tissue. Our work describes the evolution of patients who have undergone directed healing, the time taken for complete healing, their complications, and the necessity of further surgical interventions.

Materials & Methods:

We conducted a cross-sectional and descriptive study gathering patients who benefited from direct wound healing, either after surgical resection of tumors, necrosis, or post-traumatic minor injuries, aiming to assess the impact and role of DWH through their follow-up.

Results:

We have collected 24 patients that benefited from direct wound healing. The mean age of our patients was 56,2 ± 14,7 years, with a male predominance (sex-ratio M/F of 1,6). The indication of this method varied: 33.3% of the patients had a complete resection of their basal cell carcinoma, 33.3% had necrosectomy due to skin infection, 20,8% had a traumatic loss of substance, 8,3% had a resection of their Bowen disease and 4,6% benefited from the resection of a benign fibrous histiocytoma (dermatofibroma). The main location of the loss of substance was predominantly on the legs in 37,5%, followed by the face in 33.3%, the back in 16.6%, and the arms in 12.5% of the patients. The median area of the loss of substance was 2,75 cm [1-6,5]. During their follow-up, most patients benefited from Vaseline dressings (91,6%) that were changed daily, whereas Hydrocolloid dressings were opted in two cases, and were changed once every three days to avoid pain during these sessions.

Complications were seen in approximately 1/3 of the cases (29,1%), they included super-infections of the initial wounds in 16,6% of the cases and secondary necrosis in 8,3%. The latter had a progression of the initial infectious necrotic lesions. Formation of thick patches of fibrin was reported in 33,3% of the cases requiring additional debridement to allow epithelialization. Hyper-granulation was also reported in 8,3% of the cases, these patients were treated with short-course of low-potency topical steroids. The skin graft was done in 12,5% of the cases, and it was required because these patients had rather longer durations of healing.

The mean duration of complete wound healing was 67,9 ± 9,9 days with extremes varying between 49 and 92 days. The remaining scars were evaluated with the "*observer scar assessment scale* (OSAS)", the mean value of the OSAS for our series was 18,5 ± 8,8 which indicates rather light and acceptable scars.

Conclusion:

The laissez-faire approach to guided tissue regeneration (GTR) in skin wound healing underscores a paradigm shift in dermatological care. By embracing the natural healing processes of the skin and strategically deploying GTR techniques, this approach seeks to optimize tissue regeneration while minimizing intervention. Through this balanced approach, clinicians aim to facilitate efficient wound healing with minimal disruption to the body's innate healing mechanisms. As research continues to elucidate the intricacies of GTR and its applications in dermatology, the laissez-faire approach promises to offer patients effective solutions for promoting skin tissue regeneration.

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Abstract N°: 1886

Complications and safety of large flap repairs of greater than 60cm2 at a tertiary care center

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Introduction & Objectives:

Outpatient Mohs micrographic surgery are more cost-effective than inpatient utilization of operating rooms or ambulatory surgical centers. It is important to establish the safety of outpatient large flap surgery and investigate factors associated with complications such as infection, necrosis and bleeding. To our knowledge, there have been no studies to date examining the safety of flaps larger than 60cm2.

This study aimed to assess the incidence of post-operative complications such as infection, bleeding, necrosis, dehiscence, and hospitalization following outpatient dermatologic reconstructions using large adjacent tissue transfer with flap areas of 60 cm^2 or greater performed under local anesthesia.

Materials & Methods:

Eligible patients were identified through review of the electronic medical records for two dermatologic surgeons at Oregon Health and Science University from 2008-2023. A database of patient characteristics, surgical characteristics, and complication rates was compiled. The associations between complication and flap size, flap technique, surgical site, antibiotic use, and antithrombotic use were calculated.

Results:

278 adjacent tissue transfer procedures met eligibility requirements for this study. Postoperative complication rates were as follows: infection (4.3%), bleeding or hematoma requiring treatment (2.16%), flap necrosis (2.88%), wound dehiscence (4.68%), and hospitalization (0.36%).

Conclusion:

Adjacent tissue transfer involving large flaps performed in the outpatient setting under local anesthesia appears to be relatively safe, with mostly minor complications arising. Further research with large prospective studies should be conducted to elucidate possible relationships between patient factors and procedure outcomes.

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Abstract N°: 1961

Slow Mohs: our experience over a period of 5 years.

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Introduction & Objectives:

Mohs micrographic surgery is a technique for sequential excision of skin tumors that allows histological analysis of 100% of their margins, obtaining a precise mapping of each fragment and ensuring free edges with greater preservation of healthy tissue. Variants of this technique have been developed, such as **Slow Mohs**, which allows processing in paraffin-embedded sections in order to perform an adequate histopathological study in deferred time. In these cases, the defect is covered with a dressing and the patient returns home, repeating the procedure later and resecting only the affected segment. The main entities in which this technique has been described are lentigo maligna and dermatofibrosarcoma protuberans in which the lowest recurrence rates have been demonstrated.

Materials & Methods:

We present a retrospective observational study analyzing the **"Slow Mohs"** procedures performed in our hospital between **January 1, 2019 and January 31, 2024**. The excised pieces were processed in fomaldehyde with the appropriate immuhistochemical protocol for their prior histopathologic diagnosis, being evaluated by dermatopathologist within 1 week per stage. Demographic factors included patient age at the time of definitive surgery, sex and origin. Other variables collected were the nature of the tumor, tumor location, number of stages performed, method of defect closure, acute complications, follow-up and recurrene.

Results:

Twenty-eight patients were included, mostly women (n = 18, 64%) with a mean age of 62.9 years. Thirty skin tumors were operated on with the following diagnoses: dermatofibrosarcoma protuberans (n = 14, 46.7%), lentigo maligna (n = 12, 40%), leiomyosarcoma (n = 1, 3%) and eccrine ductal carcinoma (n = 1, 3%). Five postsurgical complications (16.7%) were detected. Closure of the defect was performed in half of the cases by direct closure (n = 15, 50%), second intention (n = 7, 23.3%) mainly in facial lesions, reconstruction in major outpatient surgery (n= 6, 20%) and forced plication (n=1, 3%). The mean number of stages required to obtain negative margins was 1.8 interventions. The median follow-up was 21 months. Tumor recurrence was found in only two patients (6%).

Conclusion:

We present our experience with the **Slow Mohs** technique, a growing tool that offers certain benefits over conventional Mohs surgery by avoiding sample processing errors with the cryostat and obtaining a higher quality of histopathological visualization (Gold-standard). The main disadvantage lies in the need to operate on the patient in several sessions on different days, which can be tedious, especially for those with positive margins. It also involves high economic costs. However, in our experience, the results obtained in terms of effectiveness are positive and we consider that they support its use. In the preparation of our study, we detected as main limitations its retrospective nature and the difficulties in collecting follow-up data.

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Abstract N°: 2167

Time interval between Sentinel Lymph Node Biopsy and Excision of Primary Melanoma does not impact long term outcomes in a large UK cohort

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Introduction & Objectives:

The impact of timing on sentinel lymph node biopsy (SLNB) positivity remains a debated topic in melanoma management, with national guidelines recommending SLNB within a three-month window post-diagnosis. Our study sought to identify whether the continuous time interval to perform SLNB affects binary presence of micro-metastasis in patients with primary cutaneous melanoma. Our secondary aims were to assess the relationship between the time interval to Sentinel Lymph node biopsy and 1. the size of lymph node micro-metastasis, 2. the impact long-term melanoma-specific disease outcomes.

Materials & Methods:

Prospectively collected demographic, histopathological, and follow up data were reviewed from patients ≥18 years age undergoing SLNB at a University Cancer Centre in the UK between December 2009 and December 2022. The catchment area covers a population of approximately 2.4 million people. Time to SLNB was treated as a continuous variable or categorised in to two groups as indicated (eg, ≤42 days or >42 days). The size of the largest metastatic foci was treated as a continuous variable or grouped into three groups <0.1mm, 0.1–1.0 mm or >1.0mm. Kaplan-Meier survival analysis was used to compare recurrence-free survival (RFS) and melanoma-specific survival (MSS). Multiple logistic regression identified independent predictors.

Results:

Overall, 1393 patients with primary cutaneous melanoma were included (723 [52%] men, 922 [66%] superficial spreading, median age at diagnosis 60.0 years). 170 patients (12.2%) had their SLNB up to 42 days after their primary melanoma excision. Median follow-up was 4.5 years (IQR 1.9-7.3yrs) and the median time to SLNB from the primary pathology report was 66 days. In the cohort of patients with SLNB ≤42 days, there was a younger age at diagnosis (57.6yrs vs. 60.7yrs, p=0.0162), but a higher proportion of head & neck location (62.9% vs 49.8%, p=0.0038), but no other differences in key metrics including gender, Breslow thickness, ulceration or mitotic figures. In the early (≤42day) group, 22.9% were SLNB positive compared to 20.8% in the late (>42day) group, but this was not statistically significant (p=0.53). Breslow thickness (OR 1.25, 95% CI 1.17-1.34), ulceration (OR 1.65, 95% CI 1.19-2.29), and mitosis (OR 4.22, 95% CI 1.85-12.1) were independent risks of SLNB positivity, but not time interval to SLNB (OR 1.0, 95% CI 0.99-1.0). The median size of lymph node micro-metastasis increases from 0.7mm (IQR0.275-1.8mm) for patients with positive SLNB within 6 weeks, 0.8mm (IQR 0.3-2.0mm) for patients between 6-12 weeks, and 1.5mm (IQR 0.5-5.0mm) if performed >12 weeks [one way ANOVA for trend = 0.0065]. Using Semilog curve fitting for the size of micro-metastasis over time, a rate of increase of 58.2% per month was identified. The recurrence free survival (RFS) and the melanoma-specific survival (MSS) were no different between the two groups (Log-rank p=0.655 and 0.225 respectively).

Conclusion:

Time interval to perform SLNB does not affect positivity rate but shows an increase in size of lymph node micro-metastasis over time. However, this is not translated to a clinical benefit for SLNB performed within 6 weeks of diagnosis in MSS or RFS compared with those done after 6 weeks from excision biopsy in long term follow up.

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Abstract N°: 2207

Reconstruction of the periauricular area: A challenge in Mohs surgery

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Introduction & Objectives: the objective of the presentation is to comment on the experience in Mohs surgery performed at the Hospital since the beginning of the service in January 2020. We will focus the presentation on cases located in the periauricular region with the objective of commenting on the different forms of reconstruct the final defect.

Materials & Methods: from January 2020 to January 2024, the hospital's Mohs Surgery service has performed a total number of 280 surgeries for the treatment of non-melanoma skin cancer: 75% for basal cell carcinoma, 21.4% for squamous cell carcinoma, and 3.6% other tumours.

Considering all the cases treated, 37 were located in the periauricular region. Of these, 5 were reconstructed with direct closure, 32 with the application of a single reconstructive technique, that is, 3 through a total skin graft, 3 through second intention, and 24 through a flap and 2 case through a combination of multiple surgical techniques. .

Results: the purpose of the presentation is to comment on the results obtained during the activity of the Mohs surgery service and, successively, to present the 3 most representative surgical cases located in the periauricular region that ended with a complex final defect that required an appropriate reconstructive approach. .

Conclusion: The first objective of reconstruction after Mohs surgery is the functional restoration of the affected area and to this is added the need to preserve the appearance and aesthetic balance of the tissues and organs involved. In Mohs surgery it is not possible to predict the entity of the final defect, for this reason the Mohs surgeon needs to master the reconstructive techniques and adapt them to the needs of the moment. The optimal result is to achieve functional reconstruction and to place the sutures as much as possible between the natural lines of the skin.

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Abstract N°: 2377

Alternative management for refractory keloids

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Introduction & Objectives: The clinical relevance of the case to be presented below lies in present a combined therapeutic that to date has proven to be effective in the management of a refractory and recurrent case of keloid in the auricular region, demonstrating that the combination of different therapeutic modalities blocks different key pathophysiological points for the development of a keloid scar while potentiating the mechanism of action of the medications involved.

Materials & Methods: A 43-year-old female with multiple comorbidities, presented with a keloid scar that involves the entire external edge of the helix and its ipsilateral earlobe, made up of 7 lobes between 2-3 cm thick, each of which gives rise to a lesion with a total extension of 9 cm. Patient, was treated by plastic surgery with multiple surgical interventions, triamcinolone injections, and pressure therapy. Despite these treatments, the patient did not show improvement and presented enlargement of the keloid scar.

The patient was referred to the dermatology service and a new treatment combination was started with monthly infiltrations of triamcinolone and 5-FU (0.5/0,5 mg) for 3 months. Subsequently, in November 2022, the first resection was performed by shaving and cryotherapy associated with dual infiltrations of 5 FU and triamcinolone, followed by the same procedure every 2 months until completing 7 interventions. Later on, monthly infiltrations of both medications with excellent cosmetic results without signs of keloid recurrence, after 1 year and a half after her first resection.

Results: To obtain better results in the treatment of keloid scars, a combination of various treatments has been suggested for instances where initial intervention or a combination of two treatments is ineffective. In the case of our patient who had a large keloid in the left auricular region it was decided to employ a combination of four different treatments to achieve a better response while reducing the side effects of each treatment (surgery, associated with cryosurgery and infiltrations with steroid and 5-FU)

What is sought with this combination is, through conventional surgery, to reduce tension on the edges of the wound, which helps reduce skin inflammation. Cryotherapy induces tissue necrosis, through the secretion of different proinflammatory mediators. 5-FU acts as a blockade of angiogenesis, reducing inflammation in the scar, and corticosteroid injections have a direct anti-inflammatory effect by inducing vasoconstriction. This suggests that the combination of different therapeutic modalities blocks different key pathophysiological points for the development of a keloid scar while potentiating the mechanism of action of the medications involved in the treatment and reducing the adverse effects of the high concentrations when monotherapy is used.

Conclusion: We present the case of a large ear refractory to multiple management schemes who, after the combined therapy was implemented, presented a complete resolution of the lesion without signs of recurrence after 1 year and a half after her first resection. For this reason, we popose as a therapeutic alternative the combination of intralesional application of triamcinolone and 5-FU (0.5/0,5 mg) followed by shaving and cryotherapy until complete resolution of the keloid. Followed by, monthly infiltration with both medications.

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Abstract N°: 2493

Challenging the Symphony between Pyoderma Gangrenosum and Systemic Lupus Erythematosus with Allogeneic Skin Graftings as a Bridging Therapy.

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Introduction & Objectives: Pyoderma gangrenosum (PG) is an inflammatory and ulcerative skin disorder that, like other neutrophilic dermatoses, can be associated with systemic pathologies. The association between PG and systemic lupus erythematosus (SLE) has rarely been documented. We present the case of an adolescent with SLE who developed extensive PG in a lower extremity successfully treated through immunosuppressants and allogeneic skin grafts used as bridging therapy for subsequent definitive reconstruction with autologous split-thickness skin grafts.

Materials & Methods: A 17-year-old adolescent with SLE consulted for an ulcer on the right thigh for 2 months, which increased in size until it involved the right leg and foot, clinically suggestive of PG, it was decided to perform a biopsy, with histopathological report that concluded neutrophilic dermatosis. As the patient met the major and minor criteria of the Delphi consensus, PG was diagnosed, and management with systemic immunosuppressants was initiated. He was temporarily covered with allogeneic skin grafts and once his baseline conditions were controlled, reconstruction was carried out with autologous skin grafts partial thickness with resounding functional and aesthetic success.

Results: PG is part of the neutrophilic dermatoses, whose immunohistological examination reveals a neutrophilic inflammatory reaction without evidence of infection, it presents with single or multiple skin ulcers with erythematous-violet edges, but different variants are distinguished such as ulcerative, pustular, bullous, superficial vegetative and periostomal PG. PG can be associated with a variety of systemic disorders; however, the association between PG and SLE has rarely been reported. Among the few reported cases of PG in the context of SLE (Fig 1.), the vast majority are women and precede lupus symptoms.

Conclusion: Our case is even less common due to our patient is a male. The pathophysiology of PG is not clear, it is known that proinflammatory cytokines (IL-1, IL-17 and TNFα) are involved. In SLE immune complexes can activate the NLRP3 inflammasome and macrophages become hypersensitive to innate immune stimuli, leading to an increase in the inflammasome. activity and production of proinflammatory cytokines, and neutrophils could also participate in its pathogenesis. Taken together, PG and SLE could share pathological pathways. There is no standardization on the treatment of PG associated with lupus; in the literature it has been described that drugs capable of modulating the activity in diseases such as SLE are also effective in neutrophilic dermatoses. Our experience was based on the use of classic immunosuppressants and allogeneic skin grafts as bridging therapy for subsequent definitive reconstruction with autologous skin grafts, with resounding therapeutic success. This is the first report of a case of PG and SLE treated by effective clinic-surgical intervention.

Fig.1. Pyoderma gangrenosum and SLE coexisting in male patients.

