Abstract N°: ID-54

Topic: Dermatological surgery

Optimising Outpatient Dermatologic Surgery: Evidence-Based Strategies for Safety and Scalability

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Introduction

Outpatient dermatologic surgery has evolved from minor interventions to complex procedures, driven by technical advancements and healthcare system shifts. This transition demands rigorous protocols to ensure safety and efficiency, particularly in high-risk patients. Our research addresses bleeding risk, infection control, and surgical technique adaptation to optimise ambulatory care.

Materials and Methods

We conducted a multi-method research portfolio comprising:

- A meta-analysis of >9,000 dermatologic surgeries comparing inpatient vs. outpatient bleeding rates.
- A prospective trial of bilateral tumour excisions using modified haemostatic protocols.
- Retrospective analysis of infection incidence across 3,240 outpatient procedures.
  Standardised interventions included bipolar coagulation, multilayer intradermal suturing, and structured follow-up schedules.

Results

Meta-analysis revealed a pooled postoperative bleeding rate of 0.3% in outpatient cases vs. 2.5% inpatient. Anticoagulated patients had a 2.6-fold increased bleeding risk, yet most events were mild. In the prospective trial (n=50), modified protocols reduced bleeding from 12% to 0% compared to historical controls. Infection rates remained low: 0% in biopsies, 1.36% in simple excisions, and 1.5% in two-stage reconstructions. No systemic infections or hospitalisations occurred.

Conclusions

Outpatient dermatologic surgery is safe and scalable when structured protocols are applied. Key measures include continuing anticoagulants, using bipolar coagulation, multilayer suturing, and enforcing asepsis training. These strategies enable treatment of complex cases outside hospital settings without compromising outcomes, supporting cost-effective and patient-centred care.

Abstract N°: ID-91

Topic: Dermatological surgery

Management of Squamous Cell Carcinoma on right lower eyelid using an upside-down Cutler Beard flap

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Introduction
Squamous cell carcinoma (SCC) is an invasive epithelial malignancy derived from epidermal keratinocytes. It is the second most common eyelid and periocular skin malignancy, comprising 5% to 10% of eyelid and periorbital skin malignancies. It is often progresses slowly with risk factors including exposure to ultraviolet light, fair skin, radiation, immunosuppression and human papillomavirus infection.

Materials and Methods
A retrospective review of patient case presentation and histology was performed.

Results
A case of a 59-year-old male who has an 8mm scaly, crusting lesion on the right lower eyelid present for the past few months is presented. Wide excision of the lesion was performed with frozen section control which confirmed complete excision of an SCC. Eyelid reconstruction was performed via a upside-down Cutler-Beard flap. This type of flap is a modification on the traditional Cutler-Beard flap, using a full-thickness advancement flap to repair the lower eyelid defects by splitting the upper eyelid anterior and posterior lamella structures and suturing into the respective layers of the lower lid defect. At 12-month follow-up no evidence of recurrence or metastasis was present.

Conclusions
Eyelid SCC is a relatively uncommon, but potentially fatal disease. However, if detected early and treated adequately, the prognosis is generally excellent. Treatment by complete excision with histological confirmation of tumour clearance is recommended. Other treatment options include primary radiotherapy, chemotherapy, cryotherapy, and various systemic (retinoids) and topical preparations (5-fluorouracil, imiquimod). All patients with eyelid SCC should be advised of the risk of recurrent or new tumors and encouraged to attend lifelong follow up.

Abstract N°: ID-127

Topic: Dermatological surgery

The Use of Perioperative Cephalexin in Penicillin Allergic Patients in Dermatologic Surgery. An Advisory Statement.

Clark Otley*[1], Elliott Campbell[2]

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Introduction

Introduction: Approximately 10% of patients report penicillin allergy. Based on historical guidelines, patients with a penicillin allergy should receive an alternative to cephalexin for prophylaxis in dermatologic surgery. Whether a dermatologist routinely or rarely prescribes prophylactic perioperative antibiotics, most agree that there are specific scenarios that warrant their use in dermatologic surgery. Most dermatologists have experienced the scenario when cephalexin, a first-line antibiotic, is indicated for administration preoperatively, but the patient has a “penicillin allergy”.

The impetus for this investigation was an institution-wide modification to our guidelines which encouraged the use of cefazolin as a first-line perioperative antibiotic in penicillin allergic patients (even in scenarios of past anaphylaxis).

Pre-operative antibiotic prophylaxis in dermatologic surgery is a controversial topic amongst dermatologists. Our group’s previous manuscript highlights some of these differences in opinion and proposed guidelines for administration of prophylactic antibiotics in dermatologic surgery.[1] The aim of this work is not to review administration of prophylactic antibiotics, but rather to elucidate our modified approach to administering prophylactic antibiotics to penicillin allergic patients.

Materials and Methods

Materials and Methods: The objective of this study was to determine, based on evidence, if cephalexin should be used as a first-line prophylactic antibiotic in dermatologic surgery for patients with penicillin allergy. A systematic review of the literature was performed with defined search terms. A comprehensive review of the literature was performed, and input from multidisciplinary colleagues, including Allergy and Infectious Disease physicians and a pharmacotherapy and infectious disease pharmacist, was obtained. Recommendations on an updated approach to outpatient preoperative prophylaxis for patients with potential allergy to penicillin were developed.

Results

Results: Less than 5% of those with penicillin allergy labels have a true penicillin allergy. For patients with true, persistent penicillin allergy, there is an overall low cross-reactivity with cephalosporins, especially with cephalosporins that do not share identical R1 side chain. The first generation cephalosporins, including cephalexin, have a slightly higher risk of cross-reactivity in patients with reported allergy to amino-penicillins (amoxicillin, ampicillin) but not other penicillins. The risk of severe cross-reactivity of cephalosporins in patients with low-risk penicillin allergies is extremely low. Cephalexin has a superior side effect profile and efficacy compared to alternatives.

Conclusions

Conclusion: Cephalexin should be used as the first-line prophylactic antibiotic in dermatologic surgery for patients with documented penicillin allergy, including anaphylaxis. There may be a higher risk of cross-reactivity with cephalexin in

patients with a confirmed amino-penicillin allergy.

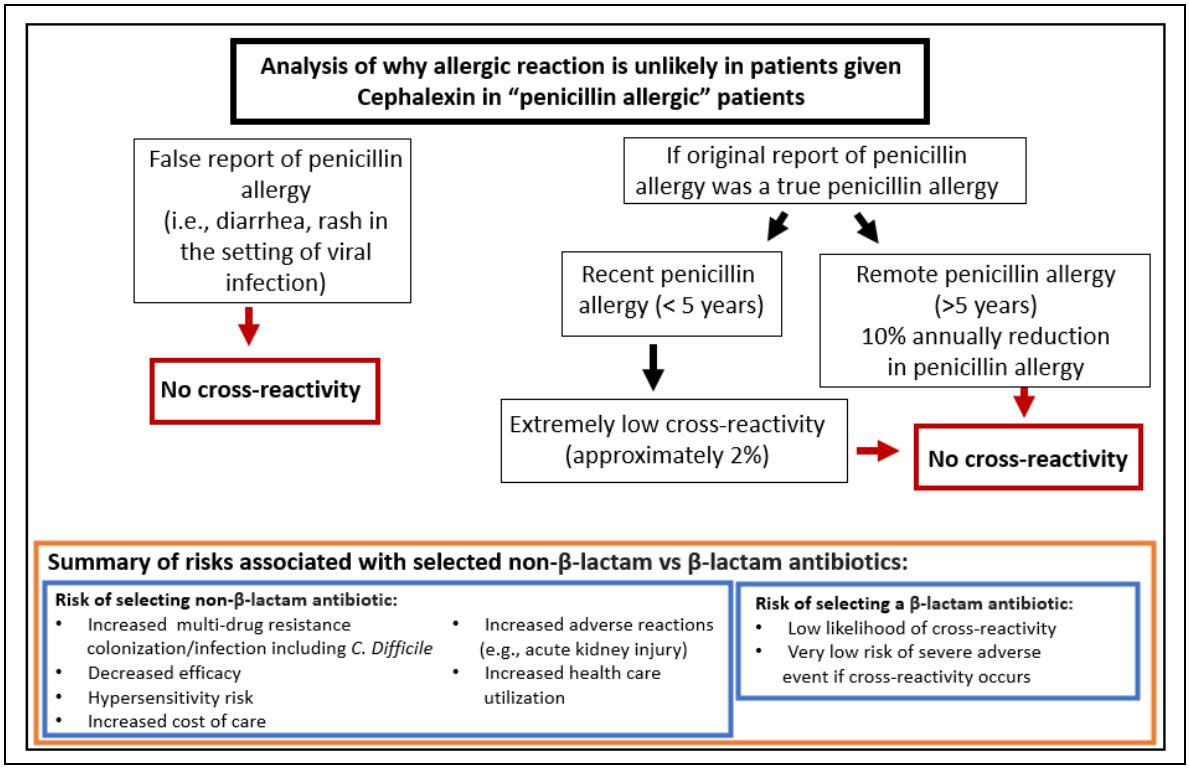

Figure 1: Risk analysis for selecting cephalexin for perioperative antibiotic in the setting of a reported penicillin allergy. Maragh SL, Otley CC, Roenigk RK, Phillips PK; Division of Dermatologic Surgery, Mayo Clinic, Rochester, MN. Antibiotic prophylaxis in dermatologic surgery: updated guidelines. Dermatol Surg. 2005 Jan;31(1):83-91. doi: 10.1111/j.1524-4725.2005.31014. PMID: 15720101. Wright TI, Baddour LM, Berbari EF, Roenigk RK, Phillips PK, Jacobs MA, Otley CC. Antibiotic prophylaxis in dermatologic surgery: advisory statement 2008. J Am Acad Dermatol. 2008 Sep;59(3):464-73. doi: 10.1016/j.jaad.2008.04.031. PMID: 18694679.

Abstract N°: ID-155

Topic: Dermatological surgery

Platelet-Rich Plasma for Steroid-Damaged Groin Skin: A Multimodal Comparative Study with Clinical, Sonographic, and Histopathologic Evidence

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Introduction

Topical corticosteroid misuse in the groin region is a widespread issue in developing nations like India, causing skin atrophy, persistent itching, burning, and irreversible striae formation [Rathi, 2006]. Current treatments offer limited success in reversing dermal atrophy. Autologous Platelet-Rich Plasma (PRP), with its concentration of growth factors, has shown promise in wound healing and skin regeneration

Objectives

To assess the efficacy of PRP in reversing corticosteroid-induced groin skin damage by comparing clinical symptoms, dermal sonographic thickness, and histopathological changes before and after treatment.

Materials and Methods

A prospective observational study of 100 patients (age 20–60) with documented misuse of clobetasol/mometasone in the groin ≥4 weeks was conducted. All participants received 3 sessions of autologous PRP (double-spin method) at 2-week intervals.

Evaluations included:

Clinical improvement: burning, itching, striae visibility

Sonography: dermal thickness and echogenicity changes

Histopathology (HPE): in 10 consenting patients pre- and post-PRP

Dermatoscopic & photographic documentation

Statistics: Chi-square and paired t-tests; $p < 0.01$ was considered significant

Results

Burning relieved within 24 hours in 92% of patients

Itching resolved in 3 days in 95%

Visible improvement in striae seen in 75% by Day 7

Clinical recovery >75% in 80% by Week 8

DLQI scores improved from 15.2 to 4.3 ($p < 0.001$)

Ultrasound: dermal thickening in 72% with normalized echotexture [Del Duca et al., 2023]

HPE: Collagen regeneration and epidermal normalization noted in post-treatment biopsies

All parameters showed statistically significant improvement. Patient satisfaction and quality-of-life improvement were remarkable, with rapid symptom reversal and cosmetic recovery.

Conclusions

PRP represents a safe, effective, and biologically rational therapy for reversing steroid-induced skin damage in sensitive areas. Its multimodal benefits—documented via clinical scores, sonography, and histopathology—position it as a first-line rescue therapy in dermatology.

Abstract N°: ID-261

Topic: Dermatological surgery

Outcomes Post Minor Dermatology Surgery

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Introduction

Minor dermatological surgeries are commonly performed for diagnostic and therapeutic purposes. Proper perioperative management is essential for minimizing complications and ensuring optimal outcomes. The aim of this clinical audit was to evaluate the outcomes following minor surgery performed within the local dermatology department.

Materials and Methods

Questionnaires were done in two parts. The first part of the questionnaire (type of procedure, surgical site, type of dressing used and whether prophylactic antibiotics were prescribed post procedure) was filled out on the day of minor surgery procedure. The rest of the questionnaire (post-operative advice recalled by the patient and any complications) was filled out during patient follow up, which was usually 6-12 weeks post procedure.

Results

There were 126 responses over a 1 year period, providing insights into the types of dermatological minor procedures conducted, patient demographics, wound care practices, and postoperative outcomes. There was an equal distribution of male and female patients, their ages ranging from 15- 92 years. Excision of lesions (excluding cysts) accounted for 48.4% of cases including 20 cases of BCC and 8 cases of SCC, 22 cases of irregular/dysplastic naevi, and 5 cases of melanoma. Other lesions included keratoacanthoma, atypical dermatofibroma, haemangioma, lentigo simplex and seborrhoeic keratosis. Shave/curettage procedures made up 16.7% of the responses and punch biopsies accounted for 13.5%. Excision of cysts and incisional biopsies accounted for 12.7% and 8.7% of procedures, respectively. Waterproof dressings were used in 78.6% of cases. Wound closure strips, spray dressing and hydrocolloid were used 77.8%, 50% and 15.9% respectively. Other coverings included dry dressings, mupirocin ointment and alginate dressing. Prophylactic antibiotics post procedure were not prescribed in 98.4% of cases. Only two patients (1.6%) were given oral antibiotics, namely co-amoxiclav. The trunk was the commonest surgical site (33.8%), followed by the face and neck (21.4%), upper limbs including the axilla and shoulder (19.8%), lower limbs (13.5%), scalp (6.1%), and pelvic region/buttocks (5.4%). Advice to keep the surgical site dry was recalled by 87.3% of patients. Recommendations to avoid swimming and strenuous activities were recalled by 36.5% and 27% of patients, respectively. All patients recalled information on when and where to have their sutures removed or how to change their dressing. Post-procedure complications were reported in 11 patients (8.7%). Most of these complications (90.9%) occurred 48 hours+ after the procedure. Infection was the leading cause, accounting for 63.6% of the complications, with symptoms including pus formation (85.7%), followed by pain (42.9%) and swelling (28.6%). Other complications included wound breakdown, bleeding, keloid formation and contact dermatitis to the dressings. The affected surgical sites included the scalp, shoulder, upper chest, and lower limbs. In terms of management, 5 out of these 11 patients were prescribed oral co-amoxiclav, doxycycline, or ciprofloxacin. One patient received topical mupirocin. All patients reported good response and resolution of symptoms.

Conclusions

Despite the small population included in this audit, the results gave a comprehensive overview of dermatological minor surgical practices and complications within our department, which are on par with the current evidence and standard practices in the literature.

