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Surgical anatomical correlations in basal cell carcinoma and squamous cell carcinoma at cephalic end level

Anca Bordianu, Izabella Petre, Roxana Folescu, Carmen Lacramioara Zamfir, Elena Bernad and Craina M
University of Medicine and Pharmacy, Romania

Introduction: Skin tumor incidence is continually increasing worldwide, and the fact that it occurs more frequently in younger people, is alarming. Therefore, early detection is required, starting with the family doctor, dermatologist, oncologist, plastic surgeon, and last, but not least, the pathologist. In Romania, the occurring of BCC and SCC is not known exactly. Developing strict records of all patients with BCC and SCC would allow accurate assessment of social and financial impact of skin tumors upon society. All these, would lead to the implementation of a surgical and adjuvant treatment, one that would take into account the histopathological staging of the lesion excised, regardless of the geographic area.

Matter and Methods: The casuistry of the Plastic Surgery and Reconstructive Microsurgery Clinic of the Emergency Hospital "Badgasar-Arseni", Bucharest, is one of the richest in Romania, in malignant lesions in the head and neck. The wide area coverage of this casuistry regarding the BCC and SCC, and the treatment methods applied in the field, often of own conception, places the successive medical teams of the clinic, among the prestigious European medical services with similar concerns. We have studied a sample consisting of 216 patients diagnosed with carcinoma (basal cell and squamous cell) in the cephalic end and neck; the patients received ambulatory treatment or they were hospitalized in the Emergency Hospital "Badgasar-Arseni", Bucharest, Department of Plastic Surgery and Reconstructive Microsurgery, for a period of 5 years (January 1, 2008 - December 31, 2012).

Results and Discussions: The analytical indicators, in each particular case, included: age of the patient, gender, profession, origin (urban/rural), the date of tumor formation, the passed time until hospitalization, clinical form, location and type of the tumor, histological subtype, and not least, the received treatment (surgery and adjuvant).

Curative surgery was performed in 236 tumor cases (BCC and SCC), out of which 27 were recurrences (representing 10.3% of the total of 263 formations detected on the 216 patients in our study). Regarding surgical treatment, the size of the loss of initial sutured substances varied between 0.5cm - 4cm. The availability and the laxity of the tissues adjacent to the coverage defect were considered to perform suture. In cases where it was necessary, the nearby skin was removed (which allowed the use of extrinsic skin availabilities, by mobilizing skin in deeper tissues). In most cases, the excision of the lesion was performed so that the axis of the resulted scar was placed in the direction of the skin tension lines.

Conclusions: The large number of interventions performed for the diagnosis and the surgical treatment of skin carcinoma in the face or on the neck, without serious intraoperative complications, represent clear arguments in favor of surgical treatment applied as first choice.

Biography

Anca Bordianu has completed her Ph.D. at the age of 30 years from "Carol Davila" University of Medicine and Pharmacy Bucharest, University that she graduated from in 2008. She currently works as a plastic surgeon at the Plastic and Reconstructive Surgery Department of the "Badgasar-Arseni" Clinical Emergency Hospital Bucharest, Romania. She has published numerous papers in reputed journals and participated in national and international congresses and training courses. She is a member of Romanian Plastic and Reconstructive Surgery Society.

anca.bordianu@gmail.com