	Gender/Age	Location of lesion	Timing of PG compared to SLE diagnosis	Lupus activity	Treatment	Surgical intervention
Gonzales.	M/46	Leg	After	Signs of activity	Prednisone, cyclosporine	No
Gonzales.	M/36	Foot	After	Signs of activity	Prednisone, azathioprine, dapsone, cyclophosphamide, intralesional triamcinolone acetonide injections, methylprednisolone, cyclophosphamide, mycophenolic acid	No
Husein- El Ahmed.	M/36	Foot	8 years later	No activity	Prednisone, azathioprine, dapsone, cyclophosphamide, triamcinolone acetonid, methylprednisolone, cyclosporine, mycophenolic acid	No
Reddy.	M/34	Legs	After	Signs of activity	Prednisone, azathioprine	No
Teoh Chiek S.	M/35	Both lower limb and scrotum	Simultaneous	Signs of activity	Prednisolone, hydroxychloroquine, methotrexate, cyanocobalamin, and iron supplements	No

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Abstract N°: 2548

Centrifugation, Stromal Vascular Fraction and Cell Culture are not the Key Factors in the Success of Autologous Fat Grafting

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Introduction & Objectives:

Currently, controversy exists in the literature about the value of centrifugation, the development of a stromal vascular fraction and the use of stem cell culture to maximise the success of autologous fat grafting. Other factors that impact on the success of fat grafting such as recipient site preparation, harvest technique(equipment and pressures), aesthetic technique (both donor and recipient site), fat temperature, emulsification, graft placement techniques (including retention of sidedness) and post operative care of the graft are also controversial. Are some of these latter factors more important than pre-placement manipulation of the graft? The objective of this study was to demonstrate whether fat grafting could be achieved with a high percentage of successfully grafted fat without centrifugation, creation of a stromal vascular fraction or stem cell culture.

Materials & Methods:

A single cohort prospective study is presented capturing data from 65 consecutive cases of autologous fat grafting. 3-Dimensional scanning imagery was used to assist in accurate measurement of retained volumes at three months.

Results:

There were 64 cases with complete data. Successfully grafted fat ranged from 36% to 164%. The median volume successfully grafted was 82%. Complications were minor only. Short video clips and clinical photos demonstrate the author's technique.

Conclusion:

Good results can be achieved in Autologous Fat Grafting without the need for centrifugation of the fat and/or development of a stromal vascular fraction or stem cell culture. This allows for more efficient use both of operative time and donor graft and simplification of equipment. Other factors may be more important and include harvesting pressures, placement graft size, recipient site preparation, donor site vascularity and interstitial pressure and post operative management.

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Abstract N°: 2551

Successful fat grafting despite toxicity of lignocaine to adipocytes

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Introduction & Objectives:

The literature strongly suggests that lignocaine is toxic to adipocytes. Tumescent anesthesia is commonly employed by dermatologists when harvesting fat for grafting. Three dimensional scanning can accurately measure even small volume changes in the face and body. Volumetric studies of fat grafting in the Dermatologic Surgery literature are sparse.

This prospective study was designed to study the relationship between volumes of grafted fat and successfully grafted fat present at three months when harvested and grafted in the presence of tumescent anesthesia.

Materials & Methods:

A single centre, prospective study followed a single cohort of patients seeking fat grafting. All patients were photographed before and at three months post fat grafting. Volumes were measured before and after the procedure. 3-Dimensional scanning allowed accurate measurement of even small volume grafts.

Results:

Sixty patients were enrolled. The median volume of successfully grafted fat at 3 months was 82% with a range of 35% to 164%. Complications were minimal and involved bruising and minor discomfort. Short video clips and clinical photos demonstrate the author’s technique.

Conclusion:

Despite published evidence of toxicity of lignocaine to adipocytes, the use of lignocaine based tumescent anesthesia in the harvesting and placement of fat can be successfully achieved and Dermatologists need not fear its use in this context.

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Abstract N°: 2556

Repair of multi-subunit defects of the nose with the Burow's Advancement Flap

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Introduction & Objectives:

We will describe the use of Burow's wedge advancement flaps (perialar crescentic advancements) to repair multi-subunit defects of the nasal sidewall including the adjacent cheek, dorsum, tip and ala without the need of additional flaps.

Materials & Methods:

This retrospective single centre study analysed 6 month post-operative photographs using the Manchester Scar scale. The operative technique is described in detail, including multiple short video clips.

Results:

Of 301 cases, 266 were available for analysis. The median Manchester Scar scale was 7 for both sidewall defects and multi-subunit defects. There were low rates of infection or necrosis.

Conclusion:

With the correct technique, the BAF alone is capable of use to repair even large multi-subunit defects involving the nasal sidewall, cheek , dorsum, tip and ala with high-level aesthetic and functional results.

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Abstract N°: 2562

The Bridge Flap: a hybrid flap for the forehead, temple and scalp.

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Introduction & Objectives:

Medium-sized defects of the scalp, temple, and forehead can be challenging to reconstruct in an aesthetic fashion. The author proposes the use of a hybrid flap that is at times bipedicled, perforator, and/or axially supplied.

To describe the author's experience with the bridge flap and its various subtypes

Materials & Methods:

An IRB-approved retrospective database review of all bridge flaps was performed at all Skin Centre facilities. The design and method of dissection are detailed and illustrated, with photos and short video clips, including that of each hybrid of the bridge flap.

Results:

The bridge flap is a single-stage local flap that provides appropriate tissue match by harnessing adjacent laxity of tissues to recreate the original anatomy of the surgical site without disturbance of free margins or aesthetic landmarks. There were 71 flaps in males and 32 in females. The median defect size was 11.6cm2. There were two cases of infection and one episode of minor necrosis.

Conclusion:

The bridge flap is simple to perform and a reliable and robust method of obtaining immediate tissue reconstruction for medium sized defects of the scalp, temple, and forehead.

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Abstract N°: 2566

Optimising forehead interpolation flaps

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Introduction & Objectives:

Forehead interpolation flaps can be daunting to the novice. The author will explain the key strategies in their planning, execution, take-down and revision. The author will demonstrate which reconstructive rules may be broken and which are critical for ideal aesthetic results.

Materials & Methods:

Multiple cases will be presented from the author's extensive experience to demonstrate (with the use of clinical photos and short video clips) many pearls necessary to ensure not only functional but aesthetic results that are harmonious with the central face.

Results:

A high level of aesthetic result will be demonstrated through multiple long term follow up clinical photos.

Conclusion:

A takedown at two weeks is often possible. Three stage flaps are not essential for aesthetic results. Although repair by subunit is often ideal, pragmatism means we must sometimes do without. Muliple flaps must sometimes be used.

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Abstract N°: 2738

Snowy Solution: A Novel Approach to Treating Nevus Lipomatosis Superficialis with Cryotherapy

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Introduction & Objectives:

Nevus lipomatosis superficialis (NLS) represents a rare type of connective tissue nevus that affects children and young adults. It is classified into two forms: multiple/classical and solitary. The classical type is composed of multiple groups of skin-colored, pedunculated nodules. The solitary type is characterized by a solitary dome-shaped or sessile papule or nodule. They are found in the buttocks, upper posterior thighs, and lumbar back. The diagnosis can be evaluated with a typical histopathological of mature fat cells in the dermis. Excision is the treatment of choice. Other treatment options such as cryotherapy, yield promising results.

Materials & Methods:

We reported a case of a 25-year-old female who presented a 15-year history of multiple clustered skin-colored soft, papules and cerebriform, sessile nodules varying in size from 0.3cm x 0.5 cm to 0.5cm x 1cm on the lower back. There was no history of trauma or manipulation, nor was there pain, pruritus, or other associated symptoms. Past medical, family and social history were non-contributory. Dermoscopic findings revealed the presence of a cerebriform surface with a web-like regular pigment network consisting of brown lines and yellowish holes creating a honeycomb-like pattern and a rim of “ground glass” white veil areas. The histopathological examination showed mature adipocytes admixed with fibrous tissue in the upper part of the dermis. Cryotherapy with an open spray method where the tissue was frozen for 10 seconds and repeated twice with a margin of 2–3 mm, was done twice every month with a 2-week interval.

Results:

After the procedure, lesions showed flattening of previously noted papules and nodules with residual erythema, erosion, and brown crust. Six months after the last session, there was a subsequent resolution of the above lesions with some areas of residual hypopigmentation and minimal scar formation.

Conclusion:

We present a novel treatment for nevus lipomatosis superficialis. Since surgical excision is a particularly useful procedure for the solitary type, but is usually impractical for the classic type wherein a large area is involved. Alternatively, cryotherapy may be considered as it has shown to be a relatively more suitable treatment with satisfactory results.

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Abstract N°: 2746

Mohs Micrographic Surgery for Basal Cell Carcinomas in an Asian Medical Centre

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Introduction & Objectives:

Basal cell carcinoma (BCC) has become increasingly common in Asia over the years. Mohs micrographic surgery (MMS) is widely accepted as the treatment with the highest cure rate for basal cell carcinomas. However, there is a paucity of data in Asia, with use of MMS reported in less than 20% of Asian countries. We present our experience with MMS for BCCs in an Asian tertiary centre.

Materials & Methods:

We conducted a retrospective review of patients who underwent MMS for BCC in our centre from November 2019 to March 2024. Baseline demographics, tumour characteristics and treatment details were collected. Outcomes included need for multiple stage BCC, referral to other specialties for closure, and complications.

Results:

64 patients with a mean age of 73.8 years underwent MMS for BCC during the study period. 31 (48.4%) were male and 33 (51.6%) were female. 4 patients had MMS for 2 tumours in the same setting, and 3 had recurrent tumours.

All patients had BCCs located on the head or neck. 51 (79.7%) patients had high-risk BCCs located on the central face, temple, nose, eyelids, chin or ears. The most common BCC subtype was nodular (n=51, 79.7%), followed by infiltrative BCC (n=8, 12.5%).

73.4% (n=47) of patients required only single stage MMS, while 17 patients required 2 or 3 stages. 94.1% (n=16) of multiple-stage MMS involved high-risk BCCs, and all were either nodular (n=15) or infiltrative (n=2) subtypes. 2 out of 3 patients who had 3-stage MMS had BCCs located on or under the nose.

Defect closure was performed by the Mohs surgeon for most patients (n=52, 81.3%). Plastic Surgery or Oculoplastics referrals were made for defect closure for 12 patients, 10 of whom had BCC either on the nose (n=7) or near the eye (n=3). 5 patients requiring closure by other specialties underwent more than 1 stage for MMS.

Primary closure was employed for most defect repairs (n=30, 46.9%). Other methods of closure were flaps, skin grafts and secondary intention healing.

Complications occurred in 6 (9.4%) out of 64 patients. 3 experienced bleeding, of whom 1 was on clopidogrel while 2 were immunocompromised. Other complications were wound dehiscence (n=1, 1.6%), minor wound infection (n=2, 3.1%) and skin graft failure (n=1, 1.6%). None of the patients with wound dehiscence or infection were immunocompromised.

Frozen section reading by the Mohs surgeon was highly concordant with subsequent histopathologist reading, with 2 (3.1%) non-concordant readings.

Conclusion:

We found that MMS is highly effective for surgical management of BCCs in the Asian setting. However, MMS is

currently not available in most Asian institutions.

Limiting factors for our study are its retrospective nature and small case numbers, due to cessation of MMS during the COVID-19 pandemic. Further longitudinal studies are warranted to examine the cost-effectiveness and identify barriers to adoption of MMS in Asia.

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Abstract N°: 2773

Optimizing treatment outcome of xanthelasma by simple elliptical excision

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Title: Optimizing treatment outcome of xanthelasma by simple elliptical excision

Introduction & Objectives:

Xanthelasma palbebrarum is characterized by benign, asymptomatic localized lipid deposits on the eyelids, presenting as yellowish papules and plaque. It significantly impacts patients lives negatively affecting their appearance and leading to heightened self-consciousness about their appearance. While various treatment options such as topical trichloroacetic acid application, cryotherapy with liquid nitrogen, and various laser therapies have been proposed for its management none offer gauranteed satisfactory results. and may lead to side effects, low tolerability, burns, and post-inflammatory hyperpigmentation. Additionally high chances of recurrence present further challenges in deciding the appropriate treatment option for this condition. **

Materials & Methods:

Aim: to evaluate the efficacy of the simple elliptical excision technique for treating xanthelasma palpebrarum including assessing the quality of the surgical treatment through patient satisfaction, and pre and post-procedure photo documentation.

The study enrolled 20 patients both treatment naïve and treatment-resistant cases of xanthelasma palpebrarum. Each patient underwent a simple elliptical excision along the long axis of the lesion followed by primary closure. The follow up period included visit after 7 days for suture removal, one month and 6 months to assess for any complications and record aesthetic outcomes. During these visits patients were asked to rate their level of satisfaction and photographic documentation was also performed to document progress.

Results:

Xanthelasma palpebrarum can significantly impact aesthetics due to its unsightly appearance. The simple elliptical excision technique presents advantages such as low surgical risk, low rate of complications, rapid post operative recovery and most importantly relevant and reproducible results. Thus showed promising results with low recurrence rate and high patient satisfaction in majority of cases.

Conclusion:

Simple elliptical excision technique presents advantages like low rate of complications rapid post operative recovery and most importantly relevant and reproducible results hus optimizing treatment outcome of xanthelasma palpebrarum

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Abstract N°: 2952

Single-staged Repair of Defects on the Nasal Dorsum and Nasal Ala

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Introduction & Objectives:

Simultaneous nasal defects in different subunits of the nose can be challenging to repair.

Materials & Methods:

We present a case of a 74-year-old Chinese male who presented with nodular basal cell carcinoma of the nasal dorsum and morpheaic basal cell carcinoma of the left nasal alar.

Results:

Tumour excision with clear margins was achieved with a single-stage Mohs micrographic surgery. This resulted in two nasal defects — 10x12 mm in the nasal dorsum and 8x8 mm in the left nasal ala. Multiple approaches can be considered to repair these defects– including direct primary closure, full-thickness skin grafts, and local flaps. To minimize scarring and deformities of the nose, while optimizing cosmetic and functional outcomes, we opted for a single-staged modified East-West flap. This was done by making a linear transverse incision connecting the two defects, then undermining the flap and moving one end superior-medially and the other inferior-laterally. Resultantly, we achieved a single-stage procedure with adequate defect coverage. A 3-month post-operative review showed satisfactory cosmetic and functional outcomes for the patient.

Conclusion:

Defects of the nasal dorsum and nasal ala may be repaired simultaneously with a single-stage “modified east–west–east” advancement flap with good functional outcomes and minimal scar lines.

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Abstract N°: 3146

Electrosurgery for the Treatment of Moderate or Severe Rhinophyma: A case series

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Introduction & Objectives:

Rhinophyma is a clinical variant of rosacea characterized by sebaceous hyperplasia, fibrous tissue proliferation, vascular bed alteration and induration of the skin. It is a severe form of rosacea and commonly affects males between the fifth and seventh decades of life. Although nose is known as the main involvement site, chin (gnathophyma), ears (otophyma), forehead (metophyma), and eyelids (blepharophyma) may also be affected. Dermabrasion, cryosurgery, scalpel excision, electrosurgery and carbon dioxide laser are the introduced treatment options. In this study, we aimed to present a series of cases of moderate or severe rhinophyma treated with high-frequency electrosurgery which is an old and easily accessible tool in the dermatology practice.

Materials & Methods:

Five patients with moderate or severe rhinophyma treated with high-frequency electrosurgery in our clinic, between 2021 and 2023 were enrolled in the study. High-frequency (30-40W) electrosurgery in cutting-coagulation mode at 2.5-3MHz (Ellman Surgitron FFPF EMC, Ellman International, Inc., United States) was performed after application of local anesthesia with 1% lidocaine with 1:200000 epinephrine. Layer-by-layer decortication was performed with a blade-tip electrosurgical knife to the depth of the reticular dermis. The aesthetic units of the nose were respected and the deepest third of the sebaceous glands was preserved. Hemostasis was achieved with electrocoagulation. Follow-up visits were scheduled at weeks 1, 2, 4, 12 and 24. Patients were advised to use topical antibiotic and epithelizing creams until the skin heals.

Results:

Five men between the age of 50-83 years were treated with electrosurgery for their rhinophyma. Two of the patients (40%) had received prior antibiotic treatment, while 3 weren't previously treated for rosacea. The cosmetic outcomes were reported to be satisfactory by both the patients and the physicians in all patients. The follow-up period ranged from 6 months to 2 years after the procedure. Two patients healed with mild scarring which required no further treatment. In one patient persistent dilated pores were observed.

Conclusion:

Electrosurgery is a cost-effective, accessible and practical technique. The need of training, experience, high costs, potential difficulties in access may limit the use of relatively newly developed techniques in the treatment of rhinophyma. On the other hand, electrosurgery is an effective treatment method in rhinophyma which is both easy for dermatologists to perform and comfortable for the patients.