EA DV SYMPOSIUM 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-313

Topic: Dermatological surgery

Extendable plastic surgery with primary wound closure (under general anesthesia) as optimal dermatosurgical option for middle-sized congenital dysplastic nevus in a 8-year-old boy

Georgi Tchernev[1, 2], Konstantin Tchernev Jr[2], Valentina Broshtilova-Nikolova[3], Simona Kordeva*[1]

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Introduction

Dermatosurgical management of congenital melanocytic nevi is a serious problem for the relatives and "small patients" as well as for dermatosurgeons. The responsibility of the medical team is enormous, analogous to the expectations of the parents themselves.

Materials and Methods

The aggressive dermatosurgical approach is usually short-lasting but the most effective one and depends on the size and localization of the nevus as well as the experience of the dermatosurgeon. In practice, it is the size and morphology of melanocytic nevi, assessed on the basis of clinical and dermatoscopic criteria, that are the main factors determining the need for possible future aggressive therapy.

We report an 8-year-old child with a dysplastic congenital medium-sized melanocytic nevus in the dorsal region (Fig.1a,b).

Figure 1a,b: A pigmented lesion with unclear borders, heterogeneous structure, and areas of hair growth, measuring 4.5 cm x 2.5 cm, located on the back, between the scapulae.

Results

The patient was successfully treated dermatosurgically under intubation anesthesia using extendable plastic surgery (fig.2a-d).

Figure 2a-d: Intraoperative view: under intubation anesthesia via elliptical excision with a 0.5 cm margin in all directions (a-c). Careful cauterization was performed, and the wound defect was then closed with single interrupted sutures (d).

Conclusions

The histological findings corresponded to a papillomatous mixed melanocytic nevus (Fig.3a-c). The resection lines were clean. No postoperative complications were observed.

Although the literature suggests that advanced noninvasive drug options based on mutational status exist for congenital nevi, the outcomes of their use are generally or mostly unsatisfactory, as they do not result in complete regression of lesions. Dermatosurgery remains the most safe and effective method for managing congenital nevi.

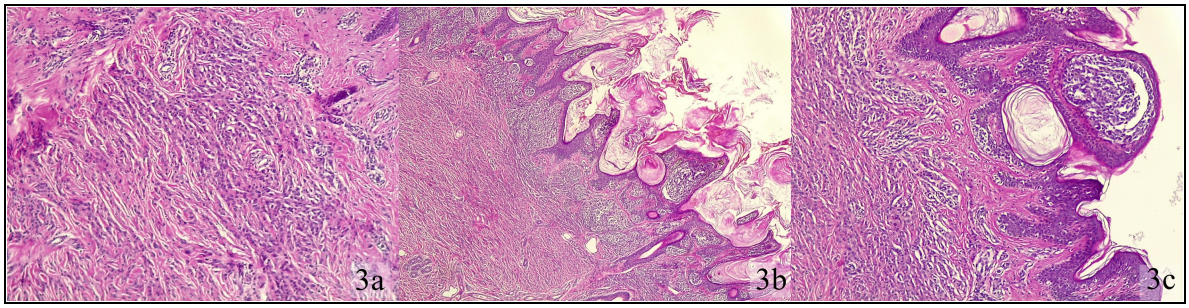

Figure 3: Papillomatous mixed melanocytic nevus : An extensive, well-demarcated, papillomatous melanocytic lesion, characterized by ortho- and follicular hyperkeratosis, irregular acanthosis, melanocytic proliferation forming nests of various calibers, obscuring the dermoepidermal junction, a fibrous subepidermal plate, linearly arranged conglomerates of small nevo-melanocytes, and collagen fiber delamination in the middle dermal compartment. 3a: nevus cells deliniating the collagen bundles x 100 x HE 3b: CMN x 40 3c: atypical epidermal melonocytic proliferation x 100 x HE

EA SYMPOSIUM DV 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-314

Topic: Dermatological surgery

Wide local excision as optimal dermatosurgical approach for a Bulgarian patient with dermatofibrosarcoma protuberans located on the back

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Introduction

Dermatofibrosarcoma protuberans (DFSP) is a rare, low-grade cutaneous sarcoma typically found on the proximal extremities and the trunk, characterized by infiltrative growth and low risk of metastasis. High rates of local recurrence or relatively large tumor sizes can significantly sometimes complicate the therapeutic management and subsequent final results.

We present the case of a 63-year-old male with a tumor formation, measuring 6-7 cm in diameter, located on the right dorsal region, accompanied by several confluent multifocal nodules situated infralaterally to the primary formation (fig.1a,b).

Fig.1a,b: Preoperative panel: 1a: A tumor formation in the right dorsal region, measuring approximately 6 cm in diameter. The lesion has a rounded shape with nodular growth, relatively mobile to the underlying subdermal structures, and with a smooth surface. In the peripheral region of the formation, infralaterally, several confluent rounded nodules can be observed, characterized by a pink to red color, smooth and regular surface, and palpable dense consistency. 1b: Creative preoperative marking of the lesion that will be surgically excised.

Materials and Methods

Wide surgical excision with 5 mm margins in all directions was performed, achieving clean resection margins in all directions and short term recidive-free outcome (Fig.2).

Fig.2: Intraoperative view: Primary wound defect resulting from elliptical excision of the tumor formation with a 5 mm safety surgical margin in all directions

Results

The postoperative period resulted without complications (fig.3a,b).

Fig.3a,b: Postoperative view: The primary wound defect is closed with single interrupted sutures.

Conclusions

Histopathology confirmed dermatofibrosarcoma protuberans (Fig.4a-c).

The case provides a shoert brief overview of the therapeutic options available for DFSP, emphasizing the dermatosurgical approach under local anestehesia, which in selected cases remains part of the so called gold standard for surgical management of the disease.

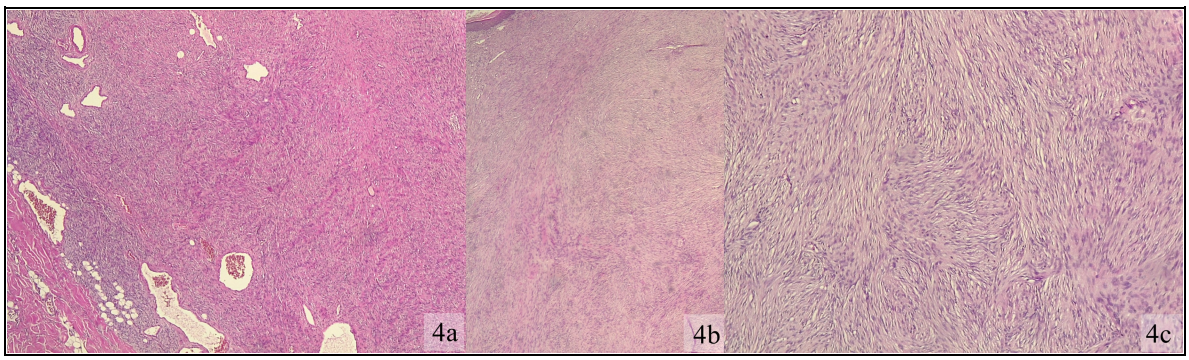

Fig.4a-c: Dermatofibrosarcoma protuberans: Extensive mesenchymal neoplasia characterized by orthohyperkeratosis, interspersed with horizontally alternating parakeratotic squamous crusts overlaying areas of epidermal atrophy. These alternated with reticular acanthotic projections and ecstatically dilated capillary loops in the papillary dermis. The neoplasm exhibit a compact proliferation of collagen fibers of varying calibers, accompanied by fusiform atypical fibroblastic cells with centrally located nuclei containing two to three nucleoli. These cells are embedded in a well-vascularized stroma with foci of lymphoplasmacytic infiltration densely occupying the lower dermal layers and diffusely invading the hypodermis. 4a: DFS – prominent involvement in subcutis x HE x 40 4b: DFSP x HE x 40 4c: DFSP x HE x 100

Abstract N°: ID-316

Topic: Dermatological surgery

Subungual acral melanoma with bone infiltration developing after repeated trauma: dermatosurgery under local anesthesia as succesful treatment choice

Georgi Tchernev[1, 2], Konstantin Tchernev Jr[2], Valentina Broshtilova-Nikolova[3], Simona Kordeva*[1]

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Introduction

Acral lentiginous melanoma (ALM) is a rare type of cutaneous malignant melanoma, predominantly affecting the acral sites and subungual regions of the upper and lower extremities. Unlike other melanoma types, UV exposure is not considered as significant etiological factor. Instead, mechanical stress, particularly traumatic injury, is recognized as a potential cofactor to ALM development and progression , especially in weight-bearing areas such as the sole. The presence of pre-existing pigmented lesions may serve as precursors.

Materials and Methods

While diagnostic and therapeutic approaches for skin cancer are well-established in existing guidelines - such as those proposed by the European Joint Committee (EJC) and the American Joint Committee on Cancer (AJCC) - certain limitations are evident. These standardized protocols may not be fully beneficial for each patient, which highlights the need for a more personalized, patient-focused approach.

We present a 57-year-old woman with a tumor-like lesion on the right hallux (Fig.1). A prior injury 30-years earlier was reported, after which a pigmented lesion developed and remains stable for decades.

Fig.1: A tumor-like formation with central ulceration and hemorrhagic crusts in the area of the right hallux

Results

Following a recent domestic trauma, the lesion underwent rapid malignant transformation. Amputation of the right distal and proximal phalanx of digitus I (hallux) under local anesthesia was performed (Fig.2a-d).

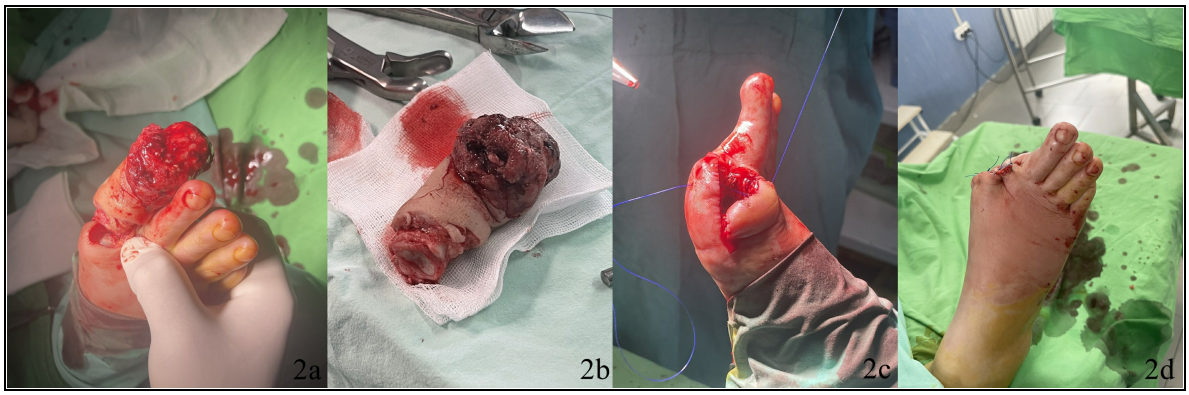

Fig.2a-d: Amputation of the right distal and proximal phalanx of digitus I (hallux). The primary wound defect is closed with single interrupted sutures.

Conclusions

Histology revealed an aggressive subungual acral nodular melanoma with subsequent bone infiltration, staged IIC T4bN0M0, Clark level IIC, Breslow thickness >4mm (Fig.3a-d).

BRAF testing, re-excision with a 1.7 cm margin with a sentinel lymph node biopsy within 2-4 weeks, and initiation of immunotherapy or targeted therapy, were recommended. Two years later there were no signs of metastatic spread.

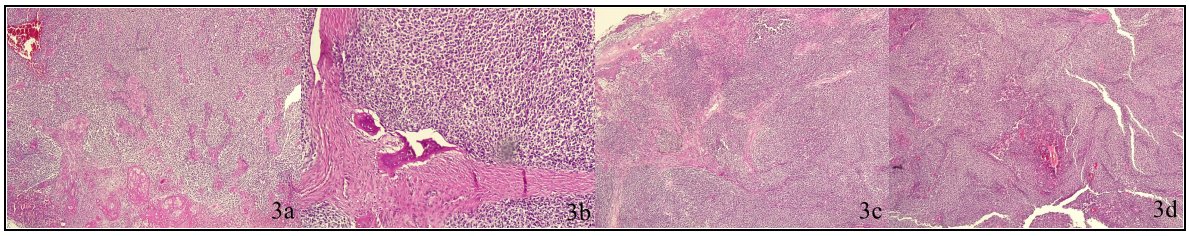

Fig.3a-d: An abundant parakeratotic crust over areas of superficial epidermal necrosis, with a compact proliferation of large melanocytes exhibiting marked pleomorphism, atypical mitoses, and discohesion. The tumor infiltrates deeply into the underlying dermis and bone matrix, forming necrotic foci within a sparse lymphoplasmacytic stroma. 3a: osteolytic invasion HE x 40 3b: osseous islands invaded by atypical melanocytes HE x 40 3c: subungual melanoma HE x 40 3d: subungual melanoma – necrotic zone HE x 40

Abstract N°: ID-320

Topic: Dermatological surgery

Innovations in dermatologic surgery and melanoma pathogenesis: from the personalised surgery to the concept of genomic mapping/targeting via nitrosamines in drugs: spotlight on contamination of angiotensin converting enzyme inhibitors and angiotensin receptor blockers

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Introduction

The pathogenesis and successful surgical treatment of cutaneous melanoma remain a mystery to this day, the unraveling of which has excited clinicians and research teams worldwide. The breakthrough regarding the interpretation of the pathogenesis of skin cancer and melanoma in particular in all likelihood concerns phototoxicity and photocarcinogenesis as some of the major factors associated with its occurrence. Extremely interesting and revealing are two types of observations/indisputable facts that definitely change completely the current vision of melanoma occurrence and progression: 1) The presence of carcinogens, photocarcinogens and mutagens in more than 95% of the most widely distributed drugs worldwide. On the one hand, they are inducers of heterogeneous types of mutations and, on the other hand, potentiate phototoxicity, and 2) clinicopathological correlations demonstrating a pathogenetic link between the intake of actual/potential photocarcinogen/mutagen contaminated products and the subsequent or concurrent development of melanomas. The categorical refusal of regulators (so far) to oblige manufacturers to officially declare the presence of photocarcinogens/mutagens/genome modifiers in medicines , remains puzzling and disturbing to say the least. This is what makes it difficult to make an accurate judgement on the specific risk of a particular nitrosamine present as a contaminant in a particular drug in a particular geographical area. The regulation of the distribution and concealment of carcinogens in medicines correlates with the occurrence of heterogeneous forms of it in the geographical regions concerned. This is a strong reason to formalize carcinogens in medicines.

Materials and Methods

Conflicting evidence on the risk of developing melanomas in one latitude/continent or another is likely to correlate with the type of photo/nitroso/contaminant involved and the concentration in which it is present in a given drug. The official data of the regulatory authorities in America and Australia, for example, do not correspond with each other and show the different availability in different preparations with different photocarcinogens/mutagens/genome modifiers or so-called nitrosamines. For other continents, there are no epidemiological data on the subject. It remains an open and speculative question whether genetic targeting based on so-called genetic mapping is involved in these cases in order to maximize future benefits. The issue of genetic profiling of a nation, a geographical region or a particular collective is a matter of national but also global security for every country.

