

P7 FACIAL RECONSTRUCTION POST TUMOUR EXTIRPATION FOR FACIAL SKIN MALIGNANCIES

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Introduction

Reconstruction post extirpation of facial skin malignancies can be challenging as it is influenced by many factors such as type of lesion, location of lesion and size of defect.

Methodology

A retrospective audit from 2013-2016, comprising of 79 patients with facial skin malignancy among which, there were 32 Basal Cell Carcinoma(BCC), 46 Squamous Cell Carcinoma (SCC) and only 1 malignant melanoma that underwent excision of lesion and reconstructive surgery by Department of Plastic and Reconstructive Surgery, Sarawak General Hospital (SGH).

Results

TABLE 1: Type of skin malignancies and reconstruction done in 2013-2016

	N(%)
Basal Cell Carcinoma	32
FTSG	15 (46.8%)
Local flap	14 (43.8%)
Free flap	3 (9.4%)
Squamous Cell Carcinoma	46
FTSG	5 (10.9%)
Local flap	9 (19.6%)
Free flap	32 (69.5%)
Melanoma	1
FTSG	1 (100%)



Fig 1A: Pre-operative Fig 1B: Post-operative

Case 1: 67y.o lady with Lip Basal Cell Carcinoma underwent Wide Local Excision and Local bilateral Advancement Flap



Fig 2A: Pre-operative Fig 2B: Post-operative

Case 2: 57y.o man with Nasal bridge Squamous Cell Carcinoma underwent Wide Local Excision and Forehead Flap. Donor site healed with secondary intention.

Discussions

- The National Comprehensive Cancer Network (NCCN) guideline suggested size of surgical margin of 0.4cm for BCC and 0.4-0.6cm for SCC to be excise from the lesion to prevent recurrence. Among the cases which were reconstructed in SGH with size of surgical margin of 0.5-1.0cm, only 1 case of Nasal BCC in 2016 needs re-excision.
- Reconstruction of the defect depends on the size of the defect and the nature of the tumor excised. Taking account on the margins, the size of defect post extirpation for all type of malignancies noted to be within 2-4cm were reconstructed with FTSG, 4-8cm with local flap and more than 10cm with free flap.

Conclusion

There is no ideal choice of wound closure method post wide local excision of the facial region as it depends upon several factors as mentioned above. The approach to be taken will vary case to case basis bearing in mind that the main aim is to achieve complete excision with adequate margins and a good cosmetic result.

References

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