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Abstract N°: 3153

Comparison of the efficacy of surgical excision and TCA for the treatment of xanthelasma palpebrarum: A split-face study

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Introduction & Objectives:

Xanthelasma palpebrarum (XP) presents as yellowish papules or plaques on the eyelids. Although XP is a benign lesion and does not typically require treatment, patients may seek therapy due to cosmetic concerns. Surgical excision, laser therapies, ablative procedures and topical trichloroacetic acid (TCA) are the commonly used therapy options. Since the data comparing the treatment options in XP are limited, none of the therapy options are classified as gold-standart. The aim of this study is to investigate and compare the efficacy of surgical excision and TCA (40%) in the treatment of XP.

Materials & Methods:

A split-face study, including 14 adult patients with XP on both left and right eyelids was performed. XP lesions, on the right side were treated by surgery and TCA 40% on the left side. 3 sessions of TCA 40 % were applied every 2 weeks. Simple surgical excision was performed by the same dermatologist who is experienced in dermatosurgery. Patients were evaluated at baseline, each session, and 1 month after the last procedure by a blinded investigator using Physician's Global Assessment Score (PGA).

Results:

The study included 14 patients, 11 female (78.6%) and 3 (21.4%) male. No statistically significant difference was observed between the length and width of XP lesions between two therapy groups (p= 0.89, p= 0.188; respectively). When the patients were asked to score the pain of the procedure between 0 and 10, no significant difference was noted between TCA and surgery groups (4.14 ±1.96 vs 3.79 ± 2.4; p= 0.252). All of the XP lesions that were surgically removed showed complete clearance, while 9 (64.3%) of the lesions treated with TCA showed partial clearance and 5 (35.7%) showed a complete clearance. In TCA group PGA was assessed as score 1 (mild improvement) in 7 (50%) patients, score 2 (moderate improvement) in 5 patients and score 3 (complete improvement) in 3 patients. In surgical excision group PGA was reported as score 2 in 4 patients and score 3 in 10 patients. PGA scores were significantly higher in surgery group (p= 0.021). 11 of the 14 patients preferred surgery over TCA while only 2 patients preferred TCA treatment and 1 didn't report any preferrance.

Conclusion:

In this study the efficacy of two old but practical, easily accessible treatment options; surgical excision and TCA (40%) were compared in the treatment of XP. Surgical excision was found to show better outcomes in the treatment of XP as evlauated by physicians. Additionally, patients preferred surgery over TCA applications in XP treatment. Probably, requirement of less sessions in surgical treatment compared with TCA applications lead to this preferance. In conclusion surgical excision was proven to be an effective and practical treatment in XP lesions. It should also be considered that the experience of the dermatologist will influence the outcomes.

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Abstract N°: 3311

Clinical observation of super tension-relieving suture for wound repair following resection of benign skin tumors in pediatric patients

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Introduction & Objectives:

To investigate the clinical efficacy of super tension-relieving sutures in wound repair following resection of benign tumors on the skin of the head and face in pediatric patients.

Materials & Methods:

A total of 100 patients with skin tumors (including pigmented nevus, sebaceous nevus, calcified epithelioma, etc.) who underwent outpatient surgery at the Department of Dermatology in Hunan Children's Hospital from January 2021 to December 2022 were selected. The experimental group consisted of 55 patients who received Super tension-reduced suture, while the control group included 45 patients who received traditional tension-reduced suture. Baseline data and tumor types were collected for all patients, and follow-up was conducted in the outpatient department. The effective rates of both groups were compared after a six-month treatment period, and incision healing as well as maintenance time of decompression effect were recorded. Scar status, scar width were evaluated using the Vancouver Scar Scale (VSS), while patient satisfaction with treatment was subjectively assessed on a five-level scale.

Results:

Immediately after the operation, the experimental group exhibited a significantly higher eversion height of the incision compared to the control group ($p<0.05$). Moreover, the healing grade of the incision in the experimental group was also significantly higher than that in the control group ($p<0.05$). However, there were no significant differences observed between groups regarding incision infection and subcutaneous hematoma ($p>0.05$). During a follow-up visit conducted 6 months post-operation, it was found that the Vancouver Scar Scale (VSS) of the experimental group was significantly lower than that of the control group ($p<0.05$), indicating better scar appearance and quality. Additionally, subjective satisfaction scores were also significantly higher in the experimental group compared to those in the control group ($p<0.05$).

Conclusion:

The implementation of the super tension-reduced suture technique in pediatric benign skin tumor treatment effectively mitigates wound tension, sustains long-term tension reduction, minimizes scar formation during the later stages, and enhances postoperative aesthetics and patient satisfaction. Therefore, it is highly recommended for widespread adoption in clinical practice.

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Abstract N°: 3335

A retrospective analysis of dermatofibrosarcoma protuberans treated with slow Mohs micrographic surgery at a single academic institution

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a low-grade cutaneous sarcoma known for its infiltrative growth and local aggressiveness. Owing to its high rate of local recurrence, complete tumor excision is the primary therapeutic goal. Mohs micrographic surgery (MMS) allows for the histological examination of tumor margins, while maximizing the preservation of healthy tissue. Its deferred variant, known as paraffin or slow MMS (sMMS), has been proposed as the technique of choice for DFSP, but its implementation continues to be debated. We present our experience in treating DFSP using excision and horizontal sectioning of paraffin-embedded blocks in a retrospective series of patients.

Methods:

A retrospective review was conducted of patients with histologically confirmed DFSP treated with slow Mohs at our institution from January 2002 to December 2022. Age, sex, location, tumor size, the number of MMS stages required to achieve negative surgical margins, the reconstructive technique employed, and recurrence or disease-free interval were assessed.

Results:

The study included 51 confirmed cases of DFSP, including 45 primary tumors and 7 persistent tumors after previously incomplete excisions. Demographics, clinical data, and treatment outcomes are detailed in Table 1. The trunk and upper limbs were the most frequent locations (54.9% and 19.6%, respectively), and the tumor size was greater than 4 centimeters (cm) in 27.5% of cases. An initial stage of sMMS with a 2 cm margin was insufficient in 37.3%, which required two or more stages to achieve clear margins. This subgroup needed cutaneous flaps for defect closure, and three patients required reconstruction with free flaps. Overall, the mean number of sMMS stages was 1.51, but head and neck tumors often required more than 2 stages to achieve clear margins. No local or distant recurrences were observed during follow-up. The mean follow-up period was 63.24 months (interquartile range, [p25 = 36; p75 = 52.5]) with an average follow-up of 268.75 patient-years.

Conclusion:

Our results support that excision with horizontally embedded en face margin analysis using paraffin-embedded blocks is both effective and safe for treating DFSP. A significant portion of patients presented with tumor size greater than 4 cm, required two or more stages of sMMS, and/or needed flaps or complex reconstructions for defect closure. These findings stress the importance of precise surgical margin management and preservation of

healthy tissue in DSFP excision. Additionally, our series contributes to the growing body of evidence that establishes sMMS with paraffin blocks as the treatment of choice for managing DFSP.

Demographics and clinical characteristics	
N = 51	**Mean (DS) or N (%)**
Age, years	44,17 (11,98)
Sex	
Male	21 (41,1%)
Female	30 (49,9%)
Location	
Trunk	28 (54,9%)
Head and neck	5 (9,8%)
Upper limbs	19 (19,6%)
Lower limbs	8 (15,6%)
Type of tumor	
Primary	45 (88,2%)
Persistent	7 (11,8%)
Tumor size	
≤ 4 cm	37 (72,6%)
> 4 cm	14 (27,4%)

Table 1.

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Abstract N°: 3351

A retrospective study to assess the aesthetic outcome of M-plasty in dermatosurgical excisions by the Scar Cosmesis Assessment and Rating scale (SCAR).

Dr Madura C[1]

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Introduction & Objectives:

M-plasty is used to prevent dog ears or excess tissue formed at the ends of wound closure. It was proposed to improve fusiform excision, thereby reducing the loss of healthy tissue leading to shorter scars. This retrospective study is done to assess the aesthetic outcome of M-plasty in dermatosurgical excisions by Scar Cosmesis Assessment and Rating scale (SCAR).

The main objective of study is to evaluate indications for which M-plasty was performed with site and lesion specific scar improvement and to assess the implication of pre and post procedural interventions apart from M-plasty.

Materials & Methods:

Retrospective study was performed for patients who underwent M-plasty through computer records from 2019-2022. Patients' demography, primary dermatosis, co-morbidities, prior treatment taken and mode of surgery were assessed. Post-op photos were evaluated using SCAR scale by a blinded observer. Patient satisfaction was recorded telephonically as: completely dissatisfied(1), moderately dissatisfied(2), slightly dissatisfied(3), slightly satisfied(4), moderately satisfied(5) and completely satisfied(6).

Results:

Data of three males (50%) and three females (50%) was retrieved with age ranging from 15-25 years. M-plasty was done for two cases of compound nevus and post-traumatic scar each, one case of atrophic scar and one case of epidermal nevus. All the lesions were present over face. SCAR scale was evaluated post 6 months of surgery. SCAR score ranged from 3-5 (Score range: 0- best possible scar) to 15-worst possible scar). Patient satisfaction score ranged from 3-5.

Conclusion:

Results of M-plasty for facial dermatosurgical excisions is encouraging based on SCAR scale and patient satisfaction index. The scope of SCAR scale should be evaluated further especially for retrospective analysis where patient examination is not possible.

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Abstract N°: 3367

A retrospective study of scar revision surgeries performed in a single tertiary care centre – an experience of 10 years

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Introduction & Objectives:

The various techniques employed for surgical revision of suboptimal scars are excision techniques, irregularization techniques, grafting and dermabrasion. This study is a retrospective analysis of surgical scar revision surgeries performed in the last 10 years by a team of dermatosurgeons in a tertiary care dermatosurgical centre in India. The objective is to study the outcome of various scar revision surgeries in different types of post traumatic and post varicella scars.

Materials & Methods:

The study included 214 patients which were divided into 2 groups -post traumatic scars (n=145), post varicella scars (n = 69) who underwent scar revision surgeries in the last 10 years. Preoperative demographic, morphological data, surgical technique and complications were reviewed from patient charts and standardized photographs. The 6 month post operative photos were assessed using Manchester scar scale, visual analogue scale (VAS) and patient satisfaction scale.

Results:

The most common technique performed for post traumatic scar is fusiform excision and closure technique (46.90 %) followed by w plasty (19 %) , z plasty (17.36%), and others (scar reduction, flap surgery and GBLC) 11%. The VAS showed very good results (34%), good (54%) , plateau (10%) and bad results in 2%.

The most common technique performed for post varicella scar is punch excision and closure (46 %) followed by punch excision and grafting (5.8%). There was cobblestoning in 26 % of grafting cases.

Conclusion:

The technique depends on size and shape of the scar. It has to be tailormade to suit each patient and scar type. Additional laser resurfacing will improve the outcome.

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Abstract N°: 3524

Dermatological surgery in skin cancers through Moroccan clinical cases

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Introduction & Objectives:

Dermatologic surgery deals with the diagnosis and treatment of medically necessary and cosmetic conditions of the skin, hair, nails, veins, mucous membranes and adjacent tissues by various surgical, reconstructive, cosmetic and non-surgical methods. The purpose of dermatologic surgery is to repair and/or improve the function and cosmetic appearance of skin tissue. Thanks to research breakthroughs, clinical advances and instrumentation innovations pioneered by skin surgery experts, the majority of dermatologic surgeries are now minimally invasive and require only local or regional anesthesia. This translates into superior patient safety while reducing the all-important “downtime” and recovery period. In addition, new developments and the latest techniques are constantly enhancing the results of many established skin surgery procedures.

Materials & Methods:

Dermatologists commonly perform surgical procedures, including Mohs micrographic surgery, in an outpatient, office-based setting. Although this may be widely perceived to be safe and effective. The aim of these surgical cases was the surgical management of skin cancers in our country. we will present around thirty interactive clinical cases of dermatological surgery.

Results: The treatment of carcinomas and melanomas is surgical as first intention for localized stages.

The dermatological approach to this surgery is optimal, because the oncological reading of skin tumors makes the dermatological examination the essential preliminary step in diagnosing the tumor and identifying its limits. This treatment is well codified by international recommendations of good practice that we will present around thirty interactive clinical cases of dermatological oncological surgery with different degrees of difficulty in different topographical cases with oncological recommendations and the different possibilities of reconstructions.

Conclusion: These cases support the view that dermatological surgery, including significant procedures such as Mohs micrographic surgery, flaps and grafts, can be performed on an ambulatory basis in an office-based procedure room setting, with local anesthesia and low complication rates.

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Abstract N°: 3546

Nasal sill reconstruction with subnasal lip lift after skin cancer resection: A case report

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Introduction & Objectives:

A 66-year-old white woman with a 9 mm nodular basal-cell carcinoma of the right nasal sill was referred for surgery (figure 1) The nasal sill is a subunit of the alar ring, consisting in a protuberant soft tissue bridge, extending from the base of the columella to the ala of the nose, separating the upper lip soft tissue from the nasal vestibule cephalocaudally [1].

Because small asymmetries are visible as the nose is located in the central position of the face, we decided to perform a transverse incision through both nasal sills to remove the tumor with adequate margin and lift the prolabium symmetrically to cover the initial defect.

The subnasal lift, or "bullhorn lip lift," uses a curved excision pattern along the nasal sill and alar creases to remove upper lip skin while hiding the scar along the nasal base, it was first described for lip rejuvenation to treat senile upper lip ptosis and vermilion thinning [2] as it has been demonstrated to significantly decrease total upper lip and prolabium height, and increase vermilion height, [3] creating an upper lip that more closely resembles the described aesthetic ideals [4]

Materials & Methods:

Multiple different variations of this procedure have been described, in our case we performed a superior incision extending from one alar crease to the other, inferior to the nostril sill crossing the base of the columella. The lower incision is parallel to the upper incision. The skin and the subcutaneous tissue were removed taking care of the orbicularis muscle (figure 2). The created defect was closed in 2 layers in a free tension manner. The 1st subcutaneous layer was closed with 4-0 monofilament absorbable suture and skin layer was closed with 5-0 monofilament non-absorbable suture (figure 3).

Results:

The postoperative course was uneventful and the skin sutures were removed 7 days after the surgery. Patient presented with excellent aesthetic results and minimal visible scarring 3 months post surgery (figure 4).

Conclusion:

The bullhorn lip lift should be considered in cases of nasal sill or sub nasal defects, in elderly patients with upper lip ptosis with excellent cosmetic results.

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Abstract N°: 3586

Strategies for the prevention of wrong-site surgery and reduction of medicolegal risk in the referral of skin cancer patients.

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Introduction & Objectives:

Skin cancer management presents unique challenges for clinicians worldwide and necessitates a highly collaborative approach between many different individuals and specialties. However, the inconsistent nature of referral processes exposes patients to the risks of wrong-site surgery and clinicians to medicolegal liability. Here we explore generalities in the medicolegal considerations for the referral of patients with skin cancer and provide strategies for the prevention of wrong-site surgery.

Materials & Methods:

Both Australia and most European legal systems have adopted a “no-fault” system for in medical law, where a successful plaintiff must satisfy four elements of a claim: duty, breach, causation, and damage. We explore these elements briefly to highlight to the audience where they or those that refer patients to them may be at risk. Further, a review of Australasian medical school and specialty training college curricula reveals a complete lack of formal education on referral processes entirely, let alone the specifics required in skin cancer.

Results:

We emphasize the importance of accurate referrals to prevent missed, delayed, or incorrect diagnosis – particularly where they increase the risk of wrong site surgery due. To mitigate these risks, we propose empowering patients to be more engaged in the referral process and take control of their own healthcare journey. Alongside this, we suggest further incorporation of examples of teledermatology technologies in addition to implementation of simple analogue tools. Finally, we acknowledge the importance of empowering the proceduralist to decline care unless they are satisfied that the suspect lesion is adequately identified.

Conclusion:

Acknowledging the varied field of medical law across countries, we advocate for standardization of referral patterns, education and incorporation of lesion identification aids, and adherence to approved scopes of practice. By addressing these issues, dermatologists, and skin cancer clinicians more broadly, can enhance patient care and outcomes globally.

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Abstract N°: 4084

Optimizing Alar Rotation Flap for reconstruction of nasal ala defects: a retrospective study

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Introduction & Objectives:

The reconstruction of oncological defects located in the nasal ala presents a significant surgical challenge. Critical factors for a successful alar reconstruction include preserving the competence of the internal nasal valve and ensuring facial symmetry. This study presents a retrospective analysis of cases in which an alar rotation flap (ARF) was employed for surgical defects in the nasal ala, outlining the fundamental keys. Moreover, the study emphasizes the benefits of incorporating a discharge triangle towards the free edge of the nasal ala to enhance alar symmetry and prevent a “hump” effect. Additionally, we suggest the use of a pexing suture to prevent nostril narrowing and, consequently, airway obstruction.