We present a patient, who developed thick nodular melanoma (Fig.1a,b) within a long-term treatment with sartan/valsartan and ACE inhibitor/ Enalapril.

Fig.1a,b: A solitary, nodular, pigmented tumor measuring 2.6x2.5 cm, with a rounded shape, well-defined borders, and a lobulated surface with increased pigmentation, located on the left back.

Results

An elliptical excision was performed with a 2 cm surgical margin in all directions (Fig.2a-d), following the patient's informed consent and his refusal of sentinel lymph node excision despite being informed of the associated risks.

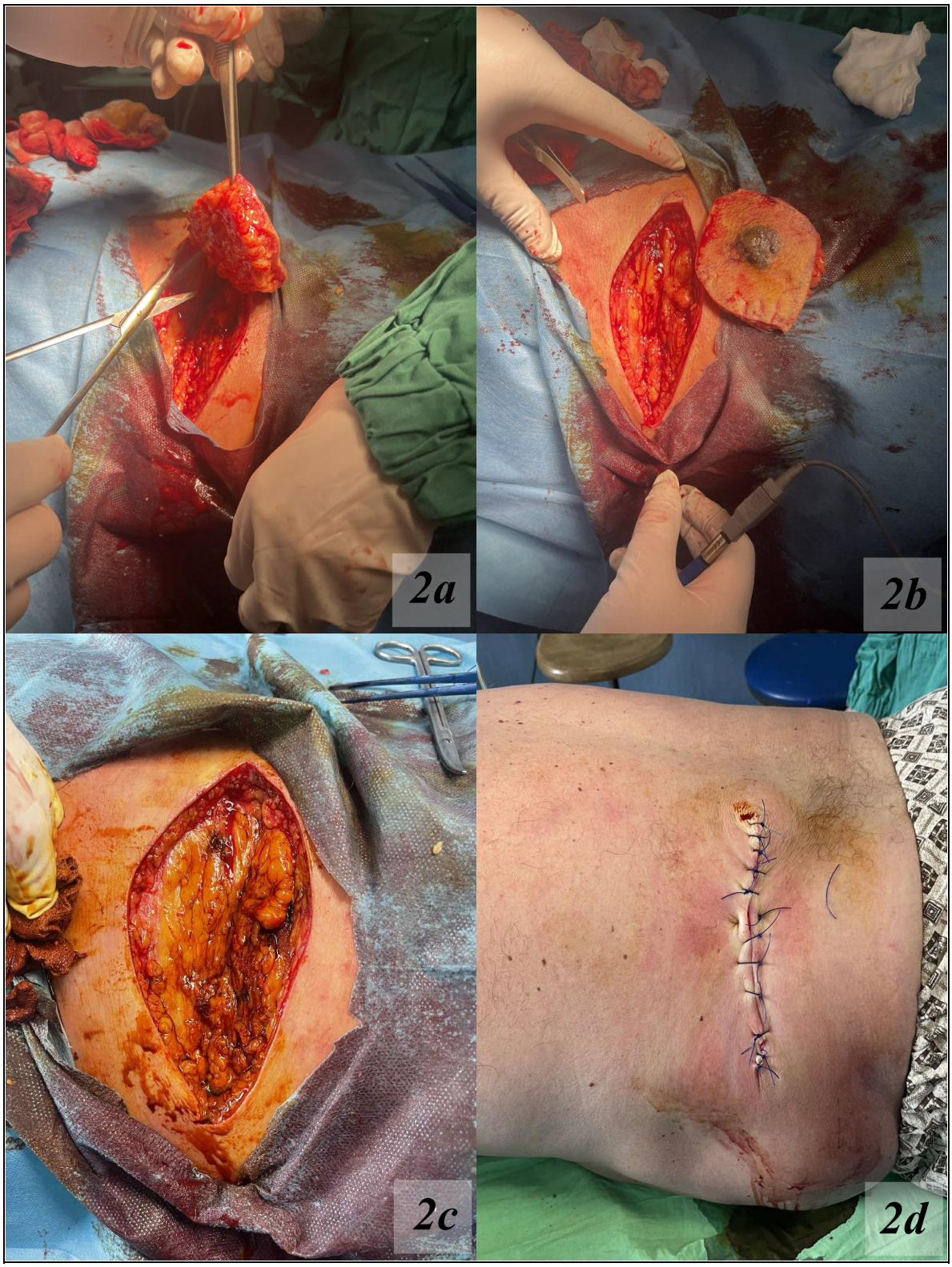

Fig.2a-d: Intraoperative view: a tumor formation excised with an elliptical excision (a-c) with a 2 cm surgical margin in all directions. The wound edges are adapted using single interrupted sutures (d).

Conclusions

The tumor was classified as Clark level IV with a Breslow thickness of 14mm, consistent with stage II B (T4aN0(X)MX) nodular melanoma (Fig.3a-c).

We comment on the possibility of a personalized one-stage surgical management of cutaneous melanomas as well as aspects of a new medical concept introduced in the literature; also known as drug-induced Photo Nitroso carcinogenesis/ oncopharmacogenesis of cancer.

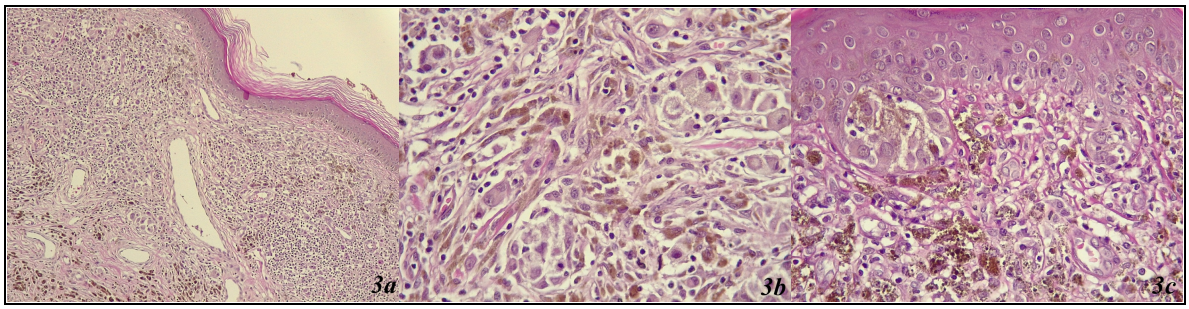

Fig.3a-c: Histology panel: A compact nodular melanocytic proliferation with orthohyperkeratosis, epidermal atrophy with focal upward spreading, and consumption of the overlying epidermis by large, atypical melanocytes exhibiting pronounced pleomorphism and large, bright cytoplasms. These cells form artificial acantholysis and variegated nests, interspersed with necrotic zones, and infiltrated into the dermis, extending to the superficial hypodermis. Lympho-vascular and perineural invasion is present, and a high mitotic index with atypical mitoses is noted. Ulceration is absent. 3a: nodular melanoma x HE x 100 3b: nodular melanoma x HE x 200 3c: epidermal component of NM x HE x 200

Abstract N°: ID-330

Topic: Dermatological surgery

Dermatosurgical rounds: Modified Rhomboid flap for reconstruction of a skin defect following BCC excision in the area of ala nasi

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Introduction

The reconstructive ladder remains a foundational concept in dermatosurgery and reconstructive field, guiding clinicians toward the simplest effective technique for addressing a certain defect. However, in the context of modern innovations and increasingly personalized surgical planning, individualized modifications to established techniques may offer the most appropriate approach foe each patient.

Materials and Methods

The rhomboid flap, although a classic and reliable option, can be refined intraoperatively to optimize outcomes - preserving anatomical integrity, preventing facial distortion, maintaining function, and enhancing cosmetic results.

We present a case of a patient with clinically suspected basal cell carcinoma involving two nasal subunits - the dorsum nasi and right lateral sidewall (Fig.1). Surgical excision was recommended.

Figure 1: Preoperative view: Tumor-like lesion with intermittent bleeding and subsequent crust formation, exhibiting irregular borders and located between the dorsum nasi and the right lateral sidewall. Immediately after a one-day dressing with povidone iodine - the crust had fallen.

Results

Based on the reconstructive ladder and the characteristics of the defect, a local transposition flap (rhomboid flap) was selected. During the intervention, a modification of the classical flap design was performed (Fig.2a,b).

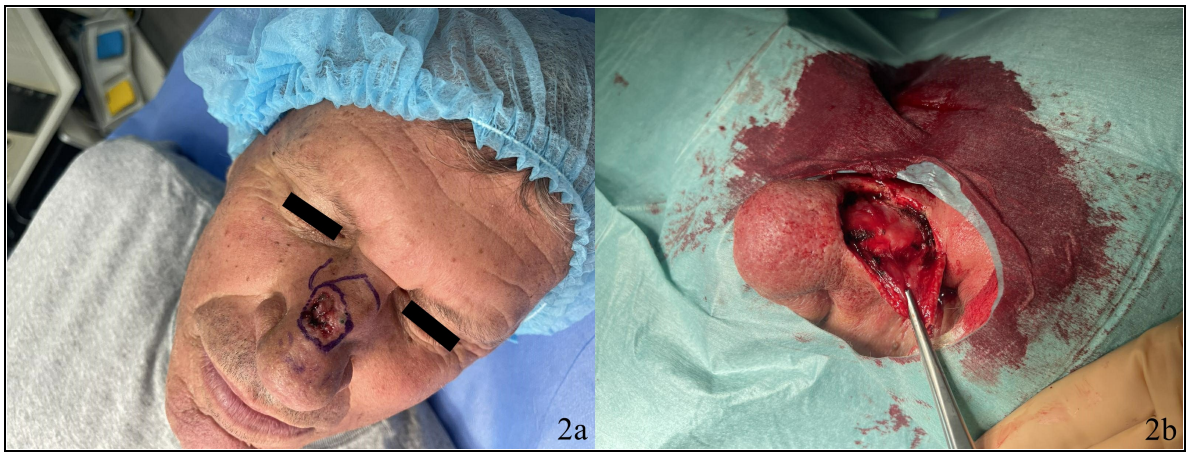

Figure 2a,b: Intraoperative view: Designing the rhomboid flap with the subsequent modification (a). Elevation of the flap (b).

Conclusions

Immediately and at the one month postoperative evaluation, the patient exhibited preserved nasal function and contour, along with an excellent cosmetic outcome (Fig.3a,b).

Figure 3a,b: Postoperative view: One day postoperative with mild edema (a). The patient at the one month follow up (b).

EA DV SYMPOSIUM 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-333

Topic: Dermatological surgery

Thin melanoma arising in nevus spilus: dermatosurgery as optimal treatment choice

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Introduction

Nevus spilus is a term in the literature used for a benign pigmented cutaneous lesion, occurring shortly after birth or in the early stages of infancy. The lesion itself is very distinguishable in most cases with numerous small papules or macules on a "café au lait" background pigmentation. It can be seen on different parts of the body with predominance in the areas of the extremities. Although benign, in some cases malignant transformation can occur. Malignant melanoma arising within a nevus spilus lesion is not so unlikely anymore.

Materials and Methods

We report a 36-year-old female patient with a thin cutaneous melanoma developing within a congenital nevus spilus lesion (Fig.1a,b) successfully treated with surgery.

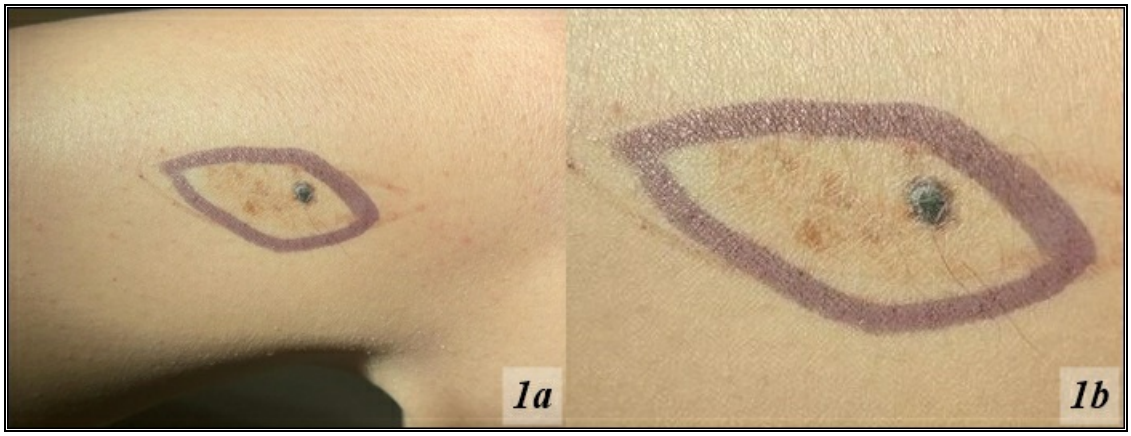

Fig.1a,b: Light brown pigmentation with small dark spots located on the lower right lateral part of the hip (a,b). Below the pigmentation another dark brown lesion with irregular borders was seen which was highly suspicious for melanoma.

Results

The complete surgical removal of melanoma and nevus spilus ensures the absence of recurrences as well as the need for follow-up of patients.

The first surgical session was performed under local anesthesia with 0.3cm in one direction and with 1cm in the other remaining directions (fig.2a-d). The lesion was preoperatively marked (fig.2a) followed by surgical excision of the formation (fig.2b,c) and sutured with single interrupted sutures (fig.2d). The histology revealed an acanthotic epidermis with hyperpigmentation of the rete ridges and single melanocytes in the dermal-epidermal junction which was indicative

for nevus spilus. The other well-defined lesion was confirmed as melanoma with 0.8mm Breslow thickness, staged T1N0M0, without lymphovascular invasion, increased number of mitoses or perineural infiltration. Another surgical session was planned for the melanoma lesion under local anesthesia with 1cm in all directions. The remaining defect was closed with single interrupted sutures. The patient was referred to the oncology department for further treatment if necessary.

Fig.2a-d: First surgical session with 0.3cm in one direction and with 1cm in the other remaining directions (a-d). The lesion was preoperatively marked (a) followed by surgical excision of the formation (b,c). The defect was closed by single interrupted sutures (d)

Conclusions

This surgical approach should be discussed with patients, and clinicians' recommendations depend on 1) the morphology of the lesion, 2) the size of the lesion, 3) the localization of the lesion, and last but not least : the presence or absence of stigmatization in the patients themselves. Our main focus in this article will be on the importance of an early diagnosis and eradication of such lesions while reviewing the existing literature.

EA SYMPOSIUM DV 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-343

Topic: Dermatological surgery

Dermatologic surgery rounds: Double-triangular flap for reconstruction of a circular skin defect in the central frontal region

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Introduction

Circular defects of the frontal region, especially of this caliber, are a reconstructive challenge due to the complex and sensitive nature of the anatomical area. Neglected or left untreated, the tumor may progress over time, potentially resulting in local destruction and bone invasion. The selected reconstructive technique should prioritize the preservation of the eyebrows, while also minimizing the tension around the forehead area, reducing distortion of the adjacent tissue, and providing better redistribution of it while preserving as much healthy tissue as possible.

Materials and Methods

We present a 75-year-old female with a circular defect resulted from an surgical excision of an infiltrative basal cell carcinoma, staged T1N0M0R0, located in the center of the forehead, above the eyebrows (Fig.1).

