Simple Alternative May Work in Place of Mohs

BY JEFF EVANS
Senior Writer

QUEBEC CITY — A quasi-Mohs micrographic surgery procedure involving excision and curettage with pathologic analysis of margins may be a practical way of treating skin cancer patients in areas that do not have access to Mohs surgeons, Louis Weatherhead, M.B., M.A., said at the annual conference of the Canadian Dermatology Association.

“If you are in a Canada, we do not have access to Mohs surgery,” said Dr. Weatherhead, director of surgical dermatology at the University of Ottawa.

“Many plastic surgeons in the Ottawa region will not deal with a skin malignancy,” he said.

The alternative to Mohs surgery, which Dr. Weatherhead teaches to his residents in the Ottawa region, has a recurrence rate of about 2%-4% over a 5-year period, he said. The relatively simple technique involves simple shaving and curettage plus excision, which most dermatologists know how to do.

Weatherhead said in an interview. “At the dermatology clinic at the Ottawa Hospital, Dr. Weatherhead has not had positive margins in any patient who has undergone the procedure.

“In my hands it’s been a very good tool, but there’s always risk, when you do any surgical procedure, that you might have a margin that’s still involved,” he said, “in which case, then, many times in [basal cell carcinomas] you have to determine the amount of involvement and whether or not you’re going to go back in and do surgery or just observe, because in many instances the healing gets rid of residual tumor.”

The first step of the procedure is “like doing your first Mohs cut,” Dr. Weatherhead said, because it involves tangentially excising the lesion and submitting the specimen for pathologic—but not immediate—analysis. But the similarity between the procedure and Mohs stops there, because “we don’t have the facility to continue it.”

Curettage is performed to remove any residual tumor up to normal tissue and to delineate the borders of the tumor. Following hemostasis of the wound, Dr. Weatherhead excises a surgical margin of about 3-4 mm. The specimen obtained from that excision is then sent for pathologic analysis of the margin. The dermatologist chooses a method to close the wound depending on the location and size of the defect.

Skin cancer patient undergoing a quasi-Mohs procedure. From left to right: malignant lesion is excised; curettage ensures clear margins; a rotational flap closes wound.

Radio Frequency Plus Vacuum May Lessen Wrinkle Tx Pain

BY PATRICIE WENDLING
Chicago Bureau

PARIS — A new device that uses vacuum suction in combination with radio frequency painlessly treats facial lines and wrinkles, Michael H. Gold, M.D., reported at the Fourth International Academy of Cosmetic Dermatology World Congress.

Radio frequency (RF) devices have been used successfully over the last 5 years to improve skin texture and laxity, but their use has been limited because patients complain the treatments are too painful, said Dr. Gold of Nashville, Tenn.

Efforts have been made with varying degrees of success to reduce the pain by changing machine parameters, using multiple passes at lower power, or by incorporating RF with intense pulsed light devices. General anesthesia or intravenous sedation have been used, but patients have been willing to incur the associated costs.

The new bipolar RF device, Aluma Skin Therapy, was developed by two French dermatologists and has been shown to be safe and effective in preliminary trials.

“This is a different kind of RF device, and it’s not the first of its kind,” said Dr. Gold in an interview. “In fact, there are several RF devices on the market, but it is effective and doesn’t hurt,” Dr. Gold said in an interview.

In a study of 46 patients aged 30-65 years with periorbital and nasal labial wrinkles, 1%-2% of patients reported pain with the first two treatments. Patients reported pain of 0 or 1 on a 4-point scale, with 0 being no pain and 4 being intractable, pain, he said. Seven patients were lost to follow-up. No one dropped out of the study because of pain or an adverse event, said Dr. Gold. All of the 39 patients who completed the study had at least a 50% improvement in wrinkling based on evaluation by blinded clinicians. Patients were able to maintain the improvements 6 months posttreatment.

The maximum benefit is seen after the fifth or sixth treatment. The optimal number and best interval between treatments have yet to be determined. Studies are planned to evaluate the device to reduce tissue laxity on the jaws, upper arms, stomach, and thighs. The device will be launched in the United States and Europe this month.

Dr. Gold is an investigator, advisory board member, consultant, and stock holder with Lumenis Inc., and has received honoraria to speak on behalf of the company.

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