Materials & Methods:

We present a retrospective observational study of adult patients undergoing oncological surgery in the nasal ala with subsequent reconstruction using ARF at the University Clinic of Navarra from 2020 to 2023. Clinical (gender, age, intervention date, location, and defect size) and pathological (type of carcinoma) variables were collected, along with smoking status, prior treatments such as radiation therapy and topical agents, and history of nasal trauma or prior nose surgery. Aesthetic and functional outcomes were measured on a Likert scale during follow-up.**

Results:

We included a total of 12 patients (5 males and 7 females). All the patients were diagnosed with basal cell carcinomas and had undergone either conventional or microscopically controlled surgery. No complications (dehiscence, necrosis, bleeding, or infection) were observed in the postoperative period for any patient. During follow-up, no signs of local recurrence were observed, and patients showed satisfactory outcomes. Functional satisfaction averaged 4.5/5, scar appearance 4.91/5, alar symmetry 4.6/5 and nostril symmetry 4.41/5.

Conclusion:

Our study suggests the ARF as an effective option for addressing defects in the nasal ala, introducing two strategies aimed at preventing nostril narrowing and facial asymmetry.

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Abstract N°: 4390

Treatment of Lentigo Maligna by the "Slow Mohs" method in a 40-year-old patient: A case report

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Introduction & Objectives:

Lentigo Maligna (LM) is the most common type of melanoma in situ, which usually appears on the skin that is chronically exposed to the sun (mainly on the head and neck). Clinically, it manifests itself as a macule with heterogeneous pigmentation and irregular contours. LM gradually grows over many years in a radial pattern and can potentially progress with a vertical growth phase, thereby transforming into invasive melanoma (LM-melanoma), which has the potential for metastasis and death, respectively, LM is currently considered a true melanoma in situ rather than a precancerous condition. Surgical excision with histologic control of the resection margins is the method of choice in the treatment of LM. Among these methods, Mohs micrographic surgical excision is the most effective.

In this article, we will review the treatment of a 40-year-old patient with Lentigo Maligna of the left infraorbital region using the "Slow Mohs" method to emphasize the effectiveness of this technique in a complex anatomical area and the preservation of functional and aesthetic components in the long term.

Materials & Methods:

We present a case of a 40-year-old woman diagnosed with Lentigo Maligna who presented in 2022 with a 2-year history of a flat, slowly growing, asymptomatic lesion in the left infraorbital area. Dermoscopy of the lesion revealed an anular-granular pattern, asymmetric pigmented follicular openings, and a light brown to dark brown color. These dermoscopic features raised suspicion of malignant lentigo (LM), so a skin biopsy was taken from the darkest area, and histopathologic examination confirmed the suspicion.

Results:

The patient complained of skin formation with a 2-year history of a flat, slowly growing asymptomatic lesion in the left infraorbital area. Dermatoscopic examination and biopsy of the mass helped establish the diagnosis of Lentigo Maligna, after which micrographic surgical excision according to the "Slow Mohs" method was planned.

The patient underwent a compact removal of the skin tumor using 2 stages of surgical removal followed by 3 stages of reconstruction. Taking into account the total volume of the surgical defect, namely

3.5x2 cm and the correspondingly complex anatomical area, a combined option of plastic surgery was selected for closing the wound, which included the formation of a transposition flap of the left cheek area and a freely transplanted flap that was selected from the upper eyelid of the left eye. After performing the reconstructive stage of the operation, the functionality and aesthetics of the face were completely restored to the patient.

Conclusion:

Our case emphasizes the effectiveness of using the "Slow Mohs" technique in the treatment of Lentigo Maligna in a complex anatomical area and the long-term preservation of the functional and aesthetic component. Doctors should be aware of all the possibilities of treating patients with modern methods in order to select the most effective ones. It is also important that communication between different medical professionals can lead to the

best treatment option for patients both for diagnostic and therapeutic purposes.

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Abstract N°: 4752

Mohs micrographic surgery with melanocytic immunohistochemistry for invasive melanomas: The Mayo Clinic Experience

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Mohs micrographic surgery with melanocytic immunohistochemistry for invasive melanomas: The Mayo Clinic Experience

Introduction & Objectives:

- National guidelines have recently acknowledged Mohs micrographic surgery with melanocytic immunostains (MMS-I) as a treatment option for select minimally invasive T1a melanomas at anatomically constrained sites.
- We sought to assess local recurrence (LR) and melanoma-specific death outcomes for patients treated with MMS-I for invasive melanomas at Mayo Clinic, Rochester.

Materials & Methods:

- Institutional review board-exempt chart review of patients with invasive melanomas treated with MMS-I from January 2008 to December 2018.

Results:

Three hundred and fifty-two patients with 359 melanomas were treated with MMS-I. Median age was 71 years; most were male (252; 71.6 %). Most tumors were located on the H/N (322; 89.7%) and of lentigo maligna subtype (281, 78.3%). Nine tumors (2.5%) were recurrent at the time of surgery. The median Breslow depth was 0.4 mm (Range 0.1-6.0); most were T1a (326, 90.8%). At a median follow up of 4.3 years, 5 patients (1.4%) developed LR (T1a-3, T2a-1, T4a-1). LR among T1a and T1b tumors was 0.9 % (3/341). There were 2 melanoma-related deaths, neither of these patients developed LR. Melanoma specific death was <1% for T1a/b (2/341, 0.59%) and all-stage (3/341, 0.9%) melanomas treated with MMS-I.

Conclusion:

MMS-I is associated with low recurrence rates and melanoma-specific death rates for invasive cutaneous melanomas.

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Abstract N°: 4762

Turn-over flap for reconstruction of full-tickness alar defect.

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A 78-years-old-woman with a history of Alzheimer´s disease was referred to our clinical setting for surgical treatment of a basal cell carcinoma affecting the entire thickness of the lateral right nasal ala, causing its retraction. The carcinoma was removed under sedation and local anesthesia, resulting in a 2x2cm full-thickness final defect. A nasolabial flap was dissected and transposed into the defect, leaving linear scars exactly on the nasolabial crease. The distal part of the flap was folded onto itself to provide the linning of the new ala. No cartilagineous support was necessary, even though a surgical nasal plug was applied to avoid nostril collapse for a month. The aesthetic and functional results were satisfactory, and no recurrences were detected.

Nasal ala presents an unique anatomic structure composed of skin, cartílage and inner mucose linning. Reconstruction of the defects in this area requires a similar three-dimensional shape and an excellent color match to prevent any dysfunction or disfigurement on the face. Local and regional flaps are described to restore the alar subunit. We present a new case of a full-thickness nasal alar reconstruction with a turn-over flap in one step, a more effective method for patients in which several surgeries are not recommended.

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Abstract N°: 4911

Excisions against RSTL. Swimming against the tide.

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Title: Excisions against RSTL. Swimming against the tide.

Introduction & Objectives:

Since Borges introduced relaxed skin tension lines (RSTLs) in 1960 they have been followed exhaustively for closure of wounds, especially over the face. To maintain the orientation of RSTLs, many a times complex surgical interventions like Z plasties and flap surgeries are performed that involve widening of the existing scars, change in direction and orientation of the existing scar, and most importantly it needs excellent surgical skills to optimize primary closure with rewarding cosmetic outcomes.

A simpler less traumatic approach needs to be explored to minimize the learning curve to achieve maximum results

Materials & Methods:

The aim of the study is to test the cosmetic outcomes of elliptical excisions or fusiform excision over face against RSTLs. 159 patients with varied indications like moles, nevi, posttraumatic scars, BCC underwent elliptical excision along the direction or orientation of the lesion without consideration of RSTLs.

Elliptical excision along the longitudinal dimension were done and closed in two-step closure technique using non-absorbable subcutaneous buried sutures and vertical mattress sutures. Patients were closely monitored with monthly follow-ups.

All patients showed excellent cosmetic outcome without any compromise in functionality or any disfigurement.

- It is a retrospective analysis of scar revision done on 159 patients of all ages with varied indications.
- Photographic documentation was compared of before the ecxison and 6 months after excision
- All pts were asked about their degree of satisfaction whether they were very satisfied, satisfied , fairly satisfied or not satisfied.

Treatment satisfaction was assessed with visual analog scale(VAS) score from 1 to 5, where 1 was 10-20 % improvement and 5 was >80% improvement. Each case was assessed by 2 dermatologists who did not perform the treatment and those who dint know the characteristic of the treatment and was considered positive only if both results were positive.

Results:

Elliptical excision along the longitudinal dimension of the lesion were done and closed in two-step closure technique using non-absorbable subcutaneous buried sutures and vertical mattress sutures. Patients were closely monitored with monthly follow-ups.

All patients showed excellent cosmetic outcome without any compromise in functionality or any disfigurement.

Conclusion:

Excisions along the longitudinal axis of the lesion can be given consideration primarily rather than only RSTL for less complicated, quicker surgery and rewarding cosmetic outcomes. It is one of the most adaptable and essential surgical strategy that is being underused by most dermatologists. Its time we expand our horizons.

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Abstract N°: 4953

Role of Rose-derived Stem Cell Exosomes in Improving Acne Scar Treatment Results with Picosecond Laser, FRM and Thermomechanical Ablative Device

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Introduction & Objectives: Acne scars pose a significant challenge in dermatological aesthetics, impacting the physical and emotional well-being of affected individuals. Over the years, various approaches have been explored to address this concern. Among recent advancements, the application of exosomes derived from rose-derived stem cells (RSCE) in combination with fractional picosecond laser (FPL), fractional radiofrequency microneedle (FRM), and fractional thermomechanical ablative devices (TMA) has emerged as a promising avenue for improving the results of acne scar treatment.

Materials & Methods: This study aimed to evaluate the role of RSCE in improving the results of acne scar treatment when combined with FPL, FRM, and TMA. We aimed to assess whether the application of RSCE can lead to reduced post-treatment downtime, decreased redness, and enhanced efficacy in acne scar reduction.

Results: The acne scar patients received three consecutive treatment sessions of FPL, FRM or TMA to the whole face, with a follow-up evaluation. Post-laser treatment regimens were applied with the exosomes derived from rose-derived stem cells (RSCE).

Conclusion: The results demonstrated that RSCE improved the outcomes of acne scar treatment with FPL, FRM, and TMA. The shorter post-treatment downtime is a promising aspect for both patients and practitioners, potentially leading to increased patient satisfaction.

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Abstract N°: 4955

Treatment of Papular Acne Scars with Combination of Fractional Picosecond Laser and Focused Ablative Carbon Dioxide Laser: A Pilot study

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Introduction & Objectives: Papular acne scars, which are skin-colored, minimally elevated, anetoderma-like soft and compressible scars, often appear on the nose, chin, and upper back. These lesions are notoriously difficult to treat with conventional resurfacing techniques. This study aims to evaluate the efficacy of a novel combination treatment using fractional picosecond laser and focused ultra-pulse carbon dioxide (CO2) laser for papular acne scars in ten patients.

Materials & Methods: This innovative technique, first proposed in Thailand for treating papular acne scars, involves the application of topical anesthesia followed by ultra-pulse ablative CO2 laser and a fractional 1064-nm picosecond laser using microlens arrays (MLA). Subsequently, diluted triamcinolone acetonide and anti-metabolite drugs were administered topically. Patients were advised to practice strict sun protection and apply topical antibiotics for seven days post-procedure. The treatment protocol consisted of 2 to 4 sessions spaced 4-6 weeks apart. The efficacy of the treatment was evaluated based on a reduction in the total number of scars and improvements according to the Investigator Global Assessment (IGA).

Results: The treatment resulted in a 60-80 % reduction in the total number of scars, with improvements of 60-80% on the IGA scale. Mild and transient post-inflammatory hyperpigmentation was observed in one patient.

Conclusion: The combined use of fractional picosecond laser, ablative carbon dioxide laser, and topical medication applications represents an effective treatment modality for papular acne scars, providing significant improvements with minimal adverse effects.

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Abstract N°: 5094

Non-melanoma skin cancer in the heart of the Middle East: analysis of Mohs Micrographic Surgery cases from a tertiary care center in Lebanon

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Introduction & Objectives:

According to the Skin Cancer Foundation, Mohs micrographic surgery (MMS) is considered the most effective technique for treating non-melanoma skin cancer (NMSC). Recurrence rate after MMS for treating (NMSC) ranges from 1.4 to 3.2% for primary tumors & up to 6% for recurrent tumors.

The aim of the study was to retrospectively assess the tumor characteristics, recurrence rate, risk factors and complications of Mohs Micrographic Surgery use for Non-Melanoma Skin Cancer at the Lebansese American University Medical Center.

Materials & Methods:

The American Academy of Dermatology 2012 Mohs surgery criteria is used at our institution to select which patients needs MMS. Retrospective cohort study was conducted through chart review of 94 patients at our institution with a total of 115 cases of MMS identified.

Patients' demographics, tumor characteristics, recurrence rate and complications were collected.

Data was collected over a 6-month period (December 2022-June 2023), and files reviewed were over 10 years period ranging from 2013 till 2023.

Results:

The study showed that most cases were males (72; 63%), and 77% were aged >60 years (88). The average tumor size was 1.6 cm (Table 1). 60% of tumors were located in high risk areas of recurrence (Figure 1). 10 cases were recurrent tumors compared to 105 primary tumors (9% vs 91%). Recurrence rate was zero in primary tumors and 0.9% in recurrent tumors. With respect to age, bivariate analysis showed that cases of males over 60 years of age were more significantly associated with undergoing Mohs surgery (69% vs 31%; p=0.012) [Table 2]. With respect to MTD > 1 cm, male gender was associated with a higher MTD when compared to females (74% vs 26%; p=0.02). Also, Area L was associated with a larger MTD when compared to area H and M respectively (90% vs 61.1% vs 37.7% ; p=0.01) [Table 3].

90% of recurrent tumors had a MTD >1cm in comparison to 45% of primary tumors (p=0.008). Multivariate analysis of MTD showed that tumors with MTD >1 cm were significantly associated with male gender, presence in low risk area and being a recurrent tumor.

Conclusion:

NMSC remains to rank as the most prevalent cancer worldwide, and MMS is the gold standard for treatment when specific criteria is met. MMS in Lebanon is on the rise and few centres provide this mean of treatment. This study shows that Mohs surgery is essential for treating NMSC in our institution, with minimal recurrence rate and

complications. Factors associated with MMS use are age >60 years, and male gender. Larger tumor diameter was found in male gender, location L, and recurrent tumors. This is the first study in Lebanon to assess the use of MMS for NMSC, and the patient's characteristics associated with its use.

Characteristics	Average
Age	68 years
Sex	1.75: 1 ratio (72 M vs 43 F)
Location	91% on face vs 9% on body
Types	80% BCC, 20% SCC
Average size pre-op	**1.6 cm2**
Wound infection rate	**1/115 = 0.9%**
Recurrence rate	**1/115 = 0.9%**
Average time of surgery	4.8 hrs
Average number of stages	2.2 stages

Table 1: Patients demographics and tumor characteristics

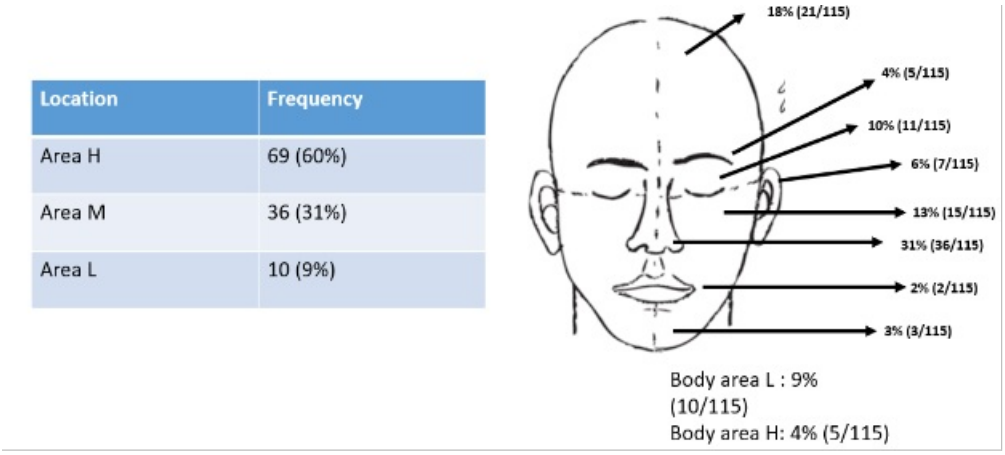

Figure 1: Tumor location according to recurrence risk

**	**Age**
	<60 yrs (%)
Sex	Female
	Male

Table 2: Bivariate analysis comparing gender to age; p=0.012

	Maximum Tumor Diameter (MTD)
	<1 cm (%)
Location	Area H
	Area M
	Area L

Table 3: Bivariate analysis comparing location to MTD; p=0.012

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Abstract N°: 5308

Double V-Y fat flap to maximixe estetic outcome of scars after cutaneous tumor removal

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Introduction & Objectives:

We are experiencing an increase in cutaneous tumour incidence due to many factors: aging, sun exposure, pollution augmentation and early diagnosis, among others. Surgery is still the gold standard treatment for most of the cutaneous tumors. Surgical scars are always a concern as they are often depressed in the central portion, even when dog ears are corrected. The aim of this presentation is to suggest a technique of fat tissue advancement to enhance the estetic outcome of surgical scars, leaving minimal surface alteration.