Circular primary defect, measured 36 mm x 38 mm, 4 mm deep, with displayed exposed periosteum after surgical excision of an infiltrative basal cell carcinoma. The double triangular flap that will be created was preoperatively marked.

Results

The double-triangular flap used in this case effectively redistributed the tension of the wound closure leading to a good aesthetic outcome with minor hypertrophic scarring that will improve with time, intralesional steroid, or laser therapy. While this reconstruction technique may not be unique or new to surgeons, its horizontal application for a medium-sized circular defects in the facial region, particularly the forehead, is considered valuable and effective by our team. The resulting circular defect was reconstructed with a double triangular flap. The double triangular flaps were created on both sides of the lesion, medially and laterally to the defect, with a length of 1.5 times the diameter of the initial defect (Figure 2).

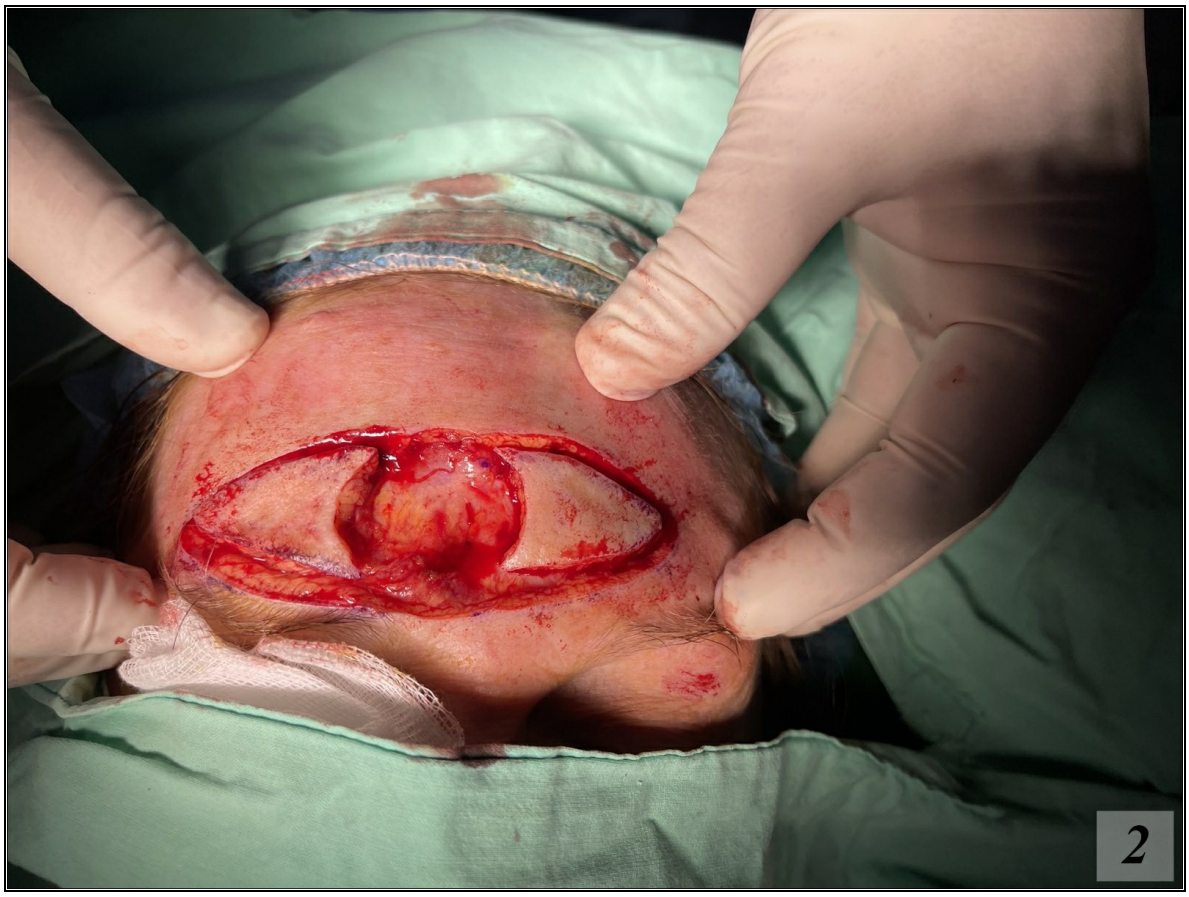

Figure 2: Double-triangular flap prepared for primary defect closure

Conclusions

After confirming minimal tension to the flap, we closed the secondary defect with single interrupted 4-0 poliglecaprone 25 sutures (Figure 3a). After 6 months, the patient showed improvement, and aesthetically pleasing result was achieved (Figure 3b).

Key points:

1. Primary circular defects following surgical interventions in the center of the forehead region, particularly above the eyebrows, pose a reconstructive challenge to every dermatosurgeon. This is due to the sensitive anatomical nature of the area and the tension generated by the defect, which can lead to dysfunctional tissue and an aesthetically displeasing appearance.
2. The double-triangulated flap will maintain similar anatomical integrity and vascular supply, significantly enhancing the chance of postoperative flap preservation. This approach will also ensure adequate closure of the primary defect while also being of sufficient size.
3. The double-triangular reconstructive technique is an excellent candidate for medium-sized circular defects, especially in sensitive areas like the forehead and eyebrows, when preservation of the patient's facial structure and an aesthetically pleasing outcome are desired.

Figure 3a,b: Postoperative period 3a: Intraoperative view shortly after finishing the surgical intervention 3b: 6 months follow up post surgery

Abstract N°: ID-355

Topic: Dermatological surgery

Subungual hematoma overlapping with subungual located focal melanocytic hyperplasia: dermatosurgery as treatment choice

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Introduction

Subungual lesions present a serious challenge for clinicians. The following factors can cause certain problems in interpreting the data: 1) Changes in lesion morphology over time: It may indicate the presence of a malignant lesion (increased pigmentation over time and lack of distal growth) but may actually be a benign lesion (chronic persistent subungual hematoma). 2) Patient's medical history can be misleading or difficult to verify, especially in problematic patients, or those with mental health problems or communication disorders (e.g., Asperger's syndrome, autism, schizoid psychosis, etc.). 3) The morphology of the lesion itself can be difficult to determine in the presence of simultaneously overlapping lesions. These patient dilemmas primarily concern the differentiation between subungual hematomas from subungual melanomas. The clinicians's concerns are based on the potential for metastasis and the risk of significantly worse prognosis for patients affected by nail biopsy.

Materials and Methods

We present a 19-year-old patient with a subungual pigmented lesion with a clinical/dermatoscopic suspicion for subungual melanoma (Fig.1a-d). Primary complaints for about 3-4 months were reported. Intensified pigmentation and increase in size within two months led to a partial surgical resection of the nail plate and nail bed, followed by adaptation of the wound edges with single interrupted sutures.

Fig.1a-d: Dermatological examination (a) followed by a surgical excision of the lesion (b-d). 1a: Pigmented lesion with an irregular shape, uneven brown-reddish pigmentation and well-defined borders and dimensions of 1 cm by 0.5 cm located on the right thumb, subungual 1b: Intraoperative view: Partial resection of the nail bed and the nail 1c: Intraoperative view: Histological material for an evaluation 1d: Intraoperative view: closure of the operative defect with 3 single interrupted sutures

Results

The histopathological finding was indicative of a subungual hematoma located above a focal melanocytic hyperplasia of the nail bed, clear resection lines (Fig.2a,b).

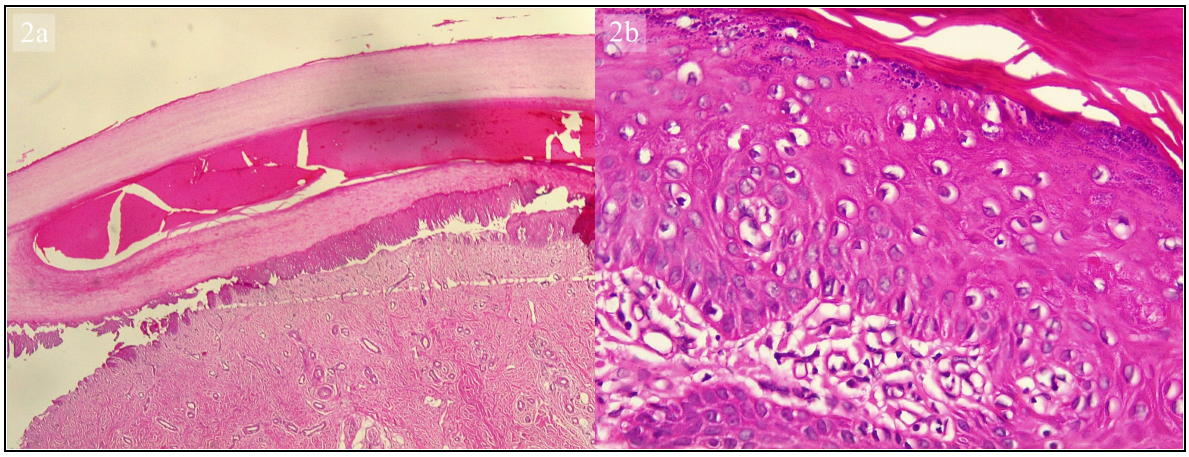

Fig. 2 Histopathology panel: 2a: Subungual hematoma: Corneal matter with central cavity filled with fibrin, detritus and erythrocytes, uniform acanthosis with proliferation of fusiform melanocytes with ascending migration, fibrous submatrix plate. 2b: Subungual located focal melanocytic hyperplasia with ascendant spreading of several melanocytes: Corneal matter with central cavity filled with fibrin, detritus and erythrocytes, uniform acanthosis with proliferation of fusiform melanocytes with ascending migration, fibrous submatrix plate.

Conclusions

After a literature review, we believe that this is the first case of a patient with simultaneously present subungual benign focal melanocytic hyperplasia overlapping with a chronic persistent subungual hematoma.

Abstract N°: ID-356

Topic: Dermatological surgery

Shark pedicle island flap for basal cell carcinoma of the perialar zone of the nose: photoxicity and photocarcinogenicity mediated by the intake of potentially nitrosamine contaminated drugs -a possible new explanation for the skin cancers pathogenesis

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Introduction

Modern skin cancer pathogenesis includes new concepts such as nitroso photocarcinogenesis and nitroso-mediated photosensitivity. The above 2 new concepts are in all likelihood also modeled/determined by photocarcinogens known as nitrosamines and/or NDSRIs available as contaminants in many drugs worldwide. The phototoxicity of nitrosamines is a known nonspecific property of them, for which evidence exists as far back as 1972. Current data from 2023/2024 are completely supportive of nitrosamines identified in drugs, with genotoxicity and phototoxicity proven once again. Regulators' data on polycontamination of a drug with up to several nitrosamines at the same time are of concern. The carcinogens/mutagens in question could also act as bi-/polycarcinogens depending on whether they are metabolized or not. Permanent combined intake of potentially/actually nitrosamine-contaminated drugs appears to be key in the subsequent development of multiple cutaneous tumours, according to new findings in the literature. The localization of these tumours in areas exposed to intense solar radiation could also be seen as indirectly pointing to the presence of certain photosensitisers in the human body. Some of these nitrosamines are photocarcinogens and human carcinogens at the same time. The identification and specification of each of these genotoxic photosensitizers in drugs has yet to be further investigated in detail. The FDA identifies them currently as substances with carcinogenic potency. The clinicopathologic correlations published to date within the intake of potentially contaminated drugs are indicative of 1) the need to redefine skin cancer pathogenesis and 2) the subsequent possible introduction of complete elimination regimens against nitrosamines.

Materials and Methods

An 80-year-old female presented to the dermatology department with primary complaint of a slowly growing tumor formation on the nose, which had been present for approximately 5 years (Fig.1). The patient has a medical history of surgically removed six tumor formations from the head region between 2000 and 2019, with the most recent being an adenoid-cystic type of basal cell carcinoma removed from the forehead in 2019.

Figure 1: A solitary nodular formation located on the right perialar nasal region, covered with crust and visible telangiectasias.

Results

We inform about another polymedication intake in a patient with arterial hypertension and diabetes mellitus, which includes the following medications: gliclazide 60 mg once daily and metformin hydrochloride 850 mg once daily, both since 24 years ; sotalol hydrochloride 80 mg since 2 years; bisoprolol fumarate 5 mg since 17 years; candesartan cilexetil/hydrochlorothiazide 16 mg/ 12.5 mg since 2 years; and lercanidipine hydrochloride 20 mg also since 2 years. Within this intake, it is notable that 1) all 6 of these drugs appear in the databases for possible availability as nitroso compounds, and that 2) this is the seventh consecutive keratinocyte tumor treated surgically (in this period). In the presented patient, surgical treatment was performed using a shark pedicle island flap for BCC of the nose, which is an ideal option for tumors with location in the alar or periralar area (Fig.2a-d).

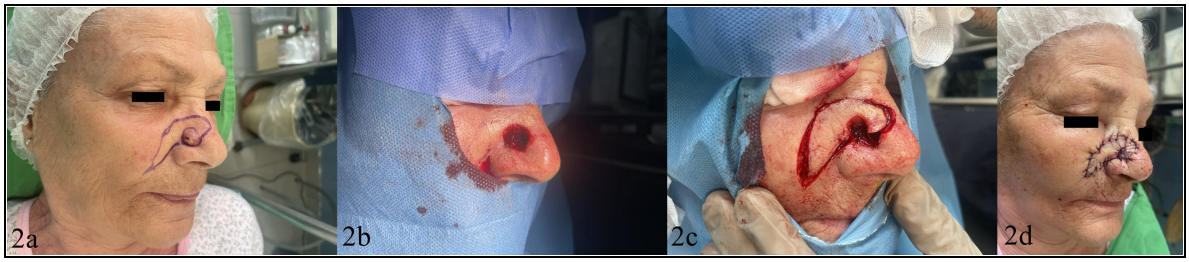

Figure 2a-d: Shark flap design 2a: Preoperative view: Outlining the primary defect and the subsequent shark pedicle flap 2b: Preoperative view: Primary wound defect after oval excision of the tumor formation 2c: Preoperative view: Secondary wound defect – shark pedicle flap 2d: Preoperative view: The secondary wound defect is closed with single interrupted sutures

Conclusions

An optimal postoperative outcome was achieved (Fig.3). This article focuses on the possible role of drug-mediated photo nitrosogenesis/ carcinogenesis of skin cancer by briefly reviewing and analyzing the available literature to date.

Figure 3: 1 month follow-up

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ATHENS 7 - 9 MAY

Abstract N°: ID-357

Topic: Dermatological surgery

Dermatosurgery rounds: reconstructive surgery employing the shark island flap for basal cell carcinoma affecting the high risky zone of the nasal ala

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Introduction

Reconstructive techniques in dermatologic surgery represent some of the most complex and high-risk interventions, particularly when involving anatomically and cosmetically sensitive areas. These procedures can be considered an intermediate link, combining the expertise of both plastic-reconstructive and dermatosurgical fields.

The shark flap in the nasal region offers an excellent option for the reconstruction of small to medium-sized defects involving the nasal area and the nares. Following established surgical algorithms and methodical operative steps ensures optimal functional and aesthetic outcomes.

