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 Dermatology 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.

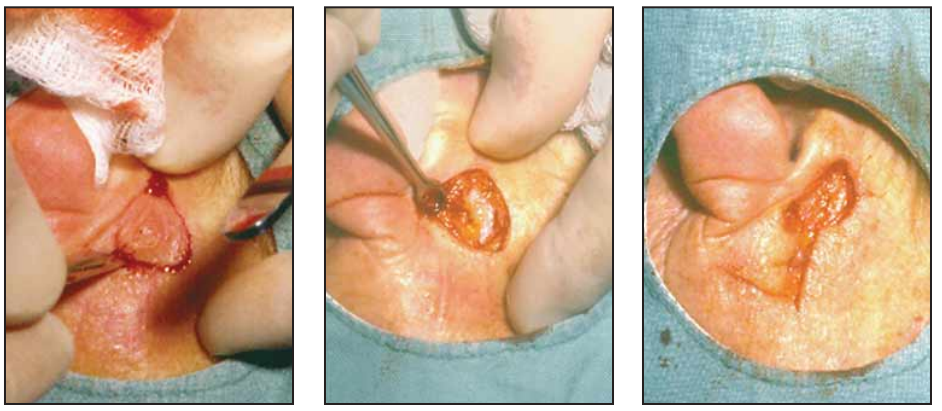
The "poor man's Mohs procedure" has had a recurrence rate of about 2%-4% over a 5-year period, he said. The relatively simple technique involves simple shaving and curettage plus excision, which most dermatologists know how to do, Dr. Weatherhead said in an interview.

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

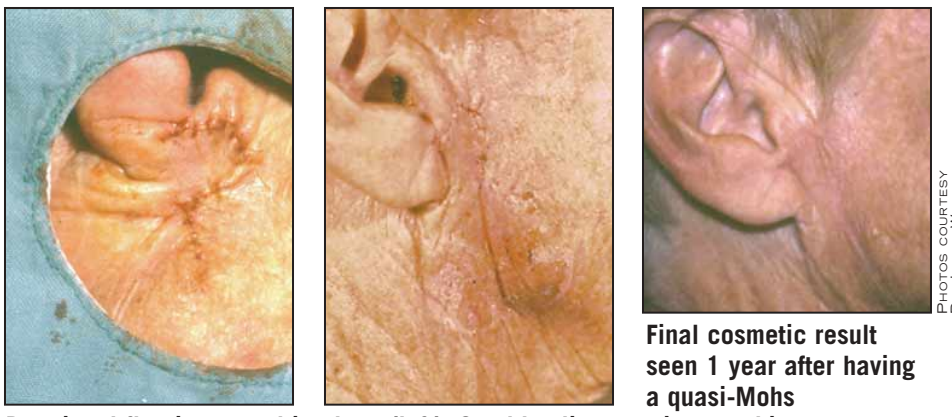
"In my hands it's been a very good tool, but there's always risk, when you do any surgical procedure, that you might have a margin that's still involved," he said, "in which case, then, many times in [basal cell carcinomas] you have to determine the amount of involvement and whether or not you're going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



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

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. ■