Materials & Methods:

We describe 2 patients:

1. Female patient, 38 years old submitted to Melanoma Breslow 0,6 excision with 1 cm lateral margins until muscular fascia on the posterior aspect of the leg.
2. Male patient submitted to squamous cell carcinoma excision with 0,5 cm lateral margins until deep subcutaneous tissue on the forearm.

Surgical technique

After undermining the edges, surgical deep defect was sutured centrally edge to edge, cutaneous dog ears were excised, fat corresponding to dog ears was released as a v-shape maintaining basis vascular pedicle and sutured centrally with 3-0 monocryl thread, fulfilling the absence of central fat. Finally all cutaneous edges were buried sutured with 3-0 monocryl thread and the surface was sutured intradermically with 3-0 mononylon thread.

Results:

Both patients had a very satisfactory outcome. Both scars had minimal surface alteration, accommodating perfectly to the convexity of the limbs.

Conclusion:

Surgery is still the gold standard treatment for most of the cutaneous tumors. And the result of multiple surgeries is an increasing number of scars. In order to minimize the estetic impact in patients quality of life we describe this advancement flap of fat to fulfill the space lefted by the tumor removal. As the fat tissue keep connected to the fascia deeply, blood supply guarantees the tissue survival, and the result is a more uniform and estetic scar.

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Abstract N°: 5327

Skin graft in pellets

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Introduction & Objectives:

The pellet graft is a technique which was described for the first time in 1869 by Dr REVERDIN, it consists of depositing lozenges of skin fine surface on the ulcer in order to stimulate the epidermization. These plugins include the epiderm and the superficial derm. They bring of the healthy epidermal cells and of the growth factors allowing to relaunch healing of awound.

We report a case of a patient who presented with a chronic ulcer of venous origin treated with a pellet graft.

Materials & Methods:

This is a 67-year-old patient, hypertensive under antihypertensive treatment, chronic smoker at 10 pack-years weaned, followed by vascular surgery for chronic venous insufficiency, under compression stockings, presents with an ulcer on the right leg at the beginning insidious, evolving for 3 months, without tendency to heal.

Examination of the glabrous skin notes an extensive ulceration with irregular edges peri-malleolar, at the level of the posterior surface of the lower third of the right leg, not very painful, with a clean base of approximately 12 cm2 with depilated peri-ulcerative skin site of ocher dermatitis.

Venous Doppler ultrasound of the right lower limb reveals ostial venous insufficiency

The patient was treated with well-conducted local care combined with LED therapy (2 sessions per week), without epidermization, which made him a candidate for a pellet graft.

Results:

The first step consists of preparing the ulcer for grafting by carrying out mechanical and chemical debridement with appropriate antibiotic therapy, thus, we obtained a clean bud with little exudation without signs of infection.

The second step is the realization of the auto-graft: with the patient in a supine position, very superficial skin pellets are taken by a circular scalpel (punch of 3.5 mm in diameter) on the posterior surface of the thigh and placed on the wound to be treated.

The pellets are held in place by a compressive dressing in well-vasinized tulle, and the donor area is directed to healing with dressings.

The third stage of the transplant consists of strict immobilization for 72 hours allowing the vascularization of the grafts. The dressing is opened on the 4th day with delicate unwrapping and watering with physiological serum.

3 weeks after a daily dressing change with local care, the ulcer has completely healed with a satisfactory aesthetic appearance.

Conclusion:

The pellet graft is a simple, effective procedure without complications for patients, it considerably reduces the healing time of chronic ulcerations with a fairly notable analgesic effect, especially for ulcers of arterial origin.

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Abstract N°: 5654

Reconstruction of nasal defect after tumor excision: A review of 22 cases.

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Introduction & Objectives:

The nose is a complex anatomical structure made of an osteocartilaginous framework. Surgical excision of skin tumors is the most common cause of nasal defects (ND). The repair must be both morphological and functional. The aim of this review is to study the different techniques of nasal reconstruction after tumor excision.

Materials & Methods:

A retrospective review was undertaken including twenty-two patients treated by surgical excision of benign or malignant tumor of the nose.

Results:

Twenty-two patients with an average age of 60 years (19-75 years) were included. The sex ratio (M/F) was 2.14. The phototype of patients was mainly Fitzpatrik type IV (12 patients). The average time for tumor progression was 3 years (4 months-15 years). The tumors were single in 81% of cases and multiple in 18% of cases. All lesions were located in the nose. They were situated on the nasal wings (10 cases), the nose's side walls (8 cases), the nose's root (3 cases), the nose's back (2 cases) and only one patient had a lesion on the nostril. The average tumor size was 1.2 cm (0.5 to 2.5 cm). The most common clinical form was the nodular form. Pearly papules were present in 10 cases (45.45%). Central ulceration was noted in 8 cases (36%) and pigmentation in 7 cases (31.8%). The dermoscopic pattern was in favor of basal cell carcinoma (BCC) in 7 patients and a nevus in 2 patients. Ultrasound of the soft tissues was in favor of a nasal polyp in one patient. The treatment was surgical excision with simple suture in 9 patients, a transposition flap in 6 patients, a rotation flap in 2 patients, Burow's advancement flap in one patient, Cronin's flap in one patient and directed wound healing in 2 patients. Anatomopathological examination showed BCC in 18 patients, nevus in 3 patients, lipoma in one patient and glandular hypertrophy in one patient. Healing was good in all patients. Only one patient had a retracted scar.

Conclusion:

ND are mainly due to tumor excisions. Tumors can be benign in 75 to 80% of cases or malignant in 20 to 25% of cases. In our review, the main tumor was BCC. The repair of ND presents specific problems. The principles are essentially based on restoration of topographical units after oncological excision. Repair techniques depend on the age, depth, size and site of the ND. In fact, as the skin is very lax, scarring is often good in older patients, while in young patients the scars are often hypertrophic which explains why it is so important to avoid nasolabial flaps. The indication of directed healing and simple suturing are limited to small ND. The compound graft finds its place in transfixing ND affecting the musculocutaneous covering and the cartilaginous framework. Skin flaps can be local in partial ND with limited size or regional in larger ND. The preferred donor sites are mainly the forehead and cheek.

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Abstract N°: 5714

Keystone Flap as an option of anterior chest reconstruction in dermatological surgery

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Introduction & Objectives:

The Keystone flap (KF), initially introduced in 2003 for treating cutaneous defects arising from skin cancer removals, represents an island advancement flap. Its name, "Keystone," draws its inspiration from the architectural principle of the Roman arch, where a stone positioned at the arch's apex secures adjacent stones, enabling structural support.

The advantages of KF include short operative time, high reproducibility, ease of use and local tissue aesthetic similarities. It utilizes nearby skin and soft tissue, ensuring a harmonious color match while restoring the defect's contour, providing an excellent cosmetic result. Furthermore, post-keystone flap reconstruction, patients commonly experience minimal discomfort.

Designed to address elliptical defects, its drawing should be made along the margin of the defect with the most significant cutaneous laxity. The initial marking entails drawing lines perpendicular to the ends of the primary defect, forming an average angle of 90 degrees. These lines extend to achieve a 1:1 ratio with the width of the original defect and culminate in a curvilinear line connecting them at the outer edge of the keystone flap.

Despite its versatility and efficiency in multiple reconstructive scenarios, it's not considered the first choice for many surgeons, particularly for reconstruction in the anterior chest, which is why we describe a case where such a flap was successfully used in this area.

Materials & Methods:

We present the case of a 69-year-old male patient presenting with a lesion located on the left side of the anterior thorax, measuring approximately 4 cm in its widest diameter, and displaying a two-year evolution. A previous biopsy confirmed the presence of a superficial basal cell carcinoma. A wide excision was performed with 5 mm margins. The upper and medial part of the defect had poor skin laxity, with no possibility of primary closure. Consequently, we opted for a KF for closure, we delineated a line at a 90-degree angle at the extremity of the defect, corresponding to the area with the greatest cutaneous laxity. The dimensions of the flap were determined to maintain a 1:1 ratio between the defect width and the flap width. On the follow up, the patient demonstrated significant improvement after one month, experiencing no surgical or flap-related complications, with only minimal nipple distortion noted on the affected side.

Results:

Since its first description, the KF has demonstrated excellent efficacy and adaptability for reconstructions across various anatomical regions, with a low incidence of complications.

Conclusion:

The KF is an excellent and reliable flap for restoring cutaneous defects across diverse anatomical sites, including

the anterior chest. When well executed, it exhibits a minimal risk of complications and excellent aesthetic outcomes.

When compared with skin grafts, KF are not only more efficient but also lack their undesirable effects such as retraction, pigmentation, lack of volume, and donor area morbidity.

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Abstract N°: 5854

Predictive clinical and histopathological factors for diagnostic errors in excised seborrheic keratoses

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Introduction & Objectives: Seborrheic keratoses (SK) are the most common benign skin tumors and typically pose no difficulties in achieving an accurate diagnosis. However, certain variants of SK can represent a challenge even to experienced dermatologists, and may be mistaken for more serious skin tumors. The objective of our study was to identify the clinical and histopathological features of challenging SK cases.

Materials & Methods: A single-center, retrospective, descriptive study was performed. Our data pool consisted of patients admitted to our clinic between 2016 and 2022. A total of 8035 surgical procedures were performed, from which 365 cases with a conclusive histopathological diagnosis of SK were selected. Ten senior physicians were included in our study. A p-value of less than 0.05 was considered statistically significant.

Results: In total, 146/365 (40%) were correctly diagnosed as SK. The remaining 219/365 (60%) were mostly diagnosed as 44/219 nevi (20%), 36/219 basal cell carcinoma (16%), 15/219 squamous cell carcinoma (7%), and 9/219 melanoma (4%). Accuracy varied per physician from 22% up to 46%. One physician was influenced by patient age when making the correct diagnosis (mean = 68.91y vs 58.63y, p = 0.0397). Elderly patients with multiple lesions and without an SK suspicion had a tendency to undergo multiple excisions (Fig. 1). The diagnosis certainty in SK was not influenced by age (mean = 62.5y vs 62.16y, p = 0.9153).

Mean age (years)- non-SK cases with single excision	Mean age (years)- non-SK cases with multiple excisions	p-value
62.21	66.36	0.0453

Fig. 1: Correlation between age and clinical diagnosis.

None of the tested criteria was influenced by the COVID-19 pandemic. The exception being that lesions diagnosed as KS tended to be larger in 2020 compared to 2019 (mean = 12.56mm vs 6.00mm, p= 0.0495). Correctly diagnosed SK had more often positive margins, 16/146 (11%), than misdiagnosed SK 15/219 (7%) but without statistical significance (p=0.18). Lesions in visibly exposed areas were more likely to have positive margins: 10/16 in the correctly diagnosed group, compared to only 1/15 in the group with a different diagnosis (p=0.0052). Histologically, the most common type of SK was the hyperkeratotic variant, observed in 104 out of 365 cases (28.5%). None of the eight histological types of SK (acanthotic, clonal, adenoid, irritated, macular, hyperkeratotic, pigmented, mixed) demonstrated a significant impact on either facilitating or complicating the clinical diagnosis.

Conclusion: Although KS are considered a benign condition, they can present a clinical challenge in specific cases. Age, dimensions, experience and the number of lesions should present a caveat when excising a lesion with an uncertain diagnosis. Also, exposed areas are at a higher risk of incomplete excisions.

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Abstract N°: 5857

Factors influencing clinical accuracy of difficult to diagnose dermatofibromas

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Introduction & Objectives: Dermatofibromas or histiocytomas (DF) are a common benign skin finding. The etiology is debated between a reactive process from a minor trauma or tumoral in nature. Properly diagnosing a dermatofibroma can, sometimes, raise difficulties and elude to a large variety of differential diagnosis. The aim of our study is to determine the incidence of DF misdiagnosis and the correlation between histopathological results of DF and the clinical interpretations of those lesions.

Materials & Methods: The extraction for this retrospective study was conducted from a pool of 8035 excisions performed between 2016 and 2022 by a total of 9 physicians. In total 50 cases with a conclusive histopathological diagnosis of DF were found, not necessarily being associated with a clinical diagnosis of DF. The selected cases were split into two based on a positive clinical diagnosis of DF or a positive histopathological diagnosis of DF. A value of $p<0.05$ was considered statistically significant.

Results: The clinical arm included 33 cases, 7 of them had DF in the differential diagnosis. The mean age of those with a confident diagnosis of DF vs a probable diagnosis of DF was 57.86 years vs 44.35 years, $p=0.0237$. Diagnosis accuracy was 18/26 (69%) vs 3/7 (43%). Location also played a significant role, DF located on the legs had a higher rate of clinical uncertainty 6/7 vs 9/26, $p=0.01595$.

The histopathological arm included 50 patients. The highest correlation between clinical and histopathological diagnosis was observed in lesions located on the arms, $p=0.02365$. The overall diagnosis accuracy for true DF was 24/50 (48%). Of those correctly diagnosed, 0/3 (0%) were located on the head and neck area, 13/19 (68%) on the arms and shoulders, 8/13 (62%) on the legs, and 3/15 (20%) on the torso. Lesions on the torso presented the most diagnostic difficulty, $p = 0.009476$.

Clinician's experience was a source of bias. One physician had a 4/4 (100%) correct diagnosis of DF located on arms, but 0/2 (0%) on other areas. Another had 0/3 (0%) correct diagnosis. Meanwhile, a third physician achieved 11/13 (85%) correct diagnosis rate for DF located on extremities..

Conclusion: Although dermatofibromas are rarely excised for medical reasons, they can occasionally pose a challenge even for experienced clinicians. The location is crucial as DF may escape diagnosis in less common areas like the head, neck and torso. Additionally, the patient's age is still one of the main causes of clinical uncertainty.

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Abstract N°: 6057

Assessing patient perception following outpatient dermatological surgical procedures

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Introduction & Objectives:

Due to the increase in prevalence of cutaneous tumor pathology outpatient surgical interventions are increasing in number. Despite the uniform information explanation during consultations, some patients have misconceptions about the type of lesion they have and the surgical procedure done. Therefore, this study aims to assess patients' perception of their condition and the surgical intervention, delineate potential influencing factors, and ascertain the congruence between preoperative information and reality.

Materials & Methods:

A single-center descriptive observational study was conducted using surveys administered to 173 patients undergoing surgery for skin pathology between September 2023 and April 2024. A total of 3 surveys were conducted: Patient's perception survey in the Dermatology outpatient operating room; Quality of Life Skin Cancer Index (SCI) questionnaire (administered only if malignancy was present) and patient's perception and satisfaction survey one month post-surgery (conducted via telephone).

Results:

A total of 173 patients (101 men and 72 women) were included with an average age of 60 years. In the survey conducted immediately after the operating room, significant differences ($p < 0.05$) were found when evaluating the perception of disease depending on the nature of the lesion. Only 39.4% of patients with malignant pathology recognized them as such while almost 80% of patients with benign pathology knew their nature. Differences in the perception of surgery were also found based on previous surgical history in terms of anxiety or fear before entering the operating room and in the amount of means and personnel necessary. Depending on the surgical technique used, differences were found in relation to the complexity of surgery. All the patients said the information received correctly described surgery.

After a month of the intervention only significant differences were found in wound care expectations depending on the surgical technique used. In the set of patients, 44.9% of patients expected the size of the resulting scar while 26.8% said that the size of it was bigger than expected.

Finally, in the results obtained in the SCI quality scale ($n = 103$), the aspect that most worried patients was the risk of appearance of a new cutaneous tumor (84.5%), followed by the cause that originated it (78.6%) and the possibility of progression (70.9%).

Conclusion:

There are several factors that can influence and justify the differences observed in the perception of disease and expectations after surgical intervention of the patients. In order to optimize the information provided, it is interesting to know these factors and to take them into account when informing the patient about the surgery and the subsequent recovery. Taking them into consideration can improve the quality of the assistance provided and the degree of satisfaction of the patient with the entire care process.

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Abstract N°: 6091

Bilobed and Multilobed flaps for the reconstructon of medium to large defects on the face

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Introduction & Objectives:

Multilobed flaps are a useful surgical technique for the reconstruction of defects in areas with low laxity, such as the nose.

The aim of this study was to evaluate the outcomes of bilobed and multilobed flap reconstruction for the surgery of facial medium to large defects.

Materials & Methods:

This retrospective study was conducted in our department, between 2021 and 2024. The records of patients who had bilobed or multilobed flap reconstruction for the treatment of medium to large defects on the face were retrieved. Only patients who gave informed consent and whose postoperative images are recorded were eligible for inclusion. The outcomes were assessed based on postoperative complications, functional and esthetic aspects and patient satisfaction.

Results:

Twelve patients were included. The mean age was 63.5 years (45-79). All patients had BCCs. BCCs were nodular in 7 cases and trabecular in 6 cases.

BCCs were located on the nose ala in 6 cases, the nose tip in 4 cases, the nasolabial fold in 1 case, and the superior lip in 1 case. The average size of the BCC was 1.54cm.

Mohs surgery was indicated in 8 cases.

Reconstruction used bilobed flap (7 cases), followed by trilobed (3 cases) and multilobed (2 cases) flaps. One case of infection was noted, requiring antibiotic treatment.

Healing was satisfactory in 80% of patients, with no cases of dystrophic scarring. Aesthetic outcomes were excellent in 80% and good in 20%.

Conclusion:

In this study, 10 flaps were mainly used for the reconstruction of nasal defects.

The multilobed flaps can deliver a vertical tension vector to prevent alar rim elevation and avoid distortion of the periorbital structures.

After multilobed flaps reconstruction, potential complications include flap necrosis, infection, or hypertrophic scarring.** In our series, one case of surgical site infection was observed.

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Abstract N°: 6183

Basal cell carcinoma and pyoderma gangrenosum in a patient with monoclonal gammopathy of unspecified significance IgA-type: Treatment with Mohs micrographic surgery without pyoderma gangrenosum induction

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Introduction & Objectives:

Pyoderma gangrenosum (PG) is a rare and incompletely understood inflammatory neutrophilic dermatosis characterized by pathergy. Herein, we present a complex case of pyoderma gangrenosum developing in a patient with monoclonal gammopathy of unspecified significance (MGUS) and complicated by a concurrent aggressive basal cell carcinoma (BCC).

Materials & Methods:

The 70-year-old male patient presented with PG and a concurrent history of monoclonal gammopathy of unspecified significance (MGUS), both diagnosed over 10 years ago. The patient had tried numerous therapies, but was lost to follow-up until he represented with new PG lesions and an infiltrating nodular basal cell carcinoma (BCC) on his shoulder.

Results:

Treatment involved a combination approach with topical clobetasol ointment 0.05% and oral cyclosporine for PG, yielding symptom relief and lesion size reduction. Mohs micrographic surgery (MMS) was employed for the BCC. Following suture removal, the patient applied clobetasol 0.05% ointment twice daily to the surgical site to prevent the recurrence of PG. The lesion healed successfully, with no new PG lesion induction.

Conclusion:

This case underscores the intricate relationship between MGUS and PG, and offers insights into BCC management alongside active PG. Cutaneous cancer treatment in patients with active or chronic PG presents its own challenges due to the risk of induction of new PG lesions through pathergy. Further studies are needed to evaluate the relative risks of pathergy in MMS and wide local excision, and to delineate the optimal post-operative management strategy to reduce the risk of pathergy.

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Abstract N°: 6186

Transforming acne scars into stories of resilience and beauty with multimodal approach

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Introduction & Objectives:

Acne is a prevalent condition affecting a significant proportion of the population, often resulting in lasting scars that can impact individuals both physically and psychologically. This study explores a multi-modality approach for treating acne scars, combining TCA CROSS, blunt bi-level cannula subcision, Fractional CO2, punch excision, elliptical excision and microneedling. Acknowledging the impact of acne scars on well-being, the study advocates for a comprehensive strategy, emphasizing the potential synergistic benefits of integrating various therapeutic modalities. Factors influencing treatment, such as skin type, scar classification, and individual considerations, are discussed. The study reviews relevant literature and presents a retrospective analysis of a novel triple combination treatment on 127 individuals, demonstrating positive outcomes and high patient satisfaction. Limitations, including the absence of a control group and single-center procedures, are noted. The study concludes by recommending further research to validate the efficacy of the proposed approach.

Materials & Methods:

A comprehensive evaluation was performed on all patients with acne scars who received combination therapy during a retrospective chart review completed between [start date] and [end date]. Each patient provided photoconsent, and the treatment technique was a mix of three procedures: chemical restoration of skin scars (CROSS) using principally 100 % TCA, blunt bi-level cannula subcision, punch excision , elliptical excision, dermaroller , fractional CO2 and botox. .

Techniques such as subcision, punch excision, and elliptical excision, depending on the type of scar were used . This will provide an in-depth exploration of the various methods of scar revision and the combination techniques Acne scars can be classified into four main categories: atrophic scars (such as icepick, boxcar, and rolling scars), hypertrophic scars, keloids, and post-inflammatory hyperpigmentation. The management of acne scars requires a tailored, multidisciplinary approach based on the scar type and the patient's skin. Non-invasive treatments like topical creams, chemical peels, microdermabrasion, and laser therapy are options for mild to moderate scarring. Severe or resistant scars may require surgical interventions like punch excision, subcision, or dermal fillers, depending on the scar type.

In Ice pick acne scars various approaches can help improve their appearance, including dermal fillers, punch excision, chemical peels, laser therapy, microneedling, and TCA Cross (Trichloroacetic Acid Cross).

Results:

To address the challenges in managing acne scars across diverse skin types, a comprehensive 'Basket approach' is needed. Dermatologists should prioritize patient education on realistic expectations, the importance of early intervention, and post-treatment care. **

Conclusion:

The integration of CROSS using 88% carbolic acid, blunt bi-level cannula subcision, and microneedling emerges as a feasible and effective approach for tackling acne scarring across individuals with diverse skin types. This

integrated therapy has the capacity to demonstrate improved effectiveness and less severe adverse effects in comparison to earlier approaches. Additional study investigations are recommended to verify and support our findings.

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Abstract N°: 6323

Sustainability in phlebological treatments in dermatology

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Improving sustainability in phlebological treatments

Introduction & Objectives:

Phlebological treatments are widely performed by many dermatologists. Reduction in usage of sterile instrument sets and materials and changing our way of working could lead to a positive contribution in sustainability. Phlebological treatment performed are both endovenous (laser) treatment and Muller phlebectomy. A lot of sterile materials and sets are used in this treatment. Is this necessary and how sterile are we working?

Materials & Methods:

A review of literature was performed to study our phlebological procedures. A survey was performed among 70 Dutch medical hospitals to investigate the use of sterile materials, the way of working and the incidence of infection.

Results:

A variety of sterile phlebological operation manners is seen in the different hospitals. Only a low number of infections is reported. Exact information will be given during oral presentation.

Conclusion:

Infections do not seem to play an important role in operative phlebological treatments. Changing our operation procedure may contribute to improve sustainability. Adjusting our guidelines may reduce the number of operation sets and materials used.

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Abstract N°: 6373

Surgical Extraction of Broken Cannula Segment During Buttock Cosmetic Procedure: A Case Report

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Introduction & Objectives:

Cosmetic procedures for buttock augmentation or beautification have become increasingly prevalent, particularly among Brazilian patients. However, many of these procedures are performed by non-medical practitioners, leading to a surge in complications. Here, we detail a surgical intervention to remove a broken cannula segment lodged within buttock fat during a procedure aimed at injecting drugs to enhance collagen and skin quality.

Materials & Methods:

A 28-year-old female patient underwent a drug injection procedure to improve skin quality. The cannula utilized measured 25G x 50 mm and was administered by a non-medical professional. During the procedure, the cannula fractured, prompting the patient to seek assistance from a vascular surgeon. However, attempts to retrieve the cannula using vascular instruments were unsuccessful. Subsequently, the patient presented to our clinic, where an ultrasound examination was performed to precisely locate the foreign body and plan the surgical intervention.

Surgical Technique:

Following adequate asepsis and field preparation, a 2 cm linear incision was made into the deep fat tissue, initially failing to locate the cannula segment. The incision was then extended to 4 cm to enhance visibility, and a Farabeuf retractor was inserted to assess deeper fat tissue. With improved visualization, the cannula segment was successfully located and entirely removed, albeit fractured into two pieces during extraction. Closure was achieved using 3-0 buried monocryl simple sutures and 3-0 intradermal mononylon thread.

Results:

Successful extraction of the foreign body, with satisfactory wound healing and no complications, resulting in an appropriate linear scar.

Conclusion:

The proliferation of aesthetic procedures, many performed by non-medical practitioners, is likely to increase complication rates. Healthcare providers must be vigilant and equipped with the necessary expertise to address such challenges. Retrieval of broken cannula segments can present significant difficulties, underscoring the importance of ultrasound guidance in determining precise incision sites. While ultrasound provides accurate localization, depth assessment may be limited by probe pressure, potentially underestimating the true depth within adipose tissue. We recommend wider incisions and the use of retractors to ensure successful foreign body retrieval in similar cases

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Abstract N°: 6460

A novel approach to the muffin technique for facial basal cell carcinoma surgery

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Introduction & Objectives:

Basal cell carcinomas of the head and the neck are known with their greater risk of recurrence. The gold standard treatment for BCCs is surgical excision. Mohs surgery is the best alternative for its treatment. Various techniques were described such as the muffin technique. We report herein an alternative and individualized approach of it for the treatment of a basal cell carcinoma of the cheek.

Materials & Methods:

A 61-year-old patient presented with a 1.3 cm nodular tumor of the cheek evolving for 1 year. Dermoscopy showed arborizing vessels, shiny white structures, erosion and crusts. Clinical and dermoscopic aspects were suggestive of basal cell carcinoma with high risk of recurrence. We decided to perform Muffin micrographic surgery technique. We started by an incision with a square 90-degrees angle instead of the 45-degree angle traditionally used in Mohs surgery. We first debulked the tumor without margins as If we were performing a classical Mohs. Then margins were removed in a muffin shape, prepared with incisions at 3 and 12 o'clock, marked with ink at 6 o'clock. The specimen was flattened to bring the lateral and deep margins, the "muffin paper," into the same plane. The following sectioning and histopathological examination were performed in a regular histopathology lab by a pathologist. Margins were tumor-free and defect was easily closed. We got a satisfactory aesthetic result at 2 months follow-up.

Results:

Basal cell carcinoma (BCC) is the most common type of skin tumors. Lesions that occur within the head and neck have shown to be at greater risk of recurrence. Excising skin tumors with recommended margins in such anatomically challenging areas can sometimes be difficult. Mohs micrographic surgery (MMS) is a superior alternative to simple excision of skin cancer by providing full margin control and residual tumor mapping. Furthermore, It minimizes tissue removal, sparing normal tissue and enables a better aesthetic and functional outcome. Various techniques were described such as the muffin technique. We presented a novel approach of it. Firstly, Muffin technique uses a 90-degree angle for incision which diminishes the risk of positive margins. In fact, oblique excisions used in Mohs surgery, may cut into the tumor while the square angle will yield a tumor-free margin. Moreover, square angle excisions allow for immediate closures without the need for edge de-beveling and may, therefore, be favorable for cosmetic results. Secondly, margins were excised in vivo after debulking the tumor, to facilitate the manipulation of the specimen by avoiding tissue retraction. The muffin shape margins are incised and flattened in a horizontal plane, like a muffin-paper. The following sectioning and histopathological examination is performed in a regular histopathology lab by a pathologist, which frees up the surgical team's time and space. In contrast to the classic muffin technique, histological examination was completed promptly during the surgery. It allows immediate defect closure and/or reconstruction without time loss or any additional surgery.

Conclusion:

we reported our experience with the muffin technique for the treatment of basal cell carcinoma of the cheek in a

single operative session, thanks to an immediate histological examination of the margins.

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Abstract N°: 6479

Contact cryotherapy and triamcinolone acetonide as treatment for auricular keloids

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Introduction & Objectives:

Auricular keloids significantly impact patients' quality of life due to their aesthetic concerns and associated discomfort. Although various techniques have been proposed for their management, recurrence rates remain high, and accessibility to these techniques may be limited in some centers.

Materials & Methods:

Up to March 2024, we present a series of 8 patients with auricular keloids resulting from piercing procedures. 50% were female, with a mean age of 27 years old. 75% of patients had previously undergone corticosteroid injections for their keloids. The outpatient procedure involved: 1) local anesthesia with 2% mepivacaine, 2) excision of the keloid by curettage, 3) electrocoagulation of the wound bed, 4) application of contact cryotherapy, and 5) injection of triamcinolone acetonide 40mg/ml. Topical antibiotics and dressings were applied to the wound, and patients were scheduled for follow-up visits at 48 hours, one month, three months, and six months.

Results:

At 4 weeks post-surgery, two patients required re-injection of triamcinolone acetonide due to persistent skin induration. At 12 weeks, three patients underwent re-injection of triamcinolone acetonide, with one patient requiring re-injection at both the 4-week and 12-week marks. Two patients did not necessitate further interventions. After a follow-up period exceeding 16 months, only one patient experienced minor local recurrence. Subjective satisfaction among patients was high (87.5% rated it 10 out of 10), with no additional observed side effects.

Conclusion:

We introduce a novel technique combining surgery, contact cryotherapy, and intralesional corticosteroid therapy for piercing-related keloid treatment. Despite the limited patient cohort and short follow-up period, we propose this approach as a feasible treatment option for keloids, utilizing materials commonly available in healthcare centers.

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Abstract N°: 6628

A-T flap as an option for reconstructing surgical nasal defects"

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Introduction & Objectives: The reconstruction of surgical defects resulting from tumor excision in the nasal region presents a significant challenge due to the unique anatomical characteristics of this area, including its rigid structure and limited mobility. The A-T flap, categorized as a bilateral advancement flap, offers an excellent solution for addressing extensive and deep defects where direct closure is not feasible. Here, we report a case illustrating the utilization of the A-T flap as an alternative for closing a surgical wound located at the nasal tip.

Results: An 80-year-old white man presented with a one-year history of an asymptomatic lesion on the nasal tip showing progressive growth. He has a medical history of diabetes. Physical examination revealed an erythematous papule covered with hemorrhagic crust in the center, measuring 8 mm in diameter, with few arborized vessels on the periphery. A clinical diagnosis of basal cell carcinoma was established. The patient underwent excisional surgery with three-millimeter surgical margins marked. Reconstruction was accomplished using an A-T flap, with incisions made in both nasal alar sulci to allow bilateral advancement. The flap was positioned and sutured with 4-0 monofilament nylon thread. Histopathological examination confirmed nodular infiltrative basal cell carcinoma. Six months postoperatively, the patient showed no signs of tumor recurrence, with an excellent aesthetic outcome.

Conclusion: Reconstructive procedures in the nasal region can present significant challenges for dermatologic surgeons, as they require both aesthetic and functional considerations. Particularly in the aesthetic subunit of the nasal tip, preserving shape, position, and contour is paramount. In the case described the lesion on the nasal tip corresponds to the “A” shape, while the bilateral incisions in the nasal alar folds form the arms of the “T” shape, facilitating bilateral advancement. This approach adheres to key cosmetic principles by strategically placing incisions at the junction of nasal subunits, thus optimizing scar camouflage. This technique represents a surgical solution with exceptional aesthetic and functional outcomes for defects of the nasal tip.

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Abstract N°: 6747

Incidence, severity and factors associated with immediate wound complications among post-excision dermatological-surgery patients at Regional Dermatology Training Center (RDTC)

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Introduction & Objectives:

Dermatological surgery has become the most effective way of managing skin tumors in dermatology. Although generally considered safe compared to general surgeries,dermatological surgery complications are associated with prolonged wound healing, lengthened recovery time, poor cosmesis & overall increased costs of health care.Despite wide disparities in the population of dermatology surgery among geographical settings, there is lack of data on dermatology surgery complications in low resource settings.

This research** calculates incidence, determines severity and factors associated with immediate wound complications among post-excision dermatological surgery patients at Regional Dermatology Training Center (RDTC),Tanzania.

Materials & Methods:

A hospital based prospective cohort study was done at RDTC from 1st October 2023-30th March 2024. All patients undergoing excision surgery were recruited on the day of surgery and followed up to day 10 post surgery.Data on patient demographics,medical history and nutrition status was collected using a semi structured questionnaire. Data on peri-operative antibiotic therapy, place , grade of physician performing surgery, anatomical site, type of excision,wound closure technique and size of defect was extracted from the postoperative notes.Two independent observers examined post-surgical wounds at day 3 and 10 using Southampton wound assessment score and a set of standard definitions. Data was captured by Koboltoolbox & analyzed in SPSS.

Results:

Total of 120 patients underwent 223 procedures of which 15 procedures were lost to followup.54% of these surgeries were in females .Majority (70%)of the procedures were done in patients who had more than 2 procedures at the time of entry of the study.70%of the procedures were in people with albinism and Xeroderma Pigmentosum (XP 40% ,Albinism 30%) . 65% of the procedures were indicated due to Squamous Cell Carcinoma while 22% was wedge biopsies for bullous diseases. Majority of the excisions were on the scalp (23%) followed by the face (22%).

The incidence of surgical wound complications in a space of 6 months was 26%. 43.9% of all complications were surgical site infections. Majority of these complications were classified as minor complication 64.6%.Procedures in patients with albinism had 2.38 odds of developing complications compared to those who did not have (CI: 0.18-3.09 P-0.027).Procedure time of more than 1 hour was associated with more complications compared to shorter time of procedure(Pearson Chi-square-0.09). Most complications favored the face and the scalp.

Conclusion:

The incidence of surgical complications is high in our setting . Surgical site infection are the most common

complication. People with albinism are the most affected .Prolonged surgery time is one of the factors contribute to surgical complications. Special attentions needs to be given to individuals with albinism undergoing skin surgery . Awareness on sun-protection to prevent developing of cancers would help reduce surgical cases hence casualties of such complications .

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Abstract N°: 6769

Exploring the impact of perfusion on skin graft viability on the scalp and lower limb: a comparative analysis of graft bed, margin, and donor skin with laser speckle.