Materials and Methods

We present a case of a primary defect following in the right nasal ala, following basal cell carcinoma excision, successfully reconstructed both functionally and aesthetically using a shark island pedicle flap (fig.1a-d).

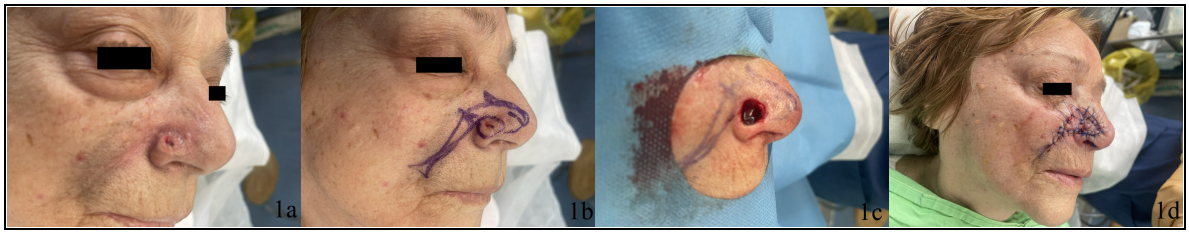

Figure 1a-d: A rounded, reddish, bleeding tumor-like lesion with a central crust, measuring 0.5 cm in diameter, located on the right nasal ala, clinically suspicious for basal cell carcinoma (a). 1b: Preoperative designing of the shark island pedicle flap. 1c: Intraoperative view: primary circular defect. 1d: Intraoperative view: Closure of secondary wound defect with single interrupted sutures.

Results

The postoperative results at the three-month follow-up were excellent (Fig.2).

Figure 2: Postoperative view: 3-month follow-up

Conclusions

With this report and short update on the topic, we highlight that a carefully executed classical procedure can, in many cases, provide superior functional and aesthetic outcomes compared to modified or novel techniques.

Abstract N°: ID-358

Topic: Dermatological surgery

Giant pedunculated Mushroom-like cutaneous melanoma developing during the systemic therapy with nebivolol: possible role of the phototoxicity and photocarcinogenicity mediated through the nitroso contamination in pharmaceuticals as possible new pathogenetic explanation

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Introduction

Paradoxically, as much as the positive role of beta-blockers in cutaneous melanoma patients has been recommended and advertised, the prognosis of this collective remains largely unchanged. Starting from these contradictory and rather limited in vision, one-sided observations, it might be appropriate to also address the following new or "new-old", current, available but also somewhat forgotten circumstances: 1) the number of cutaneous melanomas identified to date and after beta-blocker administration worldwide is huge, and scientific data regarding this sensitive topic or relation remain sporadically published and thematized; 2) there is a lack of data on patients with advanced melanomas who completely healed after beta-blocker administration; 3) many beta-blockers are phototoxic and subsequently photocarcinogenic, which has been known for decades or even before the nitrosamine contamination became officially known in 2018; 4) beta-blockers are described in the FDA list as potentially/ actually contaminated with nitrosamines; 5) nitrosamines are photocarcinogens by nature - a fact known for decades, and 6) the daily number of cutaneous melanomas identified after or during beta-blocker intake increased exponentially.

Materials and Methods

We report an interesting case in the world literature of a giant pedunculated metastatic melanoma arising from a congenital melanocytic nevus (Fig.1a,b) during treatment with nebivolol.

Fig.1a,b: In the left anterior brachial region, a tumor-like formation, prominent above the surrounding tissue, measuring 14-15 cm, with purulent discharge and an unpleasant odor.

Results

Under local anesthesia with 2% lidocaine and after thorough disinfection of the surgical field, the tumor-like formation in the left anterior brachial region - clinically suspected to be pedunculated achromatic melanoma (differential diagnosis: squamous cell carcinoma) - was removed via elliptical excision with a 0.3 cm surgical margin (Fig.2a). The skin edges were adapted with single interrupted sutures (Fig.2b).

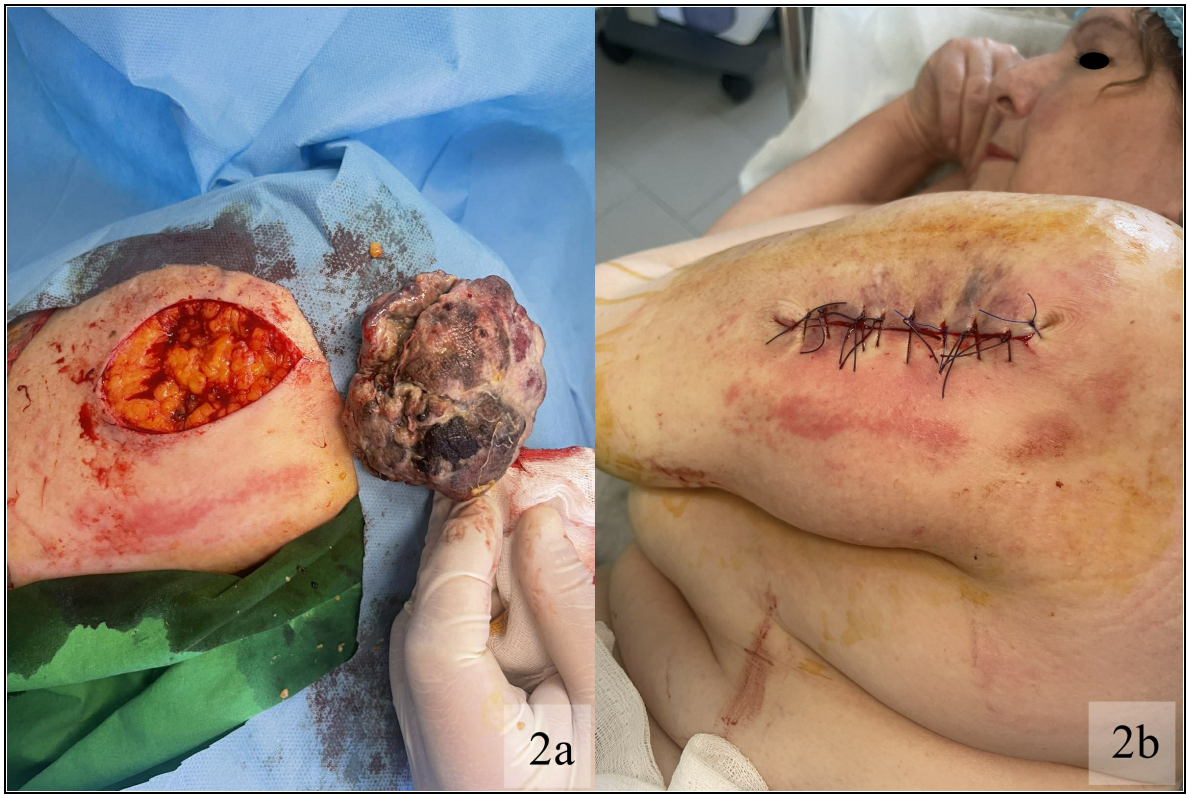

Fig.2a,b: Intraoperative view: 2a: The tumor was removed via elliptical excision with a 0.3 cm surgical margin. 2b: The skin edges were adapted with single interrupted sutures.

Conclusions

The material was sent for histopathological verification, which revealed an extensive nodular melanocytic lesion, represented by a dense conglomerate of atypical melanocytes with pronounced nuclear pleomorphism, 1-2 nucleoli, atypical mitoses, areas of discohesiveness alternating with necrotic areas in a melanophage-rich stroma (Fig.3a,b). Resection lines were infiltrated. High mitotic index was noted. Ulceration was present. Clark IV, Breslow thickness: 15 mm. The histopathological findings were consistent with nodular melanoma, stage TbNb3M1c.

We comment on the possible role of drug-mediated nitrosogenesis/photonitrosocar-cinogenesis, which could be potentially key in defining two other important concepts related to melanoma incidence, namely: phototoxicity and photocarcinogenicity of the drugs taken. The overlap between the lists of drugs declared by the FDA to contaminated with nitrosamines/photocarcinogens with those of phototoxic drugs worldwide (known even before nitrosamine contamination) could be a key point or a significant contributing factor in deciphering the pathogenesis of skin cancer, and melanoma in particular.

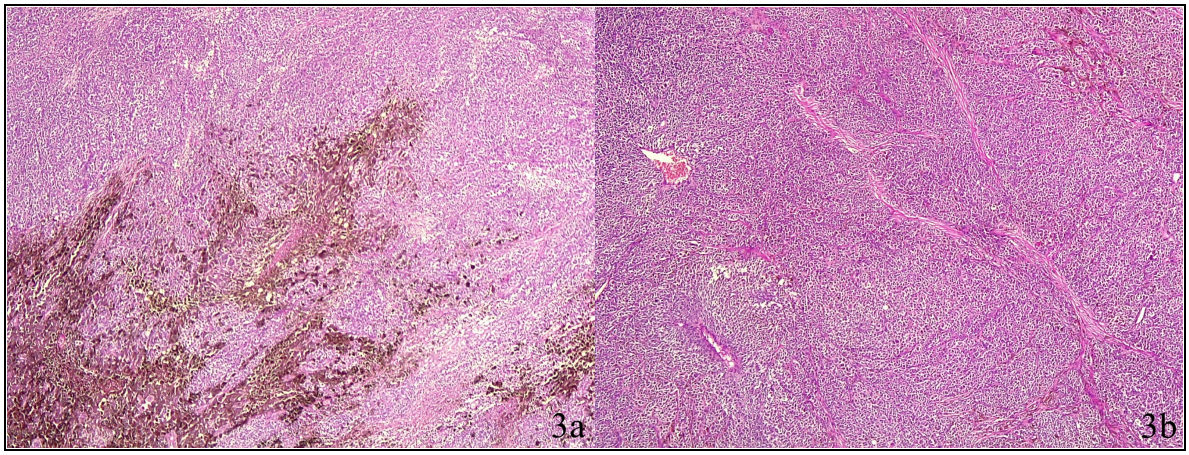

Fig.3a,b: Histopathological panel: 3a: Nodular melanoma x 40 x HE - Atypical melanoma cells, confluient into large sheets, demarcated with fibroplastic stroma rich in melanophages. 3b: Nodular MM x 40 x HE - Prominent nuclear atypia of epitelioid melanoma cells

EA DV SYMPOSIUM 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-405

Topic: Dermatological surgery

The melolabial advancement flap for tension-free closure of a basal cell carcinoma defect under the eyelid: a standard dermatosurgical procedure

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Introduction

A 73-year-old male presented to the dermatology department with a primary complaint of a tumor formation in the right infraorbital region, present for 2 -3 years, which in the past months has enlarged.
Dermatological examination revealed a nodular, tumor-like lesion, elevated above the surrounding skin, with visible telangiectasias and crusts, clinically suspected to be basal cell carcinoma (Fig.1a). Family history of skin cancer was unremarkable. The patient denied frequent sun exposure during child- or adulthood. Routine blood tests showed mild anemia, dyslipidemia, and hyperuricemia.
Surgical excision of the lesion was recommended. The tumor formation (Fig.1a) was preoperatively marked (Fig.1b) and removed with an oval excision under local anesthesia using 1% lidocaine, maintaining a 4 mm safety margin (Fig.1c). Hemostasis was achieved.

Figure 1a-c: Preoperative marking: nodular, tumor-like lesion, elevated above the surrounding skin, with visible telangiectasias and crusts, clinically suspected to be basal cell carcinoma (a,b). Intraoperative view: Primary circular defect after excision (c).

Materials and Methods

Due to the complexity of the primary wound defect and the sensitive anatomical region - given the close proximity of the angular and infraorbital arteries and veins as well as the inferior nasolacrimal canal - secondary wound healing or closure with single interrupted sutures were deemed unsuitable. Furthermore, the final outcome must align with the facial cosmetic units. Due to these considerations, our team opted for defect reconstruction using a flap.

Results

Two incisions were designed: 1) a caudal incision beginning at the medial edge of the primary defect, extending parallel to the lateral nasal sidewall toward the right cheek, and terminating at the right alar sulcus; and 2) a perpendicular incision extending from the caudal incision toward the midface, ending just below the periobital region . The melolabial

flap was carefully undermined lateral to the incision and advanced medially to cover the primary defect, while ensuring preservation of its vascular supply (Fig.2a,b). The secondary wound defect was closed with single interrupted 5-0 polypropilene sutures (Fig.2c). A sterile dressing with povidone-iodine was applied.

Histopathological evaluation revealed nodular basal cell carcinoma with focal epidermal ulceration, clear resection margins, stage 1 T1NxMxR0. Mild postoperative edema was noted. Postoperative bleeding occurred but was promptly and successfully managed. All sutures were completely removed two weeks after the surgical intervention (Fig.2d).

Figure 2: Intraoperative view: The melolabial flap was carefully undermined lateral to the incision and advanced medially to cover the primary defect, while ensuring preservation of its vascular supply (a,b). The secondary wound defect was closed with single interrupted 5-0 polypropilene sutures (c). Postoperative view: 14 days postoperative results (d).

Conclusions

In this case, the melolabial advancement flap proved to be the most appropriate reconstructive option, as it allows for optimal redistribution of tension vectors, ensures reliable blood supply, and provides excellent scar camouflage within the patient's natural facial units, thereby offering both functional and aesthetic advantages for defect coverage in the infraorbital region.

Abstract N°: ID-419

Topic: Dermatological surgery

Multimodal Management of Auricular Keloid in a Young Female Patient in a Low Income Setting

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Introduction

Background: Auricular keloids are benign fibroproliferative scars that commonly follow ear piercing and are associated with high recurrence, particularly when treated with monotherapy.

Case: A 20-year-old woman developed a progressively enlarging, painless, firm 1.5-cm nodule on the left auricular helix after ear piercing, extending beyond the original wound margin, with a positive family history of keloids.

Materials and Methods

Management: A multimodal protocol was implemented consisting of intralesional triamcinolone acetonide injections, core excision with flap repair, adjunctive scar modulation with laser therapy (fractional CO_2 laser: depth 2, 45 mJ, 1.9 ms, density 15; with intermittent intralesional triamcinolone; and pulsed dye laser as indicated), and continuous mechanical compression using magnetic clips.

Results

Outcome: Histopathology of the excised lesion confirmed keloid, demonstrating dense collagen bundles with scattered fibroblasts. The surgical site healed without complications. At 12-month follow-up, there was no clinical recurrence and cosmetic outcome was satisfactory.

Conclusions

Conclusion: In auricular keloids, combining surgery with pharmacologic therapy, laser-based scar modulation, and sustained compression may reduce recurrence and improve cosmetic outcomes.

Abstract N°: ID-610

Topic: Dermatological surgery

Reconstruction of a condrocutaneous helix and antihelix defect: Let´s fold it

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Introduction
Reconstruction of defects in the middle third of the helix and antihelix can be challenging because this region of the auricle is essential for mantaining the shape and projection of the ear. For partial defects, even when the posterior wall of the helix and antihelix is preserved, it is essential to provide adequate structural support without disrupting the auricular contour. Reconstructive options include full-thickness skin grafts, composite grafts or a chondrocutaneous advancement flap. The objective is to describe a new reconstructive option for medium-sized, partial-thickness defects of the middle third of the helix and antihelix.

