## 01. Title: An Analysis of Basosquamous Carcinomas Managed with Micrographic Surgery in the Facial/Neck Region

Ryan Scheinkman MD, MEng[1], Philippe Jean-Pierre, MD[1], Sarah Antonevich MS, Ricardo Cooke MD, Keyvan Nouri, MD, MB.

[1] Department of Dermatology, University of Miami Miller School of Medicine, Miami, Florida, USA.

**Background**: In this study, we aimed to characterize the distribution of basosquamous carcinomas in the facial-neck region that had been managed with Mohs Micrographic Surgery (MMS). Our goal in this study was to investigate how initial basosquamous carcinomas of the facial-neck region correlate with final defect sizes after MMS at different surgical sites. In this way, surgeons can hopefully better anticipate outcomes at different sites for this procedure.

**Methods**: An analysis of 32 cases of biopsy-proved basosquamous carcinomas were investigated in a single center, multi-surgeon retrospective chart review. The median lesion size, layers removed during MMS, and wound size were characterized for the Cheeks, Chin, Ears, Forehead, Jaw, Neck, Nose, Periocular location, Perioral location, Postauricular location, Preauricular location, Scalp, and Temples of patients. A correlation coefficient was then computed comparing initial carcinoma size to postoperative wound size.

**Results**: The largest value for the median basosquamous carcinoma size was found on the jaw (2.25 cm2) with the largest median postoperative wound size found to be in the preauricular area (7.02 cm2). The correlation coefficient of 0.97 demonstrated a strong correlation between initial lesion and postoperative wound sizes. The breakdown of median basosquamous carcinoma sizes, layers removed, and wound sizes are listed in Table 1 for the different spatial locations.

**Conclusion**: Despite the highly correlated nature of initial carcinoma size with final postoperative wound size, discrepancies were still noted at different spatial sites as highlighted by the largest median wound size and largest median carcinoma size. Although limited by its small sample size, our study still helped to better characterize spatial characteristics of basosquamous carcinomas. Nevertheless, additional studies could look to expand upon the sample size and investigate other factors that may impact the spatial characteristics of basosquamous carcinomas managed with micrographic surgery.

**Key Words:** Carcinoma, Mohs Micrographic Surgery, Oncology

**Table:**

**Table 1: Spatial Distribution for Basosquamous Carcinomas Treated with Mohs Micrographic Surgery**

| Location | n | Median Carcinoma size ($cm^2$) | Median MMS Defect Size ($cm^2$) | Median Number of Layers Removed |
|---|---|---|---|---|
| Scalp | 2 | 0.96 | 2.84 | 2 |
| Forehead | 1 | 1.30 | 2.73 | 2 |
| Temple | 3 | 1.95 | 6.44 | 2 |
| Periocular | 3 | 0.55 | 3.12 | 3 |
| Preauricular | 1 | 1.68 | 7.02 | 2 |
| Ear | 4 | 2.21 | 4.08 | 2.5 |
| Postauricular | 0 | N/A | N/A | N/A |
| Nose | 11 | 0.49 | 1.96 | 3 |
| Perioral | 1 | 0.80 | 5.51 | 3 |
| Cheek | 5 | 1.80 | 3.75 | 2 |
| Jaw | 1 | 2.25 | 3.40 | 1 |
| Chin | 0 | N/A | N/A | N/A |
| Neck | 1 | 1.20 | 2.55 | 1 |
| **Overall** | **32** | **1.15** | **3.23** | **2** |



**ISSN 2076-6327**

**This journal is published by Pitt Open Library Publishing**

Pitt Open Library Publishing