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Introduction & Objectives: Skin grafts on the scalp and lower limb are prone to necrosis, with reported graft failure rates ranging from 8% to 22% on the former and 34% to 66% on the latter location. Perfusion-related factors, including donor skin blood supply, wound bed perfusion, and surrounding skin vascularisation, are crucial for graft success. The efficacy of skin graft closure could be enhanced by determining the relative importance of these factors in skin graft viability through a non-invasive, real-time, reproducible, and validated technique for assessing skin perfusion, such as laser speckle contrast imaging.

We sought to examine the correlation between perfusion (assessed on the graft bed, margin, and donor skin) and the extent of graft necrosis on both the scalp and lower limb and to establish predictive models for necrosis based on perfusion measurements.

Materials & Methods: A prospective study was conducted on 42 adults undergoing skin graft closure post-skin cancer excision on the scalp (22) and lower limb (20). Perfusion was measured intraoperatively using LSCI on the donor skin, graft bed, and margin (the skin surrounding the defect with 1cm width). Skin grafts were monitored weekly until day 28, and necrosis extension (defined as the percentage of loss of skin graft integrity) was quantified by that time.

Results: The two groups (scalp and lower limb) were homogenous in terms of baseline demographics, necrosis extension, and graft bed perfusion. The graft bed perfusion strongly ($rs = -0.73$, $p<0.001$) and very strongly ($rs = -0.93$, $p<0.001$) correlated with graft necrosis extension on the scalp and lower limb, respectively. The graft margin correlated with necrosis only on the lower limb ($rs = -0.62$, $p= 0.01$). The donor skin perfusion did not correlate with necrosis in either location. Among all models studied, logarithmic regression was the best to predict necrosis extension based on perfusion. On the scalp, the model "necrosis extension = 0.08 - 0.48 x Ln (graft bed perfusion)" explained 66% of the variation in necrosis extension. The predictive capacity was higher on the lower limb, especially for graft bed perfusion ["necrosis extension = 0.16 - 0.39 x Ln (graft bed perfusion)", $r2 = 0.89$, $p<0.001$] compared to the graft margin ["necrosis extension = 0.11- 0.24 x Ln (margin perfusion)", $r2 = 0.29$].

Conclusion: We demonstrate that perfusion plays a pivotal role in skin graft survival, either on the scalp or lower limb, with the graft bed perfusion status more relevant than the margin or donor skin perfusion. By predicting necrosis extension with intraoperative graft bed perfusion assessment, we might be able to identify the best candidates for skin graft closure, either immediate or delayed.

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Abstract N°: 6945

Successful Treatment With Intralesional Cryotherapy In Two Cases of Treatment-Resistant Keloids

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Introduction & Objectives:

Keloid is a benign, fibroproliferative tumor characterized by excessive collagen accumulation in the dermis. It usually occurs following trauma, burns, surgical interventions, and inflammation in individuals with a genetic predisposition.Keloids often cause itching and pain, but the major issue is the adverse social and psychological effects they create in affected individuals.They commonly appear on the shoulders, chest, earlobes and cheeks. Treatment options include surgical excision, intralesional (IL) steroid injections, laser, and cryotherapy.IL cryotherapy is a method that can be used in difficult cases resistant to these treatments.

Materials & Methods:

A 22-year-old male patient presented with raised bumps on his left arm, restricting movement, that developed after surgery after a traffic accident. He had sought treatment at various centers and was diagnosed with keloids. Several treatments were recommended, including IL corticosteroid injections, topical steroid and anti-scar ointments,silicone sheeting. There was no history of keloids in his family or himself. After the trauma, a tumoral keloid tissue was identified on the left arm, extending from the upper lateral part of the arm near the elbow to the inner side of the elbow, characterized by hemorrhagic crusts and eroded areas, pink linear extensions with lobules that were distinctly separate from normal skin.Painful intralesional cryotherapy was applied under topical anesthesia. Due to the unavailability of a proper tip for cryotherapy, the end of a device used for vascular access was cut and attached to a thermos tip. The cryotherapy was administered intermittently until a freezing halo was achieved. Initially, the surrounding tissue was anesthetized, then the needle was inserted into the lesion with the sharp end up, and plasters were applied to the entry and exit points to protect the healthy tissue.. During this procedure, surrounding healthy tissues were protected with covers. Care was taken to ensure the open end of the injector faced upwards. After the freezing halo dissolved, the injector was withdrawn; this process was repeated at certain distances across the entire tissue.The treatment was carried out every three weeks, and after about four sessions, a reduction in the swelling of the keloidal tissue and an improvement in the mobility of the arm were observed. A pinkish scar tissue remained at the lesion site.The patient was followed up with a recommendation for silicone use.

Conclusion:

We conducted the application by attaching a serum needle to the tip of the cryo thermos. First, the surrounding tissue was anesthetized, then the needle was inserted into the lesion with the tip facing upwards, and plasters were applied to the entry and exit points to ensure the healthy tissue was not damaged. The duration of the initial cryotherapy varies from 10-60 seconds depending on the thickness of the tissue; we applied it for about 40 seconds until complete blanching occurred, after which the needle was removed once the freezing halo dissolved. The process involves inducing tissue anoxia and cell death through ice crystals formed in the cells. Intralesional cryotherapy is presented as a new treatment option that is easy to administer, yields faster responses, and has high patient satisfaction. It is a safe and effective treatment method for keloids.

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Abstract N°: 7014

the bilobed flap for nasal reconstruction

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Introduction & Objectives:

Repair of nasal defects is technically challenging due to inelastic nasal skin and unforgiving nasal geometry. The bilobe flap is a double transposition flap that can transpose skin from cephalad to caudad to repair defects of the lower third of the nose.

Materials & Methods:

We review our single surgeon series of patients who underwent bilobe flap reconstruction of nasal defects, and describe our surgical technique to minimize pincushioning and poor aesthetic outcomes.

Results:

Twelve patients were included, of whom 8 patients were men, and the mean age was 60.9 years. Only one complication was reported. It was an unfavorable cosmetic outcome.

Conclusion:

Repairing surgical defects of the nose is still challenging due to its tridimensional shape and its aesthetic concern. Difficulty in reconstructing nasal subunits lies in their contour, skin texture and limited availability of adjacent skin. The bilobe flap is an excellent transposition flap for the repair of small nasal tip defects. By adequately thinning the transposition flap of excess subcutaneous tissue prior to inset, rates of poor aesthetic outcomes, revision procedures, and pincushioning are minimized.

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Abstract N°: 7035

dorsal nasal flaps : complications and patient satisfaction

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Introduction & Objectives:

Like all surgical procedures, dorsal nasal flaps may be followed by both early and late complications. The aim of this study was to evaluate the surgical complications and cosmetic outcome of dorsal nasal flaps over a 5-year period in our maxillofacial surgery unit.

Materials & Methods:

Data were collected retrospectively for all patients undergoing dorsal nasal flap between 1 January 2018 and 31 December 2022. Early and late complications were recorded. Patients were contacted by phone to assess long-term outcomes.

Results: ** A total of 25 patients were included. Early complications included bleeding (n=2) and local infection (n=1). Late complications comprised flap thickening (n=9), restriction of the medial canthus (n=2) and opening of the labionasal angle (n=1). Regarding the aesthetic result, ten patients were very satisfied with the flap. Ten patients underwent corrective.

Conclusion:

Two thirds of patients were satisfied with the aesthetic results and one third had late complications of the flap. Consequently, patients undergoing Rieger-Marchac procedures must be informed of the potential need for further corrective measures following nasal dorsal flap repair.

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Abstract N°: 7076

Identifying Predictors for the Number of Mohs Surgery Stages in Non-Melanoma Skin Cancer: Insights from a Tertiary Hospital in Mexico.

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Introduction & Objectives:

Mohs Micrographic surgery (MMS) is considered the gold standard for treating skin cancer, especially in high-risk basal cell carcinoma and squamous cell carcinoma.

The number of Mohs stages affects time, resources and the reconstruction options for the defect. Therefore, we aimed to identify clinicopathological factors that may influence the number of stages needed to completely excise non-melanoma skin cancer.

Materials & Methods:

Data on patient characteristics, tumour clinicopathological features and surgical notes were retrieved from the record system. A total of 121 keratinocyte cutaneous carcinomas (KCCs) treated with MMS were included. Statiscal analysis was performed using SPSS software with $p<0.05$ considered significant. Additionally, we describe the patient profile that required more than one stage.

Results:

A total of 121 KCCs were retrieved (108 BCCs and 13 SCCs) of which 51 were males and 70 females with a median age of 66.65 (range 25-92). The majority were primary tumours (95%, n=115) and 5% were recurrent (n=6). Moreover, most of them were high-risk histology (71.9%, n=87) and high-risk location, mainly on the nose (47.9%, n=58).

The average number of stages required for the complete tumour removal was 1.612. The mean latency between the diagnosis and the surgery was 129 days (range 11-1023).

The interval between diagnosis and the surgery was identified as the most significant variable, displaying a positive Pearson correlation coefficient of 0.262 ($p=0.004$). However, none of the tumour features including size, histological subtype, recurrence or location were related with a higher number of stages required during MMS. Also, patient characteristics such as age or gender were not associated with the number of stages.

Fifty two patients required more than 1 stage: 51.9% were females and 48.1% were males with a mean age of 67.4 years. Regarding the histologic characteristics, 90.4% had BCCs and 9.6% had SCCs, the majority of cases were high-risk histology (75%) and the most frequent location was the nose (51.9%).

Conclusion:

This single-centre study aimed to correlate the preoperative clinicopathologic features of KKCs with the number of MSS stages required to achieve complete tumour clearance. Understanding the profile of patients who require multiple stages, allows the patient and the surgeon to be adequately prepared for an extensive surgery. While

previous literature has indicated that tumours classified as high-risk subtypes or located in high-risk areas generally require more than 1 stage due to their aggressive nature. Our findings revealed that neither tumour features nor patient characteristics were significant in the prediction of the number of stages required in MMS. Instead, the analysis identified a longer interval between diagnosis and MMS as the main factor associated with a greater number of MSS stages. This emphasizes the importance of timely surgical intervention in patients who require MMS.

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Abstract N°: 7189

Occurrence of Postoperative Seroma and Potential Risk Factots : A Monocentric Retrospective Analysis

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Introduction & Objectives:

The sentinel lymph node biopsy (SLNB) is an important diagnostic procedure in the staging of malignant melanoma. A common complication is the development of postoperative seromas. The present study aimed to investigate whether risk factors for the development of seromas can be identified.

Materials & Methods:

This retrospective study analyzes the incidence of postoperative seroma formation in 147 patients with malignant melanoma who underwent a SLNB between January 10 and October 18, 2023 at the University Hospital of Cologne.

Results:

We found an overall seroma rate of 9.5%. Men exhibited a higher incidence rate of 13.4% compared to women at 6.25%. Age also correlated with an increased risk. The average Age of Patients who developed seromas was 67.07 years, approximately five years older than those without seromas. Additionally, the location of the excision showed different outcomes. Inguinal excisions showed higher seroma rate of 11.4% compared to 5.36% for axillary excisions. Patients with diabetes mellitus showed a seroma rate of 25%, significantly higher than the 8.8% observed in non-diabetics. Patients with four sentinel lymph nodes removed experienced the highest seroma rate at 16.7%. We also noted an increase in seroma rates associated with blood thinners and the presence of micrometastases. Other postoperative complications included wound infections, which were significantly associated with higher seroma rates, and the necessity for seroma aspiration in a few cases.

Conclusion:

Our findings suggests that age, gender, excision location, and melanoma lymph node involvement could be important factors influencing development of seromas. They are some limitations like the retrospective nature of this analysis and the small sample size. However the findings provide an valuable insights for future research and the optimization of postoperative management in melanoma patients.

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Abstract N°: 7285

10 Years with Mohs Micrographic Surgery in Denmark, Results From a Nationwide Cohort

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Introduction & Objectives:

Basal cell carcinoma (BCC) is a common skin malignancy and constitutes a substantial burden for patients and society. One recommended therapy for BCCs with a high risk of recurrence is Mohs micrographic surgery (MMS). Since MMS was introduced in Denmark in 2012, little is known of national MMS outcomes. We aimed to estimate the 5-year recurrence rate of BCC following MMS in Denmark since the procedure was introduced. We further investigated characteristics of patients and procedures that were carried out during the study period.

Materials & Methods:

The Danish Registry for Mohs' Surgery was established in 2022. Data were collected by a retrospective chart review of all MMS cases nationwide from January 2012 to December 2022. The 5-year recurrence was estimated using survival analysis and predictors for recurrence after MMS was investigated using multivariate analysis.

Results:

A total of 1774 patients were included in the cohort, and 2203 high risk BCCs were treated using MMS techniques, of which 1316 were primary BCC (pBCC), 694 recurrent BCC (rBCC), and 193 categorized as unknown. The overall 5-year recurrence of BCC following MMS was 3.8% (95% CI 2.8-5.0), and 3.1% (95% CI 2.1-4.7) for pBCCs and 5.3% (95% CI 3.6 - 7.8) for rBCCs. The procedural outcomes were overall better for pBCCs compared with rBCCs (e.g. smaller surgical defects and simple closure techniques). No statistically significant predictor for recurrence after MMS was found, however rBCCs showed a tendency of higher recurrence rates than pBCCs.

Conclusion:

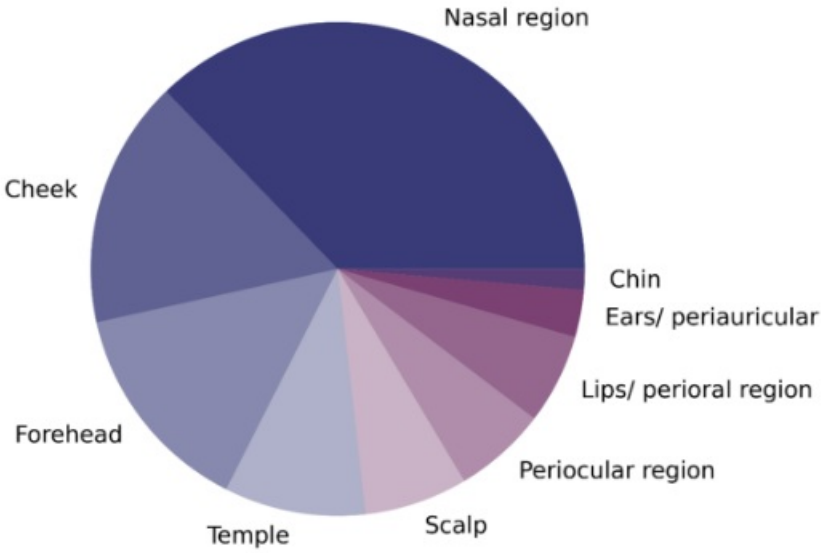
This study is the first to report long term MMS outcomes in Denmark. We found that the recurrence rate estimates correspond to international levels, supporting MMS as a treatment option for high risk BCCs in Danish dermatological care. The newly established patient registry serves as a cohort for future research in this field.