Materials and Methods
We report a case of reconstruction of a partial defect of the middle third of the helix and antihelix using a folded posterior auricular wall flap combined with a helical advancement flap.

Results
A 77-year-old man was diagnosed with a 1 x 0.7 cm morpheaform basal cell carcinoma involving the middle third of the helix and antihelix of the right ear. Cartilage involvement required resection, resulting in a chondrocutaneous defect with preservation of the posterior auricular wall. Reconstruction was performed using a folded posterior auricular wall flap combined with a helical rim advancement chondrocutaneous flap. First, the posterior auricular was incised to create a pedicled flap, which was folded and advanced toward the medial margin of the defect. This was followed by inferior-to-superior advancement of the helical rim flap. At 6-month follow-up, no flap necrosis was observed, and an excellent aesthetic and functional outcome was achieved, with preservation of auricular contour and support despite cartilage loss.

Conclusions
This reconstructive technique replaces cartilaginous support with a folded posterior auricular flap created from the posterior auricular wall skin, which is typically sacrificed during helix-antihelix chondrocutaneous advancement procedures. In addition, this approach avoids the need for additional donor sites, unlike partial-thickness skin grafts or composite grafts.

EADV SYMPOSIUM 2026 ATHENS 7 - 9 MAY

Abstract N°: ID-675

Topic: Dermatological surgery

Combined surgical deroofing and trichloroacetic acid application for digital mucous cysts: a long-term case series

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Introduction

Digital mucous cysts (DMCs) are common benign cystic lesions composed of mucinous material, most frequently occurring around the distal interphalangeal joint or proximal nail fold. Although often asymptomatic, they may cause pain, joint discomfort, or nail deformities such as longitudinal grooving. The pathogenesis of DMCs is heterogeneous and includes joint-related degenerative processes as well as dermal fibroblast metaplasia. Numerous treatment modalities have been described; however, recurrence remains frequent and no standard therapeutic approach has been established. We report our experience with a combined treatment technique consisting of surgical deroofing followed by trichloroacetic acid (TCA) application.

Materials and Methods

A descriptive study was performed on 27 consecutive patients with DMCs treated between 2019 and 2022. The procedure involved surgical deroofing of the cyst using forceps, removal of mucinous contents, and disruption of residual cystic tissue, followed by application of 50% TCA to the lesion base until whitening and hemostasis were achieved. Most lesions were managed with secondary intention healing. Clinical data, lesion characteristics, previous treatments, nail changes, and presence of arthritis were recorded. DMCs were classified clinically according to De Berker's classification and histopathologically into ganglionic or myxomatous types. Treatment outcomes were evaluated at 3 and 6 months, with long-term follow-up assessed by outpatient examination or structured telephone interviews. The mean follow-up period was 3.3 years.

Results

The study population consisted of 10 men and 17 women with a mean age of 57.9 years. Clinically, type A DMCs accounted for 74.1% of cases, while type B lesions comprised 25.9%. Histopathological examination confirmed that 96.3% of lesions were ganglionic type. Arthritis was identified in 59.3% of patients.

Short-term recurrence within 6 months occurred in four cases, all of which were successfully treated with repeat application of the same procedure. One additional case showed partial improvement without further intervention. Long-term follow-up data were available for 25 patients, demonstrating complete remission in 17 cases (68.0%) and partial improvement in 8 cases (32.0%). Fourteen patients achieved complete remission after a single treatment session, including patients with prior treatment failure. Postoperative pain was mild and self-limited, and no serious complications were observed.

Conclusions

The combination of surgical deroofing and trichloroacetic acid application provides a simple, minimally invasive, and effective treatment option for digital mucous cysts. This approach demonstrated favorable long-term outcomes with low morbidity and can be safely repeated in cases of recurrence, making it a practical alternative to more aggressive surgical interventions.

Abstract N°: ID-751

Topic: Dermatological surgery

A randomized controlled trial to assess the effect of adding hypnoanaesthesia to existing standard infiltration anaesthetic technique in reducing pain and anxiety in children undergoing minor dermatosurgical procedures, as compared to standard infiltration anaesthetic technique alone

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Introduction
Medical procedures frequently evoke fear and anxiety in children, leading to exaggerated pain perception and adverse procedural experiences. Hypnosis is a non-pharmacological distraction technique that redirects attention, reduces anxiety, and enhances coping, particularly effective in children due to their heightened imaginative capacity. This study evaluates the effectiveness of hypnoanaesthesia as an adjunct to standard infiltration anaesthetic technique in reducing pain, anxiety, and physiological stress responses in children undergoing minor dermatosurgical procedures, compared with standard infiltration anaesthetic technique alone.

Materials and Methods
A single-center randomized controlled trial was conducted over two years in the Department of Dermatology and Venereology. Sixty children aged 6–13 years undergoing minor dermatosurgical procedures were randomized into a hypnoanaesthesia group (n=30) and a control group (n=30). The intervention group received hypnosis using the Magic Glove technique prior to local anaesthetic infiltration, while controls received standard care alone. Pain during local anaesthetic injection, intra- and post-procedural pain, anxiety (visual analogue scale), and physiological parameters (heart rate, blood pressure, respiratory rate) were assessed at baseline, during the procedure, immediately after, and at one-week follow-up.

Results
Baseline demographic and clinical characteristics were comparable between groups. Pain during local anesthetic injection was significantly lower in the hypnoanaesthesia group compared with controls (median VAS 3 vs 7; $p<0.001$). Postoperative pain at one week was also significantly reduced (median VAS 0 vs 2; $p=0.001$). Intraoperative and immediate post-procedural pain showed no significant intergroup difference. Anxiety scores significantly decreased following hypnoanaesthesia (median VAS 7 to 1; $p<0.001$), while baseline anxiety was similar between groups. A significant reduction in systolic blood pressure was observed after hypnoanaesthesia ($p=0.010$), with no other clinically relevant changes in vital parameters.

Conclusions
Hypnoanaesthesia using the Magic Glove technique effectively reduces pain during local anaesthetic injection, postoperative pain, and procedural anxiety in children undergoing minor dermatosurgical procedures.

Abstract N°: ID-816

Topic: Dermatological surgery

Mohs Surgery for a Rapidly Progressive Lip SCC: Precision in Action

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Introduction

Squamous cell carcinoma (SCC) of the lip is a common cutaneous malignancy, but rapidly progressive forms represent a diagnostic and therapeutic challenge. Complete excision with margin control is essential, particularly in functionally and cosmetically sensitive areas such as the lip.

Materials and Methods

Case Presentation:
We present the case of a 59-year-old female with a rapidly enlarging lesion of the lower lip, noticed over 6 months. Clinical examination revealed an ulcerated, infiltrated tumor measuring 2 cm. Biopsy confirmed a well differentiated squamous cell carcinoma, maximum diameter 2 cm, tumor depth 2.1 mm, pT1.
Treatment:
Given the lesion's aggressive evolution and the high-risk location, Mohs micrographic surgery was performed. Two stages were required to achieve tumor-free margins. Reconstruction was achieved using a local flap harvested from the buccal mucosa, advanced to cover the lip defect, preserving function and contour.

Results

The postoperative course was uneventful apart from a localized herpes outbreak, likely triggered by missed prophylactic antiviral therapy. The patient received prompt treatment, resulting in resolution without sequelae. At six months follow-up, no tumor recurrence was observed, with excellent functional and cosmetic results.

Conclusions

This case highlights the role of Mohs micrographic surgery in achieving precise oncological control in a rapidly evolving lip SCC, with excellent functional and aesthetic outcomes.

Abstract N°: ID-843

Topic: Dermatological surgery

Versatility of the Yu flap in upper and lower lip reconstruction: a case series

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Introduction
Reconstruction of large lip defects remains surgically challenging due to the functional and aesthetic complexity of the perioral region and the limited number of reliable local flaps. The Yu flap, first described in 1989, combines three local flap components and can be performed in classic, modified or inverted variants. It represents a valuable reconstructive option for defects involving up to two-thirds of the lip length. The aim of this study was to evaluate the versatility, functional outcomes and patient satisfaction associated with the use of the Yu flap in lip reconstruction.

Materials and Methods
A retrospective, observational case series was conducted including patients who underwent reconstruction of lip defects using the Yu flap between 2021 and 2025. All procedures were performed under local anesthesia as outpatient surgeries. Different Yu flap variants (classic, modified, inverted and bilateral inverted) were used according to defect location and size. Functional and aesthetic outcomes were assessed through a structured postoperative questionnaire addressing oral competence, alimentation, speech, denture use and cosmetic satisfaction.

Results
Seven patients were included, four males and three females, with a mean age of 75.0 years. Histopathological diagnoses comprised six squamous cell carcinomas and one basal cell carcinoma. Complete tumor excision was achieved in all but one case. Four classic Yu flaps, one modified Yu flap, one inverted Yu flap and one bilateral inverted Yu flap were performed. No cases of infection, wound dehiscence or total flap necrosis were observed. The most frequent postoperative complication was edema with trapdoor effect, which was successfully managed with intralesional corticosteroid injections. Patient-reported outcomes demonstrated high levels of functional and aesthetic satisfaction, particularly regarding speech and oral competence, with no cases of clinically significant microstomia.

Conclusions
The Yu flap is a versatile, reliable and reproducible reconstructive option for significant defects of both the upper and lower lips. Its different variants allow tailored reconstruction according to defect characteristics, with favorable functional and cosmetic outcomes and low morbidity. This case series supports the Yu flap as an effective alternative that should be considered in the reconstructive algorithm for large labial defects.

Abstract N°: ID-915

Topic: Dermatological surgery

Rapidly growing giant pyogenic granuloma

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Introduction

Pyogenic granuloma (PG), also referred to as lobular capillary hemangioma, is a benign vascular proliferation of the skin and mucous membranes. Despite its name, it is neither infectious nor granulomatous in nature. PG typically presents as a rapidly growing, friable erythematous papule or nodule that bleeds easily following minor trauma. Although commonly encountered on the head, neck, and upper extremities, involvement of the lower limb is less frequent and may pose diagnostic challenges, particularly when lesions exhibit atypical size, location, or growth pattern.

Materials and Methods

We present a case of a 38-year-old male patient complaining from an erythematous papule on his right thigh that first appeared three years ago. During the last six months, it started to grow rapidly as a nodule, reaching a diameter of six to seven centimeters, with circular exophytic shape and recurrent bleeding upon irritation. Clinical examination revealed a well-demarcated, erythematous nodular mass with a friable surface. Complete surgical excision of the lesion was performed.

Results

The histopathological analysis demonstrated a lobular arrangement of capillary-sized vessels embedded in an edematous fibromyxoid stroma with inflammatory infiltrate, confirming the diagnosis of lobular capillary hemangioma. Complete excision resulted in satisfactory wound healing, with no evidence of recurrence during follow-up.

Conclusions

Pyogenic granuloma remains a benign but clinically significant vascular lesion due to its rapid growth, tendency to bleed, and resemblance to malignant or infectious conditions. Lesions occurring on the lower extremities require careful evaluation, as the differential diagnosis includes amelanotic melanoma, squamous cell carcinoma, Kaposi sarcoma, bacillary angiomatosis, and other vascular tumors. Histopathological confirmation is essential to establish the diagnosis and exclude malignancy. Early recognition and complete excision provide excellent clinical outcomes and minimize the risk of recurrence.

Abstract N°: ID-989

Topic: Dermatological surgery

Self-removable sutures for better patient and physician convenience.

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Introduction
Conventional skin sutures may be difficult to remove due to short ends, crusting, or epithelial overgrowth. We evaluated a novel “removable knot” technique that allows patients or healthcare providers to remove sutures easily without sharp instruments. This knot involves a modified double throw with extended thread ends, enabling removal by gentle traction. In a pilot study of 15 patients undergoing minor dermatologic procedures, 10 sutures were successfully self-removed, 3 required trimming due to cut-through, and 2 patients were lost to follow-up. No wound dehiscence or slippage was noted. This low-cost method enhances patient convenience without compromising wound security.

Materials and Methods

Skin suturing is essential for wound closure, yet suture removal often causes inconvenience due to short ends, crusting, epithelial overgrowth, or wound retraction, making removal difficult and sometimes uncomfortable. This issue is particularly relevant in minor procedures like punch biopsies, where patients must return solely for suture removal, which can be challenging in resource-limited settings lacking proper instruments.

To overcome this, we adopted a modified **“removable knot”** technique that allows easy suture removal without scissors or forceps. After a standard double throw, the thread is pinched 2–3 cm from the tip, leaving a longer free tail and forming a small external loop. Gentle traction on the free end during removal unravels the knot, enabling clean, minimally uncomfortable extraction.

Results
This method was employed in a pilot series involving fifteen patients undergoing minor dermatological procedures. Twelve patients had skin punch biopsies, one underwent radial cutaneous nerve biopsy, one had excision of a trichofolliculoma, and one underwent punch excision of a halo nevus. Patients were instructed to attempt suture removal themselves at home on the seventh post-procedure day, preferably under video or telephonic guidance. In cases where patients were unable to do so, removal was performed by a physician. Out of the fifteen patients, ten successfully removed the sutures themselves with no assistance. In three cases, partial cut-through or epithelial overgrowth prevented complete removal by the patient, necessitating trimming of the suture loop by a healthcare provider. Two patients were lost to follow-up. Importantly, no instances of wound dehiscence, premature suture removal, knot slippage, or infection were noted

Conclusions
This removable knot technique offers several advantages. It enhances patient autonomy and comfort, reduces the need for clinic visits for suture removal, and eliminates the dependence on sharp instruments. The method is easy to master and can be incorporated into routine dermatological practice without compromising wound integrity or healing outcomes. Moreover, it empowers patients and primary healthcare workers, particularly in low-resource settings, to manage suture removal safely and effectively.

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Abstract N°: ID-998

Topic: Dermatological surgery

The Limberg flap: A serious weapon in dermatologic surgery in patients with high-risk keratinocyte cancer.

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Introduction

Skin cancer of the facial region remains particularly challenging, as this area contains functionally and anatomically critical structures and represents the most visually prominent aspect of an individual's appearance. Consequently, facial involvement is highly sensitive both functionally and aesthetically. Reconstructive dermatologic surgery remains the most appropriate approach for managing facial skin cancers, as it allows complete tumor eradication while simultaneously optimizing preservation and aesthetic outcome.

Materials and Methods

We present a case of a medium-sized primary defect following excision of a high-risk basal cell carcinoma excision in the periauricular area (Fig.1a). Initial reconstructive options, including serial surgical excisions or tissue expansion, were considered; however, these approaches were anticipated to result in multiple scars and unacceptable facial distortion. Primary closure and skin grafting were also deemed suboptimal, grafting would likely lead to a noticeable color and texture mismatch. Given the anatomical sensitivity of the region, a local flap was selected as the most appropriate first-line reconstructive option.

Figure 1: Preoperative marking: High-risk basal cell carcinoma, measured 4 cm x 3 cm in diameter, located in the periauricular area

Results

Reconstruction using a rhombic (Limberg) flap allowed for superior functional preservation and resulted in a favorable aesthetic outcome (Fig.2).

Figure 2: 2 week postoperative view

Conclusions

For facial defects, the Limberg flap represents an effective and versatile reconstructive option without the need for complex preoperative planning or specialized design considerations.

