How to Use Mohs to Reconstruct the Nose

BY PATRICE WENDLING
Chicago Bureau

VIENNA — For skin cancers on the nose, Mohs micrographic surgery is associated with low recurrence rates and spares a maximal amount of healthy tissue, Abel R. González, M.D., reported at the 10th World Congress on Can-

The final defect after five stages of Mohs surgery is shown.

Careful Tumor Examination Can Improve Mohs Outcomes

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VIENNA — Successful Mohs micro-

graphic surgery depends on two things: that the tumor is contiguous and that 100% of the surgical margins are exam-
in histologically, Stuart J. Salasche, M.D.,
said at the 10th World Congress on Can-

Two weeks later, granulation tissue filled the defect.

on new tumor growth for up to one year. If more than 50% of a subunit is lost, the guiding principle is that replacing the entire unit usually gives a better result than patching the defect.

The forehead flap is an excellent option in nasal reconstruction because the forehead skin matches nasal skin almost ex-

that the area was covered with a graft, he said at the meeting cospon-

such as those seen in sebaceous carcinoma and Merkel cell carcinoma.

“The ones that we see most often and cause us the most trouble are tumors that have already been operated on or previ-

The forehead flap should always be vertically oriented because of perfusion, and narrow, paramedian flaps allow easier rotation. It should never reconstruct the cheek.

In the approach to a recurrence, all vi-

stenosis of the tumor histology, and whether the area was covered with a graft, he said at the meeting. The forehead flap could be readapted and the reconstructed area then covered with a skin graft.

Inflammation can also mask tumors and is common in elderly populations with chronic lymphocytic leukemia. Tumor masked by the inflammation may go un-

another area of concern is Mohs slide preparation errors. Poor slide preparation can result in false negative margins suggesting otherwise normal tissue.

The forehead flap is most commonly used in the reconstruction of the nose. Its main advantages are the possibility of being used in large defects, the potential for achieving good contour and shape, the related low recurrence rate, and the fact that it has mostly been used in reconstructive procedures in the head and neck region.

In the field of head and neck surgery, Mohs surgery is used for the treatment of small and recurrent skin cancers of the nose, and to a lesser extent in the reconstruction of the nasal ala and lateral nares.

The nose is a complex structure and reconstruction is challenging. The main objective is to achieve not only the anatomical reconstruction but also the functional one. In this respect, the forehead flap is a very useful tool.

The forehead flap is mainly used for the correction of large alar and lateral nasal defects. The range of indications includes augmentation of the alar rim, lateral nasal wall, and alar bank. In addition, the flap is also useful for correcting nasal asymmetries, nasal tip defects, and even for some cases of primary nasal defects.

At the 10th World Congress on Cancer of the Skin, Dr. González presented a series of cases that illustrate the use of the forehead flap in nasal reconstruction. Here are some examples:

1. Recurrent basal cell carcinoma of the lateral nasal wall

2. Recurrent squamous cell carcinoma of the ala

3. Recurrent sebaceous carcinoma of the tip

4. Recurrent melanoma of the ala

5. Recurrent keratoacanthoma of the lateral nasal wall

6. Recurrent squamous cell carcinoma of the lateral nasal wall

7. Recurrent basal cell carcinoma of the ala

8. Recurrent sebaceous carcinoma of the tip

9. Recurrent keratoacanthoma of the lateral nasal wall

10. Recurrent squamous cell carcinoma of the ala

The forehead flap is a versatile tool that can be adapted to different defects and can be combined with other techniques to achieve the best possible results.

In conclusion, the forehead flap is a valuable tool in the armamentarium of the head and neck surgeon, especially in the reconstruction of the nose. Its versatility, low recurrence rate, and aesthetic outcome make it a preferred option in many cases.

References:


