

Simpler 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., said at the annual conference of the Canadian Dermatologic Association.

"In many areas in 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 Ottawa, is easy to learn and provides "clinically good results in clearance of tumor as well as postoperative appearance," he said.

The "poor man's Mohs procedure" has had 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, Dr.

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.

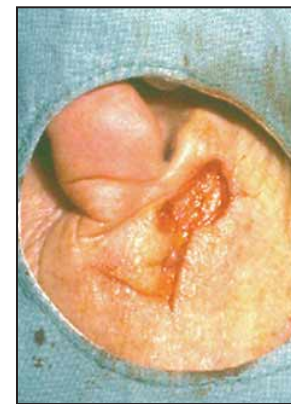
"In my hands it's been a very good tool, but there's always risk, when you do any surgical procedure, that you might have a margin that's still involved," he said, "in which case, then, many times in [basal cell carcinomas] you have to determine the amount of involvement and whether or not you're going to go back 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."

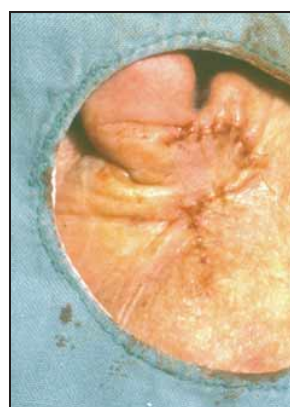
Curettage is performed to remove any residual tumor up to normal tissue and to delineate the borders of the tumor. Following hemostasis of the wound, Dr. Weatherhead excises a surgical margin of

about 3-4 mm. The specimen obtained from that excision is then sent for pathologic analysis of the margin. The derma-

tologist 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.



Rotational flap is sutured in place (left). Good healing of the wound is seen after 1 week (right).

Final cosmetic result seen 1 year after having a quasi-Mohs micrographic surgery procedure.

PHOTOS COURTESY DR. LOUIS WEATHERHEAD

Salex™ (6% Salicylic Acid) Lotion

Rx Only
FOR TOPICAL USE ONLY. NOT FOR OPHTHALMIC, ORAL OR INTRAVAGINAL USE.

INDICATIONS AND USAGE

For Dermatologic Use: Salex™ Lotion is a topical aid in the removal of excessive keratin in hyperkeratotic skin disorders, including verrucae, and the various ichthyoses (vulgaris, sex-linked and lamellar), keratosis palmaris and plantaris, keratosis pilaris, pityriasis rubra pilaris, and psoriasis (including body, scalp, palms and soles).

For Podiatric Use: Salex™ Lotion is a topical aid in the removal of excessive keratin on dorsal and plantar hyperkeratotic lesions. Topical preparations of 6% salicylic acid have been reported to be useful adjunctive therapy for verrucae plantares.

CONTRAINDICATIONS

Salex™ Lotion should not be used in any patient known to be sensitive to salicylic acid or any other listed ingredients. Salex™ Lotion should not be used in children under 2 years of age.

WARNINGS

Prolonged use over large areas, especially in children and those patients with significant renal or hepatic impairment, could result in salicylism. Concomitant use of other drugs which may contribute to elevated serum salicylate levels should be avoided where the potential for toxicity is present. In children under 12 years of age and those patients with renal or hepatic impairment, the area to be treated should be limited and the patient monitored closely for signs of salicylate toxicity: nausea, vomiting, dizziness, loss of hearing, tinnitus, lethargy, hyperpnea, diarrhea, and psychic disturbances. In the event of salicylic acid toxicity, the use of Salex™ Lotion should be discontinued. Fluids should be administered to promote urinary excretion. Treatment with sodium bicarbonate (oral or intravenous) should be instituted as appropriate.

Due to potential risk of developing Reye's syndrome, salicylate products should not be used in children and teenagers with varicella or influenza, unless directed by a physician.

PRECAUTIONS

For external use only. Avoid contact with eyes and other mucous membranes.

DRUG INTERACTIONS

The following interactions are from a published review and include reports concerning both oral and topical salicylate administration. The relationship of these interactions to the use of Salex™ Lotion is not known.

I. Due to the competition of salicylate with other drugs for binding to serum albumin the following drug interactions may occur:

DRUG	DESCRIPTION OF INTERACTION
Sulfonyleureas	Hypoglycemia potentiated.
Methotrexate	Decreases tubular reabsorption; clinical toxicity from ethotrexate can result.
Oral Anticoagulants	Increased bleeding.

II. Drugs changing salicylate levels by altering renal tubular reabsorption:

DRUG	DESCRIPTION OF INTERACTION
Corticosteroids	Decreases plasma salicylate level; tapering doses of steroids may promote salicylism.
Acidifying Agents	Increases plasma salicylate level.
Alkalinizing Agents	Decreases plasma salicylate levels.

III. Drugs with complicated interactions with salicylates:

DRUG	DESCRIPTION OF INTERACTION
Heparin	Salicylate decreases platelet adhesiveness and interferes with hemostasis in heparin-treated patients.
Pyrazinamide	Inhibits pyrazinamide-induced hyperuricemia.
Uricosuric Agents	Effect of probenecid, sulfipyrazone and phenylbutazone inhibited.

The following alterations of laboratory tests have been reported during salicylate therapy:

LABORATORY TESTS	EFFECT OF SALICYLATES
Thyroid Function	Decreased PBI; increased T ₂ uptake.
Urinary Sugar	False negative with glucose oxidase; false positive with Clinistest with high-dose salicylate therapy (2-5g q.d.).
5-Hydroxyindole acetic acid	False negative with fluorometric test.
Acetone, ketone bodies	False positive FeCl ₃ in Gerhardt reaction; red color persists with boiling.
17-OH corticosteroids	False reduced values with > 4.8g q.d. salicylate.
Vanilmandelic acid	False reduced values.
Uric acid	May increase or decrease depending on dose.
Prothrombin	Decreased levels; slightly increased prothrombin time.

Pregnancy (Category C): Salicylic acid has been shown to be teratogenic in rats and monkeys. It is difficult to extrapolate from oral doses of acetylsalicylic acid used in these studies to topical administration as the oral dose to monkeys may represent six times the maximal daily human dose of salicylic acid when applied topically over a large body surface. There are no adequate and well-controlled studies in pregnant women. Salex™ Lotion should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Because of the potential for serious adverse reactions in nursing infants from the mother's use of Salex™ Lotion, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No data are available concerning potential carcinogenic or reproductive effects of Salex™ Lotion. It has been shown to lack mutagenic potential in the Ames *Salmonella* test.

ADVERSE REACTIONS

Excessive erythema and scaling conceivably could result from use on open skin lesions.

OVERDOSAGE

See Warnings.

DOSE AND ADMINISTRATION

The preferable method of use is to apply Salex™ Lotion thoroughly to the affected area and occlude the area at night. Preferably, the skin should be hydrated for at least five minutes prior to application. The medication is washed off in the morning and if excessive drying and/or irritation is observed a bland cream or lotion may be applied. Once clearing is apparent, the occasional use of Salex™ Lotion will usually maintain the remission. In those areas where occlusion is difficult or impossible, application may be made more frequently; hydration by wet packs or baths prior to application apparently enhances the effect. Unless hands are being treated, hands should be rinsed thoroughly after application.

HOW SUPPLIED

Salex™ Lotion is available in 14 fl oz (414 ml) (NDC 0064-4011-14) bottles.

Store at controlled room temperature 20° - 25°C (68° - 77°F). Do not freeze.

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Radio Frequency Plus Vacuum May Lessen Wrinkle Tx Pain

BY PATRICE 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 medications have been used, but few patients have been willing to incur the associated risks.

The new bipolar RF device, Aluma Skin Renewal System (Lumenis Inc.), uses vacuum suction to pull the skin about one-quarter inch into the vacuum, where there are RF electrodes on either side.

The device holds the skin for 1 second of vacuum at 20-mm Hg suction and delivers about 10 W of RF energy, he said. The overall treatment takes 15-30 minutes and treatments occur once weekly for 5-8 weeks. How the device reduces pain is unclear.

"I think because we're taking up the skin and compressing the nerves or the circulation affecting those nerves, we're doing something. We're just not sure what, 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 jowls, 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 stockholder with Lumenis Inc., and has received honoraria to speak on behalf of the company.