Table 1– Characteristics of MMS operations jan. 2012 – dec. 2022

(n= 2203)

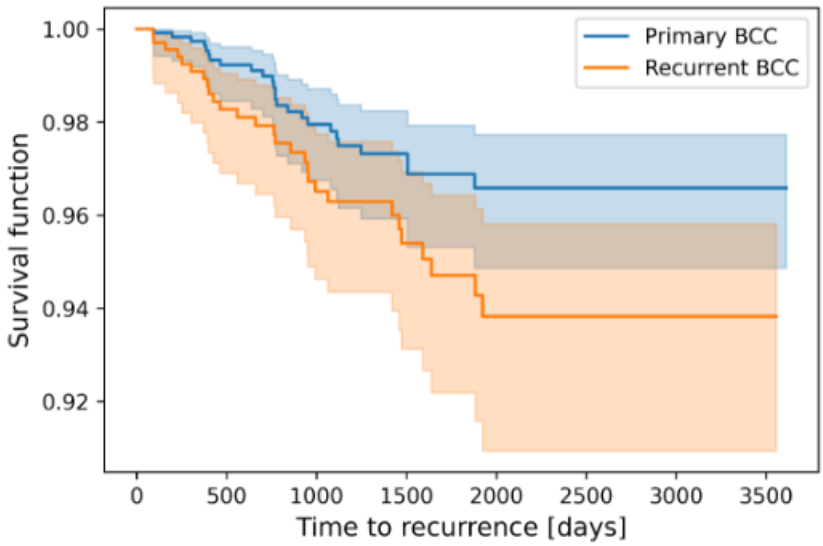
	Primary BCC (n=1316)	Recurrent BCC (n=694)	Unknown (n=193)
Tumor size, mm^2			
Median (IQR)	66.0 (33.0-112.3)	78.5 (42.8-144.9)	71.5 (37.7-133.5)
Defect size, mm^2			
Median (IQR)	132.7 (78.5-251.3)	188.5 (102.1-361.3)	164.9 (86.4-282.7)
Defect - tumor difference, mm^2			
Median (IQR)	62.0 (31.4-129.6)	91.1 (47.1-197.5)	79.3 (38.1-155.9)
Stages, n (%)			
1	612 (46.5)	232 (33.4)	83 (43.0)
2	531 (40.3)	293 (42.2)	81 (42.0)
3	103 (7.8)	88 (12.7)	16 (8.3)
4	26 (2.0)	35 (5.0)	8 (4.1)
5	8 (0.6)	17 (2.4)	2 (1.0)
6	3 (0.2)	1 (0.1)	0 (0.0)
7	0 (0.0)	2 (0.3)	0 (0.0)
8	0 (0.0)	3 (0.4)	0 (0.0)
Unknown	33 (2.5)	23 (3.3)	3 (1.6)
Closure, n (%)			
Side to side	525 (39.9)	228 (32.9)	71 (36.8)
Rotation flap	215 (16.3)	137 (19.7)	33 (17.1)
Advancement flap	192 (14.6)	99 (14.3)	32 (16.6)
M-plasty	20 (1.5)	8 (1.2)	1 (0.5)
Z-plasty	11 (0.8)	3 (0.4)	0 (0.0)
Transposition flap	58 (4.4)	15 (2.2)	7 (3.6)
Island pedicle flap	42 (3.2)	28 (4.0)	6 (3.1)
Skin graft	80 (6.1)	73 (10.5)	14 (7.3)
Secondary intention healing	40 (3.0)	13 (1.9)	4 (2.1)
Other/ unknown	133 (10.1)	90 (13.0)	25 (13.0)
BCC recurrence after MMS, n (%)	25 (1.9)	28 (4.1)	1 (0.5)
Time to recurrence after MMS , n (%)			
0-6 months	1 (4.0)	3 (10.7)	0 (0.0)
6-12 months	2 (8.0)	3 (10.7)	1 (100.0)
1-2 years	7 (28.0)	7 (25.0)	0 (0.0)
2-3 years	9 (36.0)	8 (28.6)	0 (0.0)
3-4 years	3 (12.0)	1 (3.6)	0 (0.0)

Figure 1 – Anatomical regions of BCCs treated with MMS



A pie-chart visualizing the distribution of treated facial areas. The figure represents the total number of treated cases in the study period.

Figure 2 – Kaplan Meyer survival analysis of recurrence after MMS



Kaplan-Meyer plots of recurrence after Mohs surgery in primary and recurrent basal cell carcinomas, respectively.

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Abstract N°: 7297

Flap combination for midface reconstruction: think simple

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Introduction & Objectives:

The reconstruction of midface skin defects represents a challenge due to the anatomical region's significant role in defining facial traits. The malar region is a facial aesthetic unit that resembles an inverted triangle, which lends symmetry and volume to the face. It is superiorly delimited by the lower eyelid, laterally by the preauricular region, and medially by the nose's lateral region, which extends along the nasolabial fold. Due to this region's high complexity, it's unsuitable to use one definitive flap for all purposes, so expanding our surgical arsenal is necessary to overcome reconstruction difficulties. We present modifications of a simple solution that can help overcome a complex problem.

Case Report:

We present a case of an 84-year-old female patient who was referred to our center for a rapidly growing, squamous cell carcinoma of the keratoacanthoma subtype, with a diameter of 3cm, affecting the medial malar area. Concomitantly, an erythematous patch, with a diameter of 2.5cm, was observed in the inferior malar region, concordant with in-situ squamous cell carcinoma. The two lesions were excised with safety margins. Given the two large defects, a combined rotation and advancement flap was used for the reconstruction of the mid-face overall defect. Firstly, a superior cheek flap was designed, extending from the superior pole of the defect along the natural skinfold of the cheek to the preauricular region. The second defect was covered by placing an inverted burrow's triangle inferiorly and rotating medially from the mandibular angle. The overall flap movement was done in one movement, providing full coverage of the defects. The subcutaneous layer was sutured with 4.0 vicryl, and the skin was closed with 5.0 nylon. No postoperative complications were reported, except for local transient flap edema. The aesthetic and functional outcome at 3 months was very satisfactory, with minimal scarring and no functional defects.

Conclusion:

The main objective, as in any oncologic surgery, is radical excision of the tumor; prevention of the distortion of local structures and achieving the best cosmetic outcome are secondary objectives. To obtain the best cosmetic outcome, we must locate the donor site with the greatest tissue reserve and choose the best reconstruction technique. This is important in the medial face area, where an inappropriate choice can lead to ectropion and a very visible scar. As such, the malar area poses a serious reconstructive challenge to the dermatologic surgeon because a satisfactory aesthetic outcome depends on avoiding or minimizing unwanted effects on all nearby facial structures. Several complex flaps can be used in midface reconstruction, such as the modified Limberg flap, the reading man flap, or the keystone-type flap. We report a case showing how a modification of two simple flaps, with the right placement, can achieve optimal coverage for large midface defects, with no functional loss and great aesthetic outcomes.

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Abstract N°: 7311

Advancement Island Flap in the Management of Basal Cell Carcinoma (BCC) of the Eyebrow

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Introduction & Objectives:

Dermatological surgery not only aims to remove malignant lesions effectively but also strives to preserve aesthetic integrity, which is particularly crucial in facial procedures. The management of Basal Cell Carcinoma (BCC) within cosmetically sensitive areas like the eyebrow presents significant challenges.

Materials & Methods:

We present a case of a 78-year-old female patient with a chronic ulcerated lesion of approximately 3 cm in diameter located in the distal third of the left eyebrow. Initially suspected to be BCC, histopathological examination confirmed the diagnosis, with a mixed tipe, nodular and cystic adenoid BCC. The patient underwent a surgical procedure utilizing an advancement island cutaneous flap technique to address the BCC lesion. Under local anesthesia, a flap was designed adjacent to the lesion with a triunghiular configuration with the apex down along the orbital arch, preserving the surrounding healthy tissue. The flap was then advanced to cover the defect, ensuring adequate blood supply given by the pedicle of the flap consisting of the subcutaneous tissue, and tension-free closure. Postoperative care included regular wound monitoring and suture removal after 10 days.

Results:

The advancement island cutaneous flap procedure resulted in successful closure of the BCC lesion without any postoperative complications. At 1-month follow-up, the patient exhibited esthetical healing of the surgical site with satisfactory cosmetic outcomes. Histopathological examination of the excised tissue confirmed the absence of residual tumor cells, indicating successful removal of the BCC. Unfortunately, the portion of the eyebrow covered by the flap remains hairless, which is a consideration for future management and patient counseling.

Conclusion:

The advancement island cutaneous flap technique represents a viable option for the management of BCC of the eyebrow, particularly in elderly patients. This case underscores the importance of individualized treatment strategies tailored to patient-specific factors such as age, lesion characteristics, and histopathological diagnosis. Further studies are warranted to evaluate the long-term efficacy and outcomes of this approach in a larger patient cohort.

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Abstract N°: 7323

Revision of Cicatrical Ectropion Using The Burrow's Triangle Suturing Technique

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Introduction & Objectives:

Ectropion is the outward rotation of the eyelid, exposing the palpebral conjunctival surface. Patients with ectropion may experience eye irritation, lagophthalmos, epiphora, and keratitis. Patients undergoing surgery in the periorbital skin area at risk of developing ectropion. Facial skin trauma leads to the formation of contracture scar tissue in the skin and subcutaneous tissue, shortening the anterior lamella, eventually resulting in cicatricial ectropion. The general management involves scar excision, followed by additional modifications to either vertically lengthen the skin segment or reduce eyelid laxity.

Case:

A 63-year-old woman presented with the lower left eyelid pulling down and frequently tearing for the past 6 months. This issue occurred after a basal cell carcinoma removal surgery on the left side of her face. The patient experienced frequent tearing, a tired feeling in the eyes, a sensation of discomfort, and redness in the eyes. The management involved a revision procedure for ectropion with surgical excision of scar tissue and with the triangular burow's suture technique.

Results & Conclusion:

The cicatricial ectropion in this case was treated by excision of the cicatricial tissue combined with the Burow's Triangle suturing technique. This technique is one technique that can be used to close defects, especially the medial cheek area of the face. This technique is a way to make it easier to mobilize the skin and avoid creases due to differences in skin length or to repair 2 cut edges with different lengths. Several other techniques for cicatricial ectropion include z-plasty surgery, local skin flap and full-thickness skin graft (FTSG) and lateral tarsal strip.

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Abstract N°: 7340

Mini skin graft and platelet-rich fibrin combination following hidradenitis suppurativa surgery: A pediatric case report

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Introduction & Objectives:

Surgical methods in the management of hidradenitis suppurativa (HS) are highly beneficial in controlling the disease and preventing scar formation. The MODES (MOdified DEroofing With Scar Excision) technique is a surgical procedure in which the surrounding fibrotic tissues are excised to reduce recurrence rates, in addition to the deroofing process used in HS surgery.

Materials & Methods:

In this case report, we present a girl with HS who underwent MODES surgery, and her post-surgical wound healing process was managed with mini skin grafts and platelet-rich fibrin (PRF) combination.

Results:

A 16-year-old girl with a diagnosis of HS applied to our HS outpatient clinic due to painful nodular lesions in the axilla. She had been diagnosed with HS four years prior and had been using topical and systemic antibiotics (rifampicin-clindamycin, doxycycline), isotretinoin, and metformin during this time. Her medical history also included acne vulgaris, obesity, and hepatosteatosis. Dermatologic examination revealed erythematous subcutaneous nodules, sinus tracts in the right axilla, and hyperpigmented scars in the inguinal area. Ultrasonographic analysis of the axilla showed pseudocysts and fistula structures. The patient was classified as Hurley stage II, and the IHS-4 score was 20. Due to the significant impact of the axillary lesion on her quality of life, surgical excision of the lesion was recommended. The MODES procedure was performed under sterile conditions with local anesthesia. The USG evaluation determined the boundaries of the surgical procedure area. With a 3.8 MHz high-frequency unit and electrocautery device, the area to be removed to the level of subcutaneous fat tissue. Mini skin grafts were created from areas of intact skin with no lesions on the edge of the excised tissue, PRF was prepared from the patient's blood (10 cc venous blood, Nuve-NF 200 centrifuge device, 1300 rotations per minute for 8 minutes). After the grafts and PRF were placed, the procedure area was bandaged. The patient experienced full recovery in three and a half weeks, with no recurrence detected during the six-month follow-up.

Conclusion:

Treatment methods aimed at accelerating the recovery process post-HS surgery are crucial in reducing complications and improving the quality of life for patients. Various treatment agents, such as different wound dressings, platelet-derived products, and growth factors, have been reported in the literature for this purpose. In our case, we utilized PRF as a platelet-derived product to aid in wound healing.

In addition to standard graft applications, new graft methods have been described recently. Hsiao et al. successfully used a split-thickness skin graft from lesional skin after removing all hair follicles, abscesses, and fistulas, known as a recycled split-thickness skin graft. Complete removal of hair follicles and inflammatory lesions within the graft is essential to reduce the risk of recurrence. In our case, mini grafts were created from intact skin

areas and placed in the procedure area to accelerate wound healing.

In conclusion, we present a case in which wound healing after MODES surgery was accelerated using mini-grafts and PRF, highlighting the efficacy of these readily available treatment methods in promoting successful wound healing.

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Abstract N°: 7447

Use of Platelet-Rich Plasma (PRP) in the Wound Healing Process After MODES Surgery in a Hidradenitis Suppurativa Patient

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Introduction & Objectives:

Hidradenitis suppurativa (HS) is a chronic inflammatory disease characterized by painful, draining intertriginous nodules, abscesses, sinus tracts and scars. Although systemic and biological treatment agents can be used in the treatment of the disease, surgical approach is also important in controlling the disease. Combining systemic and surgical treatment methods in the disease management is helpful in achieving successful results in the follow-up the disease.

Materials & Methods:

In this case report, we will present a male patient who we followed up with the diagnosis of HS and performed MODES (Modified DEroofing With Scar Excision) surgery on the axilla lesion and accelerated the wound healing process with Platelet-Rich Plasma (PRP).

Results:

A twenty-nine-year-old male patient was admitted to our clinic due to a painful and discharged lesions in his axilla. The patient described that the complaints had been going on for two years, that painful, discharged nodules had developed in the axilla intermittently, and that he had used antibiotic treatments during this period. In the dermatological examination of the patient, erythematous nodules and fistula tracts were observed in the left axilla. The patient diagnosed with HS and was evaluated as Hurley stage II. The patient was started on doxycycline therapy, and it was decided to surgically apply the MODES technique to the axilla lesion and perform PRP to accelerate the wound healing process. Initially, for PRP preparation, 10 cc of venous blood was taken from the patient into a PRP tube. The blood was centrifuged in the Nuve-NF 200 centrifuge device at 2500 rpm for 10 minutes and PRP was obtained. The procedure was performed under sterile conditions with local anesthesia. The area to be removed was excised down to the subcutaneous fat tissue level with an electrocautery device (a 3.8 MHz high-frequency unit and in cutting and coagulation mode). Following the excision, PRP was injected into the borders of the procedure area and then covered with a tight dressing. While no complications were observed in the patient's follow-up, PRP injection was repeated weekly. Complete epithelialization was observed in the procedure area in the fourth week after the procedure, and no recurrence was detected in the 6-month follow-up of the patient.

Conclusion:

MODES surgery is a surgical modality that aims to excise fibrotic tissues and scar areas in addition to the standard deroofing procedure used in the treatment of HS. Although the surgical approach is very important in HS, post-surgical wound healing disorder, delayed wound healing, pain and infections can reduce the quality of life of patients and decrease the success of the procedure. Various wound dressings and growth factors are used to accelerate healing process following HS surgery.

Platelet-derived treatment methods are used to accelerate the wound healing process through the growth

factors and cytokine contents found in the granules of platelets. PRP, one of the platelet-derived treatment methods, plays important roles in the wound healing process through the growth factors and cytokines it contains. There is limited data in the literature regarding the use of platelet-derived growth factors in the wound healing process after HS surgery.

Our purpose in presenting this case is talk about the features of the MODES technique, a method that has recently been implemented in HS surgery, and to emphasize the accelerating effect of PRP in the wound healing process.

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Abstract N°: 7610

Fat Menu: How to prepare the right meal for your skin.

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Introduction & Objectives:

Facial aging was thought to be the result of the downward pull of gravity on skin & underlying fat only. Nowadays, it is known as a four structural planes process affecting muscle, bone, as well as skin & fat. Fat grafting has been used in clinical practice since the end of the 19th century. Coleman introduced the centrifugation for fat purification. Harvested fat may be emulsified in to macrofat, microfat & nanofat to be used in different indication. The concept of nanofat was first proposed by Tonnard et al in 2013.

Materials & Methods:

Facial evaluation should proceed systematically. Deficient compartments should be marked in the sitting position. Donor-site selection is based on accessibility & patient preference. Standardized photographs & 3-D imaging was performed to Tonnard described modified Klein solution (lidocaine 800 mg/L &adrenaline 1:1000000) which is infiltrated before fat harvesting. Adipose tissue should be harvested with a multiport 3 mm cannula with sharp side holes of 1 mm in diameter connected to a 10-cc Luer-Lok syringe with gentle manual aspiration. Processing by sedimentation or centrifugation or filtration. This divides lipoaspirate into the superior oily layer, the middle fat layer & the inferior aqueous layer. Middle fat layer is shifted between 10-cc syringes with a 2.4-mm then 1.2 Luer-Lok connector for 30 passes to emulsify fibrous fat. The fatty liquid is passed once through a strainer cartridge with a dual 400/600-um filter to remove connective tissue. Nanofat is transferred to 1-cc syringes to be injected.

Results:

Fat grafting is used nowadays in different aesthetic and volume restoration procedures. It became an essential tool in revision rhinoplasty, in addition to 1ry rhinoplasty procedures do not require cartilage grafting. Nanofat transfer may be used in facial rejuvenation with very low morbidity. Autologous fat can play an important role in the treatment of disfiguring syndromes such as Parry-Romberg syndrome, En Coup De Sabre & facial scleroderma. Intradermal or subcutaneous nanofat injection in atrophic or postburn facial scars could effectively improve pigmentation & flexibility of scar tissue. In genital lichen sclerosus, fat injection of labia majora & clitoris of vulva improve skin texture & elasticity. Nanofat grafting can be applied to scalp as a supplement for hair follicle transplantation or as a regenerative treatment for alopecia. Smoking, coagulation disorders, prior surgical or skin-tightening procedures, comorbidities & medications are the most important risk factors need to be assessed before the procedure. Complication may occur in donor or recipient site. Donor-site morbidity range from bruising, hematoma, pain, infection, contour irregularities & damage to the underlying structures. Recipient-site complications, such as infection, cellulitis, cyst formation, temporary dysesthesia & fat reabsorption were reported. Accidental intra-arterial injections in “dangerous” areas such as the glabella & nasolabial fold may result in cerebral or ocular artery thrombosis.

Conclusion:

This lecture describes current recommendations on fat grafting, supported by before and after photos for different indication treated by different sizes of fat molecules. Autologous fat grafting is reported to be a very safe procedure with very low morbidity.