Abstract N°: ID-1160

Topic: Dermatological surgery

Fully ablative CO2 laser as an alternative to Scalpel surgery for skin cancer excision

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Introduction

Excision of skin cancers in patients with cardiac implantable electronic devices (CIEDs), particularly defibrillators, can be challenging due to the risk of electromagnetic interference from electrocautery. Perioperative device identification and multidisciplinary liaison can increase administrative burden and cause delays. Carbon dioxide (CO_2) laser excision (10,600 nm) produces no electromagnetic interference and offers precise, contact-free tissue ablation with excellent haemostasis.

Materials and Methods

Three male patients (aged 80–88) underwent excision of keratinocyte cancers using a fully ablative CO_2 laser (SmartXide Touch, DEKA, Italy) under local anaesthesia. Continuous-wave excision (3–12 W) with a clinical margin of 4–6 mm was used, followed by Smart-Pulsed haemostasis (2–3 W, 20 Hz) of the surgical wound using a 2″ handpiece. No electrocautery was required. Series is summarized in Table 1, including wound-closure method. This case series evaluates the safety of fully ablative CO_2 laser excision with 2/3 patients having CIEDs with no complications.

Table 1.

Patient	Age	Anticoagulation	Cardiac device	Lesion & site	CW power	Haemostasis	Clinical Margin	Pathologic margin	Closure
1	88	Apixaban	CRT-D (Abbott Quadra Assura MP)	Incompletely excised BCC, posterior neck	4-8W	Smart-Pulsed 2W	4 mm	Scar noted only on sections reviewed	Primary
2	85	Apixaban	Pacemaker (Medtronic Azure S DR MRI)	Recurrent nodular and infiltrative BCC, shoulder	3-12W	Smart-Pulsed 3W	4 mm	2.5 mm peripheral 3.5 mm deep	Primary

3	80			Nodular BCC, lower leg	10W	Smart-Pulsed 2.5W	6 mm	4.8 mm peripheral 2.6 mm deep	Purse-string

Results

All lesions were completely excised. Haemostasis was excellent, including two patients taking apixaban. No device interference, perioperative complications, delayed bleeding, nor wound-healing issues occurred, and histopathological assessment was not compromised.

Conclusions

Fully ablative CO_2 laser excision is a safe and effective alternative to scalpel surgery for skin cancer excision, particularly in patients with CIEDs, offering reliable haemostasis, preservation of histological margins, and avoids electrosurgical risk.

Abstract N°: ID-1272

Topic: Dermatological surgery

Double Z-Plasty as a Reliable Technique for Scalp Defect Closure After Skin Cancer Excision

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Introduction

Reconstruction of scalp defects following skin cancer excision can be challenging due to limited tissue mobility, high skin tension, and cosmetic considerations. While skin grafts and larger local or regional flaps are often used, simpler local flap techniques may provide effective alternatives in selected cases. Double Z-plasty is a modification of the classic Z-plasty that allows redistribution of tension and recruitment of adjacent tissue. This study presents our experience using double Z-plasty for closure of post-oncologic scalp defects.

Materials and Methods

An 82-year-old patient with a biopsy-proven skin cancer of the scalp underwent surgical excision with appropriate oncologic margins at Dermtology, Venereology and Alergology Department GUMED. Following tumor removal, reconstruction was performed using a double Z-plasty designed to redistribute tension across the defect and mobilize surrounding scalp tissue. The procedure was performed under local anesthesia. Postoperative healing, complications, and cosmetic outcome were assessed during follow-up.

Results

Complete excision of the tumor was achieved, resulting in a scalp defect measuring approximately 3.5cm x 5cm. The defect was successfully closed using the double Z-plasty technique without excessive tension. The postoperative course was uncomplicated, with good wound healing and no evidence of infection, flap necrosis, or dehiscence. At follow-up, the scar was stable and cosmetically acceptable, and no tumor recurrence was observed.

Conclusions

Double Z-plasty can be a safe, simple, and effective technique for closure of selected scalp defects after skin cancer excision in elderly patients. The method enables tension redistribution and preserves local tissue without requiring more complex reconstructive procedures. This approach may be particularly useful for patients in whom shorter procedures under local anesthesia are preferred.

Abstract N°: ID-1303

Topic: Dermatological surgery

Improving Mohs Surgical Planning Through Service Digitalisation: A Single Centred Project

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Introduction

Mohs micrographic (Mohs) surgery is a highly specialised dermatological service in which accurate surgical planning, efficient booking processes, and optimal utilisation of operative capacity are essential. Review of Mohs surgical activity locally during 2025 identified a reduction in the expected number of cases alongside underutilised operative capacity. These findings suggested that limitations within service processes, rather than clinical capability, were contributing to underutilisation of operative capacity.

Early review demonstrated fragmented documentation arising from a mixture of paper records, scanned documents, and unstructured electronic entries. This fragmentation limited the ability to track patients reliably from referral to surgery, and reduced visibility of planning inefficiencies, contributing to missed opportunities to utilise available surgical slots.

This quality improvement project was therefore initiated to evaluate the Mohs surgical booking and pre-operative pathway and to update this process through digital standardisation to identify gaps in patient flow, improve surgical planning, and optimise utilisation of existing resources.

Materials and Methods

A retrospective review of all Mohs surgical cases performed during 2025 (n=236). Data was extracted from existing electronic patient records and booking systems, including variables such as referral details, timing from clinic review to surgery, documentation of case complexity, format and completeness of booking information, and other indicators of operative slot utilisation.

In parallel, process mapping was undertaken to characterise information flow from referral to surgery and to inform the design of a digitally standardised booking pathway.

Results

Data collection and quantitative analysis are ongoing at the time of abstract submission and will be completed prior to conference presentation and poster submission. However, preliminary findings demonstrate substantial variation in the quality, completeness, and accessibility of booking documentation. Key information was frequently distributed across paper notes, scanned documents, and free-text electronic entries, limiting real-time visibility of case complexity and surgical planning at the point of booking. This contributed to administrative inefficiencies, challenges in scheduling, and underutilisation of available operative slots.

Conclusions

This quality improvement project demonstrates how fragmented, paper-dependent booking processes can limit efficiency and operative capacity within a Mohs surgical service despite established clinical expertise. Digital standardisation of the booking and pre-operative pathway was selected to improve data quality, patient flow visibility, and surgical planning. Final results will be presented alongside reflections on implementation, including barriers encountered, strategies used to address them, and the actionable service changes achieved. Future work will focus on algorithm-based automation of booking prioritisation using case complexity and waiting list data to further optimise capacity and scalability.

Abstract N°: ID-1317

Topic: Dermatological surgery

Evaluating the Effectiveness, Safety, and Satisfaction Rates of Phenol 90%, Trichloroacetic Acid 100%, and Radiofrequency in Lateral Matricectomy for the Treatment of Ingrown Toenails: A Triple-Arm Clinical Trial

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Introduction
Ingrown toenails, or onychocryptosis, is a common and painful condition where the nail edge penetrates the surrounding skin, causing inflammation, infection, and in severe cases, cellulitis. Treatment options vary based on the severity of the condition, ranging from conservative methods to surgical interventions. This study aims to compare three different lateral matricectomy techniques—90% phenol, 100% trichloroacetic acid (TCA), and radiofrequency (RF) ablation—in terms of effectiveness, safety, and patient satisfaction.

Materials and Methods
The study was conducted from August 2024 to June 2025 and included 12 patients with Stage 2 or Stage 3 onychocryptosis. The patients were divided into three groups: Group 1 received lateral matricectomy with 90% phenol, Group 2 with 100% TCA, and Group 3 with RF treatment. Preoperative and postoperative assessments were made, including pain levels (Visual Analog Scale), wound discharge, bleeding, and cosmetic satisfaction. Patients were followed up at various intervals post-surgery (1, 2, 3 weeks and 1, 2, 6, and 9 months). Data were analyzed using SPSS and R software.

Results
Results indicated significant differences in postoperative pain and healing times among the groups. The phenol group showed the lowest postoperative pain, with faster healing times (22.75 ± 3.50 days), followed by the RF group (26.25 ± 6.70 days) and the TCA group (40 ± 12.91 days). Aesthetic outcomes were most favorable in the phenol group (median 5.0), followed by the RF group (median 4.5), and TCA (median 3.5). Postoperative infections were noted, with the TCA group showing the highest rate of infections, while the RF group had the least.

Conclusions
Lateral matricectomy with 90% phenol, 100% TCA, and RF all provided distinct advantages for treating ingrown toenails. Phenol demonstrated superior results in terms of pain management, faster healing, and aesthetic outcomes. Despite these advantages, TCA and RF also showed low recurrence and satisfactory outcomes. Further studies with larger sample sizes are needed to establish definitive conclusions and optimize treatment protocols.

Abstract N°: ID-1335

Topic: Dermatological surgery

Wider skin excision and prior separation before controlled rupture: A novel technique for large out-pouched epidermal inclusion cysts

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Introduction

Removal of epidermal inclusion cysts have the least recurrent rate when extracted in-toto without risking any rupture of membranes. However, such a procedure leads to a long scar. A modification of this procedure entails controlled rupture of a small part of the cyst wall during the surgery, removal of a significant amount of keratin, thereby reducing the size of the cyst, making it amenable to be removed from an incision or excision with a length significantly smaller than the unruptured cyst dimension. The proposed ways for the controlled rupture are using a punch, making a nick, or a smaller excision. These can lead to tearing of the wall in multiple pieces, and leakage of keratin in the subcutaneous tissue, leading to a potential recurrence. In long-standing cysts especially over the face, the skin might be stretched and too thinned out to enable intradermal suturing and holding of epidermal sutures. An incision length of a third of cyst length is suggested for a good balance between scar length and ease of removal. But the skin over the cyst might be significantly out-pouched, due to which such procedures limiting the length of the scar might not be suitable, because the excess skin needs to be removed.

Materials and Methods

We propose two modifications to solve these problems. We first remove just a portion of the skin over the cyst, without rupturing it. This portion is usually one-third in length of the cyst, and either an ellipse (with 1:2 ratio of width: length or even higher, rather than the conventional 1:3) if the thickness of the edges of the width, felt through pinching on palpation, is sufficient to enable suturing, or a circle centred around the punctum or the cyst's centre, if the thickness at the width taken at half of the length isn't sufficient. Keeping the length of the incision as one-third of the length of the cyst is not sacrosanct, but can be changed depending on the height of the cyst protruding above the surrounding skin, thinning of the skin, and site of the cyst. The second modification is that after removing the superficial strip or circle over the cyst, the outer cyst walls are separated from the surrounding skin using fine curved artery forceps, inserted at the edges of the incision as much as possible. After sufficient undermining and separation from all sides, a nick is made over the visible cyst wall through the incision wound, throughout the length of incision. Then the keratin is extruded through sideways and perpendicular pressure using the fingers. A face shield can be worn for larger cysts as occasionally the keratin flakes might flow off significantly due to pressure. After removing all possible keratin, undermining is attempted again. Two outer opposite walls of the cyst are held between an Allis forceps, and the inner walls get opposed, and the cyst is gently teased out through the incision, cutting any strands of tissue attached to the outer cyst wall using scissors. If there is any suspicion of keratin or wall fragments being left in the cyst cavity, then the empty cavity is flushed by injecting saline with pressure a few times. The elliptical incision is sutured in a single layer with a running subcuticular suture, and the round incision with a purse string suture.

Results

We attempted these modifications in 5 consecutive patients with epidermal inclusion cysts over the face, with good cosmesis and no recurrence with more than 1 year of follow-up. The edges inverted a bit, and the settled cyst wall appeared out-pouched, but both of these settled within 6 months with good aesthetic outcomes.

Conclusions

These modifications combining wider initial excision with prior wall separation before controlled rupture allow safe removal of large out-pouched epidermal inclusion cysts with optimized cosmetic outcomes. The technique reduces recurrence risk by enabling more complete keratin removal, more visualization, and intact wall extraction while managing excess stretched skin effectively.

Abstract N°: ID-1419

Topic: Dermatological surgery

Hair transplantation reprograms the human hair follicle transcriptome: Activation of keratinization and cytoprotective pathways with suppression of lipid synthesis

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Introduction

Hair transplantation (HT) represents the most effective therapeutic option for androgenetic alopecia (AGA). However, the molecular mechanisms underlying the physiological and adaptive changes of transplanted hair follicles remain poorly understood, with limited transcriptomic data available in humans.

Materials and Methods

Nine adult healthy male subjects (mean age: 42 years) with AGA who underwent HT using the follicular unit extraction (FUE) technique performed by the same operator were included. Following transplantation, all participants adhered to standard postoperative care, including topical minoxidil. Nine months after HT, two hair follicle biopsies were obtained on the same day: one from the donor area and one from the recipient area. Care was taken to ensure that biopsies from the recipient site included exclusively transplanted hair follicles, based on preoperative photo-mapping and follicular morphology, excluding pre-existing follicles. Samples were immediately preserved in RNAlater, followed by RNA extraction. RNA sequencing was performed, and differential gene expression analysis compared transplanted hair follicles in the recipient area with follicles from the donor area.

Results

A total of 349 differentially expressed genes were identified post-transplantation, using a threshold of ≥1.5-fold change and a p-value ≤0.05. Functional pathway analysis using Ingenuity Pathway Analysis (IPA) (Figure 1) revealed significant upregulation of canonical pathways related to keratinization and integrin-mediated cell surface interactions, consistent with the activation of follicular differentiation processes in the recipient site. Additionally, xenobiotic metabolism and antioxidant/cytoprotective pathways, including PXR/RXR activation and aryl hydrocarbon receptor signaling, were upregulated, suggesting a potential role in graft adaptation and long-term survival. In contrast, several lipid synthesis–related pathways, including triglyceride metabolism, fatty acyl-CoA biosynthesis, and stearate biosynthesis, were significantly downregulated following transplantation. This transcriptional suppression of lipid biosynthesis pathways may contribute to the maintenance of hair follicle stem cell properties, analogous to observations reported in other stem cell systems.

