



Abstract N°: 170

Title: Can surgical excision match the gold standard of Moh's Surgery in head and neck skin cancer patients? Findings from a 4-year, 2 centre study

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Introduction

This study aimed to assess the complete excision rate (CER) of surgical excision relative to Moh's surgery, the 'gold standard' as defined by the British Association of Dermatologists. Moh's surgery is lengthy and expensive but anticipates an CER of 95%. Our study sought to evaluate the relative efficacy of surgical excision and if a comparable CER is achievable.

Material and Methods

A 4-year retrospective study was carried out in two hospitals in the North Lincolnshire and Goole Trust (Grimsby and Scunthorpe), on surgical excisions of Basal & Squamous Cell Carcinomas completed between January 2014 - December 2015 and January 2017 - December 2018.

Results

During the study, a total of 587 Basal & Squamous Cell Carcinomas were surgically excised. 561 had clear surgical margins on histopathology, constituting 96.4% CER. 26 lesions had involved margins and were therefore incomplete excisions. Out of those, 14 (54%) were re-excised, and 12 (46%) were clinically reviewed, with no obvious evidence of recurrence. Of those re-excised, 9 (64%) showed no residual tumour on histopathology which, if added to the total number of complete excisions, gives a total CER of 97.1%.

Discussion

A 97.1% CER has been achieved during this 4 year study. With a powerful sample size and long follow-up period, this study shows that surgical excision is a successful alternative to Moh's surgery, with the advantage of fewer appointments for patients and lower costs and could be considered as a new 'gold standard'.

EADV 30TH CONGRESS 2021 - ANNIVERSARY EDITION

29 SEPT – 2 OCT 2021

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