DERMATOLOGICAL SURGERY

DERMOSCOPY-GUIDED MOHS MICROGRAPHIC SURGERY IN POST-LASER BASAL CELL CARCINOMAS: IS DERMOSCOPY HELPFUL FOR THE DEMARCATION OF SURGICAL MARGIN?

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Background: Although Mohs micrographic surgery (MMS) is an appropriate treatment for basal cell carcinoma (BCC), it is possible in principle only when the tumor margin is visible on the naked eye. The aim of this study is to evaluate the usefulness of dermoscopy in determining MMS surgical margins of BCCs with the history of ablative laser treatment.

Objective: To evaluate the usefulness of dermoscopy in determining MMS surgical margins of BCCs with the history of ablative laser treatment.

Materials and methods: In this retrospective study, surgical outcomes of 133 post-laser BCC patients treated with MMS were analyzed. Patients were classified by surgical margin detection method: The naked eye group (n=69) or the dermoscopy group (n=64).

Results: Lateral margin involvement rate at the first MMS stage was significantly lower in the dermoscopy group (4.7%) than in the naked eye group (29.0%) ($P < .001$). However, deep margin involvement rate at the first MMS stage and the mean MMS stage were not different between the groups. Duration following ablative laser treatment correlated to the number of MMS stage ($P = .026$)

Conclusions: The result demonstrated that lateral margin was mostly controlled within the first MMS stage with dermoscopy. Dermatosurgeons could focus on deep margin after the first MMS stage, thus the performance of MMS could be improved with dermoscopic assistance in post-laser BCC patients.