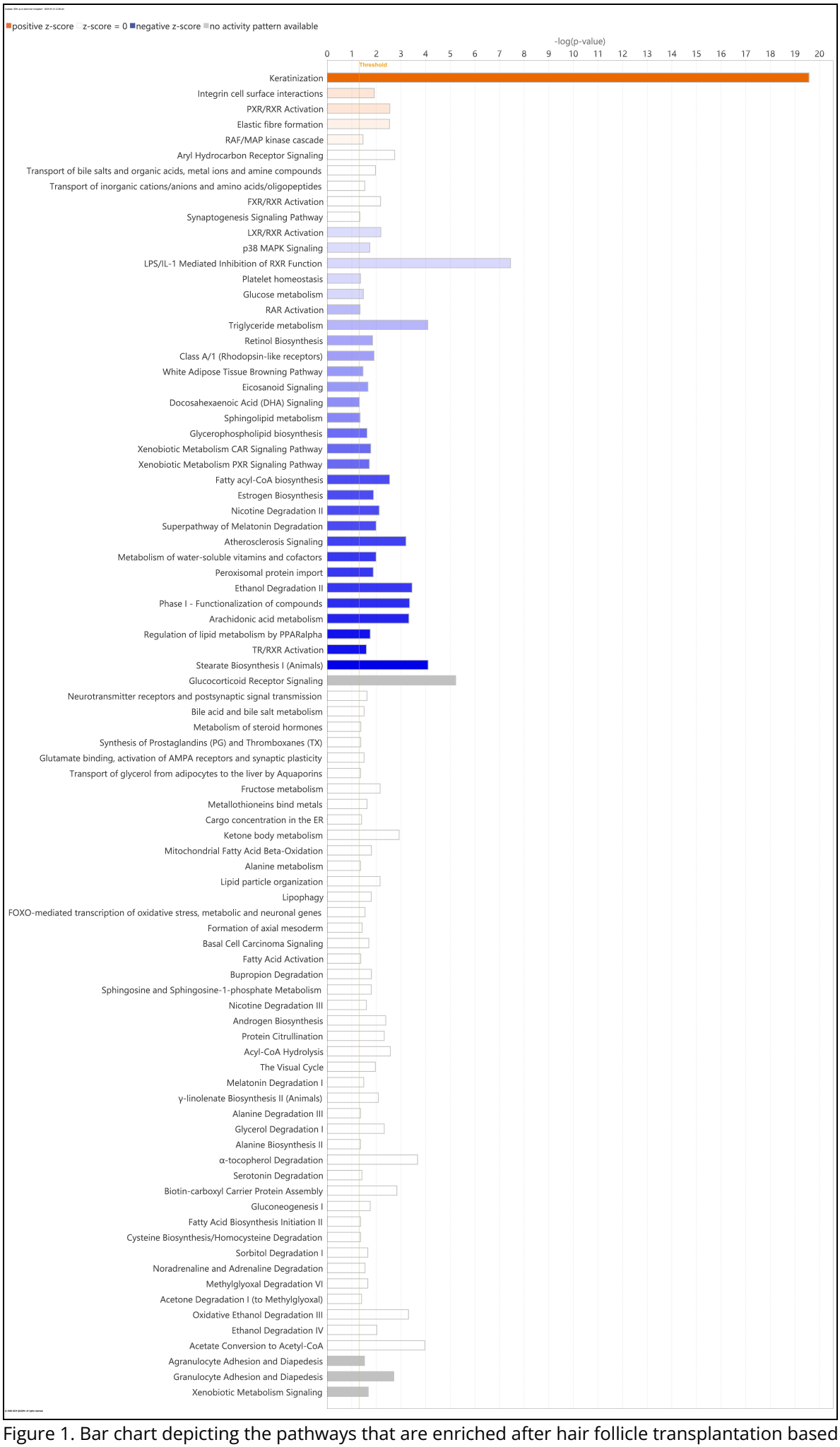

Figure 1. Bar chart depicting the pathways that are enriched after hair follicle transplantation based on differential gene expression analysis. Positive z-score (orange) denotes upregulation while negative z-score

(blue) denotes downregulation.

Conclusions

Hair transplantation is associated with distinct transcriptional changes in human hair follicles, characterized by activation of keratinization and cytoprotective pathways alongside repression of lipid synthesis pathways. These findings suggest a coordinated molecular program that may support follicular differentiation, graft survival, and preservation of stem cell–associated features critical for long-term hair growth. Further studies are warranted to validate these findings at the protein level and to define the specific follicular cell populations driving these changes. Targeting selected pathways pharmacologically may represent a future strategy to enhance the durability and efficacy of hair transplantation outcomes.

Abstract N°: ID-1433

Topic: Dermatological surgery

Tension-Balanced Reading Man Flap Reconstruction for a Pericanthal Temporal Defect After Basal Cell Carcinoma Excision

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Introduction

Basal cell carcinoma (BCC) commonly affects sun-exposed facial areas, including the temporal region. Surgical excision with adequate margins frequently results in clinically significant defects that pose reconstructive challenges due to thin skin, limited tissue laxity, and close proximity to critical periorbital structures. Defects located near the lateral canthus represent a particular reconstructive challenge, as inappropriate tension vectors may distort the musculus orbicularis oculi or the lateral canthal tendon, leading to functional complications such as ectropion or scleral show. Large circular defects further increase this risk. The Reading Man flap (RMF), a double-opposing transposition flap, is rarely reported for temporal reconstruction. This case highlights its use in a challenging pericanthal temporal defect following BCC excision.

Materials and Methods

A 58-year-old woman presented with a progressively enlarging ulcerated nodular lesion in the right temporal region, located in close proximity to the lateral canthus oculi dextra. Clinical and dermoscopic findings were consistent with noduloulcerative BCC. Tumor excision was performed using a slow Mohs technique under local anesthesia. With a tumor diameter of approximately 3 cm and an additional surgical margin of 0.5 cm on each side, the resulting post-excisional defect was estimated to approach 4 cm in diameter and was predominantly circular in shape. Given the proximity to the lateral canthus, flap selection prioritized symmetrical tension distribution away from the orbicularis oculi muscle and lateral canthal tendon. Reconstruction was therefore performed using a Reading Man flap. Flap viability was assessed at 24, 48, and 72 hours postoperatively. Aesthetic outcomes were evaluated using the Patient and Observer Scar Assessment Scale (POSAS), and functional outcomes focused on eyelid position and mobility during a 8-week follow-up.

Results

Histopathological examination confirmed BCC with tumor-free margins. Despite the large size, circular configuration, and pericanthal location of the defect, the Reading Man flap demonstrated excellent viability throughout the early postoperative period, with no evidence of ischemia or venous congestion. Progressive improvement in aesthetic outcomes was observed, with a final POSAS score of 6/60 at week eight. Importantly, no functional complications were detected: there was no scleral show, ectropion, lagophthalmos, or impairment of static or dynamic eyelid movement. The lateral canthal position and temporal contour were well preserved.

Conclusions

Large circular temporal defects located near the lateral canthus pose a high risk of functional complications due to potential traction on the orbicularis oculi muscle and lateral canthal tendon. This case demonstrates that the Reading Man flap provides effective tension redistribution away from critical periorbital structures, enabling safe reconstruction

of defects approaching 4 cm in diameter with excellent aesthetic and functional outcomes. RMF should be considered a valuable reconstructive option for selected pericanthal temporal defects following BCC excision.

Abstract N°: ID-1456

Topic: Dermatological surgery

The role of post-operative topical antibiotic prophylaxis in Mohs Micrographic Surgery

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Introduction

Patients undergoing Mohs Micrographic Surgery (MMS) are regarded as high risk by the BSDS for developing surgical site infection (SSI)[1], and attitudes and practices among Mohs surgeons regarding the use of post-operative antibiotic prophylaxis still vary [2]. There is also a scarcity of clinical data on this topic and no established guidelines at present.

Materials and Methods

A retrospective comparative cohort study conducted at a tertiary dermatology centre in the UK included 200 patients treated with MMS, recruited between 2017 and 2025. Post-operatively, 100 patients received no topical antibiotics, while 100 received mupirocin 2% twice daily for 7 days. SSI was assessed during follow-up within two weeks of surgery. Univariate and multivariate analyses were conducted using binary logistic regression, adjusting for patient factors (age, gender, obesity, diabetes, immunosuppression) and procedural factors (anatomical location, number of Mohs stages, type of repair) known to influence SSI. All statistical analyses were performed using STATA 18 software [3].

Table 1: Characteristics of 200 patients treated with MMS

Variable	No post-operative antibiotics N=100 (%)	Post-operative mupirocin ointment N=100 (%)
Age – median (IQR)	72 (62-80)	69.5 (64-76)
Gender		
Female	58 (58)	51 (51)
Male	42 (42)	49 (49)
Obesity		
No	78 (78)	94 (94)
Yes	22 (22)	6 (6)
Diabetes		
No	93 (93)	89 (89)
Yes	7 (7)	11 (11)
Immunosuppression		
No	97 (97)	99 (99)
Yes	3 (3)	1 (1)
Anatomical location		
Forehead	19 (19)	29 (29)
Periocular	9 (9)	6 (6)
Nose	38 (38)	34 (34)
Cheek	17 (17)	15 (15)
Ear	5 (5)	5 (5)
Perioral	12 (12)	6 (6)
Scalp	0 (0)	4 (4)
Neck	0 (0)	1 (1)
Number of Mohs stages		
1	66 (66)	56 (56)
2	31 (31)	39 (39)
≥3	3 (3)	5 (5)
Type of repair		
Secondary intention	5 (5)	5 (5)
Primary closure	37 (37)	49 (49)
Graft	11 (11)	10 (10)
Flap	47 (47)	36 (36)
SSI on follow-up		
No	98 (98)	98 (98)
Yes	2 (2)	2 (2)

[3] StataCorp. Stata statistical software: release 18. College Station, Texas (US): StataCorp LLC, 2023.

Results

There was no association between post-operative use of mupirocin and SSI on follow-up, with crude OR 1 (0.14 - 7.24), p-value of 1. This association remained the same on multivariate analysis, with an adjusted 0.14 (0.0039 - 5.15), p-value of 0.286. Notably, the results of both analyses were not statistically significant, largely due to the expected low incidence of SSIs in MMS [4] and the small sample size.

Table 2: Univariate and multivariate analysis between use of post-operative topical antibiotic prophylaxis and SSI

Variable	Association with SSI			
	Crude OR (95% CI)	p-value	Adjusted OR (95% CI)[ab]	p-value
Mupirocin ointment	1 (0.14 - 7.24)	1	0.14 (0.0039 - 5.15)	0.286
No antibiotics	-[c]		-	

a – Adjusted for the following variables: Age, Gender, Diabetes, Anatomical location, Number of Mohs stages, Type of repair
b – N=80 as observations were omitted due to collinearity
c – Taken as base level for reference

[4] Chen A, Alsawas M, Tan KW, et al. Surgical site infection rates following Mohs micrographic surgery by body site: A systematic review and meta-analysis. J Am Acad Dermatol [online]. 2023 Oct;89(4):862-864. Available from:

Conclusions

This study suggests that topical mupirocin has no impact on post-MMS SSIs, although it is difficult to draw any definitive conclusions given the study limitations. Further research, with larger sample sizes, are warranted to inform clinical practice.

Abstract N°: ID-1496

Topic: Dermatological surgery

The Push-pull suture: modified closure in tension wounds

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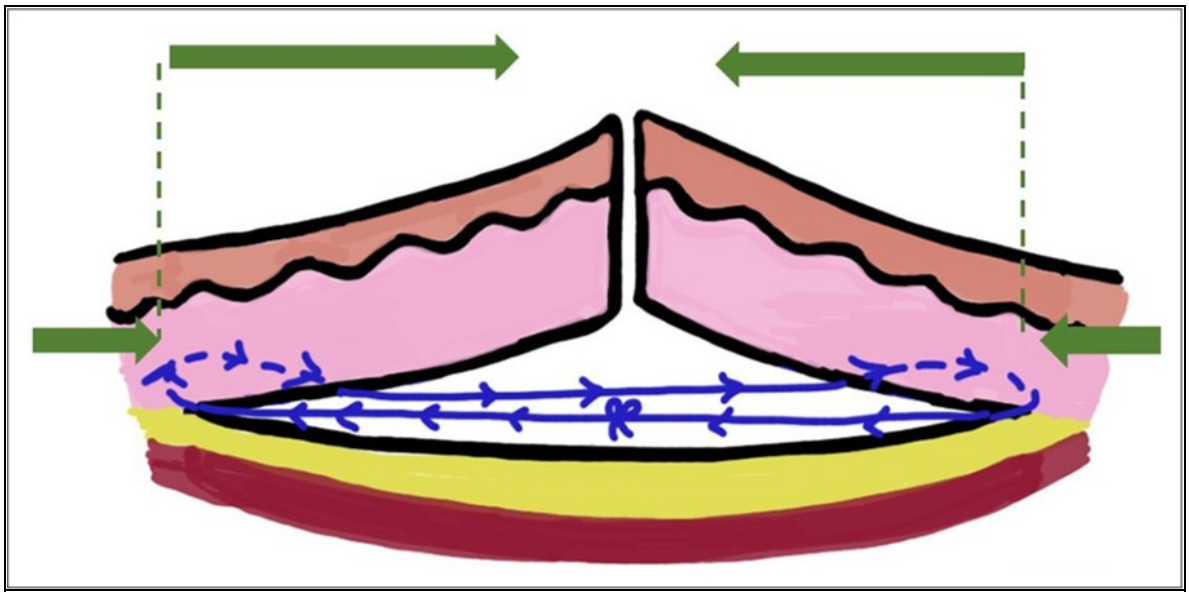
Introduction

The ideal goal of any surgical intervention for a cosmetic indication is an esthetic outcome, which depends significantly on tension-free skin suturing. All skin wounds should thus ideally be closed in two layers, with the dermal-subcutaneous buried suture taking up the brunt of the tension to pull together the tissue at the wound edge, thus removing tension from the epidermal skin sutures. However, even with a two-layered closure, the point of tension remains at the wound line itself []. Moreover, these buried sutures alone may not be able to oppose edges easily in larger wounds, especially when the closure is oriented against the skin tension lines, or in areas with limited extensibility of skin, such as the back and limbs. In such cases, lesions or scars often have to be excised “serially,” leading to multiple staged procedures, increased cost, inconvenience, and prolonged time to the eventual goal. We propose a push-pull suture to modify the opposing vectors causing tension at the wound line such that the actual wound margins are “pushed” together by the action of a deeper suture that “pulls” together the skin just beyond the undermined tissue.

Materials and Methods

The push-pull suture is applied similarly to a conventional buried suture, but the suture bites are taken at the lateralmost point of the ventral aspect of an undermined flap of tissue on both sides rather than at the wound line []. The bite can be taken in a horizontal or vertical plane and often creates a temporary dimple on the overlying skin, which resolves spontaneously. We have found that taking a horizontal bite creates less of a dimple and holds the tissue better. Care should be taken that the suture does not pierce through the flap to the external surface. The suture is then tied in the midline, and the knot remains deep enough to not interfere with subsequent buried dermal and skin sutures. The pull vector of this suture is exerted at a point much more lateral to the wound edge specifically at the v-junction where the superficial and deep parts of the undermined flap meet. This results in a dual effect: The skin between the suture bite and the wound edge is gently pushed toward the wound, while the skin beyond the undermining limits is simultaneously pulled inward []. This imparts wound edge eversion, obliteration of dead space, and elimination of tension across the wound line. Unlike conventional subcutaneous sutures, which only pull the edges together, the Push-Pull technique also redistributes tension by incorporating a pushing force, leading to a more stable and less tension-prone closure. Subsequently, buried dermal and skin sutures can be placed at the wound line easily for finessing the precise approximation of wound edges for best esthetic outcome. The technique is demonstrated and is especially useful for primary closure in large wounds.



Results

We have attempted this technique in multiple patients, both on facial and non-facial skin, with good cosmetic outcomes. We thus propose the push-pull modification with a plausible biomechanical rationale, which will help dermato-surgeons and plastic surgeons in tension-free closure of large incisions and reduce the need for staged procedures to achieve better cosmetic outcomes.

Conclusions

We thus propose the push-pull modification with a plausible biomechanical rationale, which will help dermato-surgeons and plastic surgeons in tension-free closure of large incisions and reduce the need for staged procedures to achieve better cosmetic outcomes.