

AEDV 2023 Highlights

Con el patrocinio de:



32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN

BER LIN

11-14 OCTUBRE

Iniciativa científica de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

The graphic features the text 'AEDV 2023 Highlights' in a bold, sans-serif font. 'AEDV 2023' is in dark blue, and 'Highlights' is in white. The text is set against a teal rectangular background. This background is overlaid on a larger teal shape that partially overlaps a circular orange textured area, which resembles a cross-section of a fruit or a biological specimen. The entire graphic is set against a dark blue background with a white wavy, wood-grain-like pattern.

AEDV 2023
Highlights

Oncología y Cirugía

Isabel Bernad Alonso

HOSPITAL UNIVERSITARIO MIGUEL SERVET,
ZARAGOZA

ibernad@salud.aragon.es

ONCOLOGÍA

- CARCINOMA ESCAMOSO
- MANEJO DEL CÁNCER CUTÁNEO EN EL PACIENTE ANCIANO
- EFECTOS ADVERSOS DE TERAPIAS SISTÉMICAS ANTICÁNCER

CIRUGÍA

- MANEJO QUIRÚRGICO DEL C MERKEL, DFSP Y MELANOMA
- TÉCNICAS QUIRÚRGICAS

CARCINOMA ESCAMOSO

RE-DEFINIENDO SCC DE ALTO RIESGO

- La cirugía de Mohs tiene más tasa de curación que la resección amplia para cSCC T2b y T2a, invasión perineural
- A pesar de ello el riesgo de MTS ganglionares 15 % aprox. Para detectarlas pronto hacer seguimiento radiológico TC cada 6 meses x 3 años

BWH T2b cases have elevated risks of recurrence and metastasis

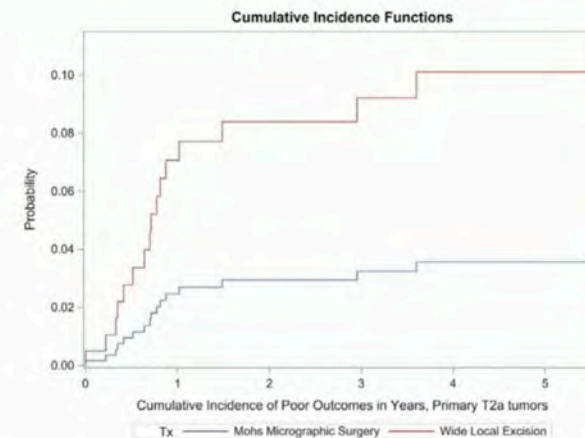
Mohs has highest cure rate for T2b CSCC

BWH T Stage	Number	Local Recurrence	Nodal Metastasis	Death from CSCC
T2b ¹ Mostly WLE	86	21%	21%	16%
T2b ² Mohs	129	8%	15%	3%
T2b/T3 ³ Mohs	34-39	6%	6%	6%

BWH T2b: 2+ risk factors

- Clinical diameter 2cm or larger
- Depth beyond fat
- Poor differentiation
- Perineural invasion (PNI) of nerve(s) $\geq 0.1\text{mm}$

Mohs is also superior for CSCC with a single risk factor: BWH T2a



- 3.5% risk of recurrence/metastasis/death with Mohs
- 10% with standard excision

Xiong DD, et al. J Am Acad Dermatol 2020;82:1195-204.

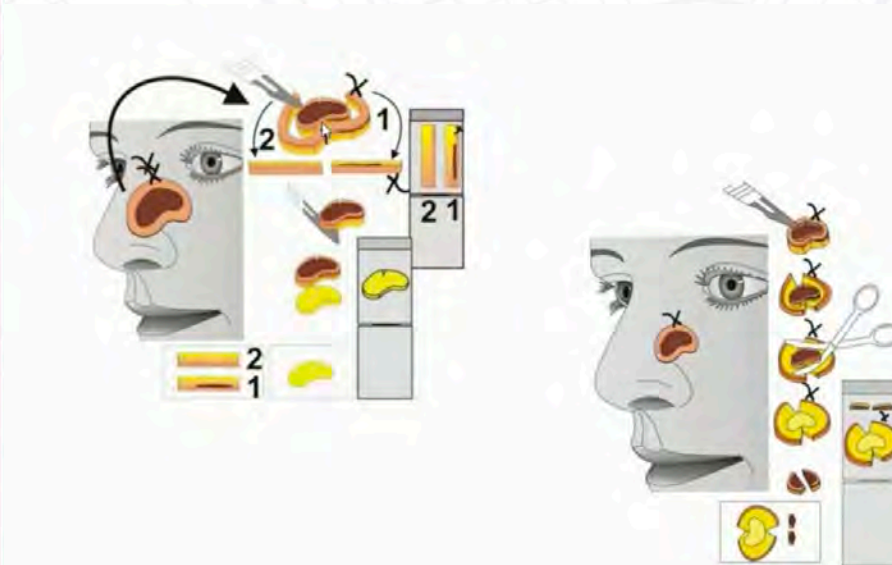
1. Karia PS, et al. J Clin Oncol 2014;32:327-34;
 2. Marrazzo G, et al. J Am Acad Dermatol 2019;80:633-8;
 3. Tschetter AJ, et al. J Am Acad Dermatol 2020;82:139-48.

CARCINOMA ESCAMOSO

RE-DEFINIENDO SCC DE ALTO RIESGO

- La cirugía de Mohs/Tubingen es el tratamiento preferido por la NCCN Guidelines of Oncology para el carcinoma escamoso de alto riesgo. Sería preferible a la RT, si márgenes positivos en tumores resecables

Very High Risk
See SCC-3
≥4 cm (any location)
Poor differentiation
Desmoplastic SCC
>6 mm or invasion beyond subcutaneous fat
Tumor cells within the nerve sheath of a nerve lying deeper than the dermis or measuring ≥0.1 mm
(+)



ESMS POSITION DOCUMENT ON THE USE OF MOHS MICROGRAPHIC SURGERY AND OTHER MICROGRAPHIC SURGERY TECHNIQUES IN EUROPE
John Paoli1, Olivier Cogrel2, Simone van der Geer3, Gertraud Krekels3, John de Leeuw4, Matthias Moehrl5,6, Judith Ostertag3, Luis Rios Buceta7, Nisith Sheth8, Severin Lächli9

Table 2. Comparison of MMS and the most commonly used 3D histology techniques (“Tübinger Torte” and “Muffin technique”)

Technique	MMS	“Tübinger Torte” & “Muffin technique”
Debulking	Debulking using a curette	No debulking. Resection <i>en bloc</i> .
Incision	45° angle (bowl shape)	90° to 100° angle
Orientation	Marking corresponding to the histopathological segments (sutures, dye, incisions, photos)	Incision or suture at 12:00 corresponding to the body axis
Preparation	By the surgeon or lab technician on site. The specimens (e.g. quadrants) with their oblique edges are pressed flat and frozen on the cryostat.	By the surgeon or lab technician on site. The specimen is dissected (e.g. “Tübinger Torte” or “Muffin”) and put on a flat plane (paper) in a histopathology cassette, marked for orientation and fixed in formalin.
Procedure	Frozen sections oblique/parallel to the epidermis.	Paraffin sections perpendicular to the epidermis.
Evaluation	By the MMS surgeon or pathologist on site.	By the surgeon or a pathologist off-site.
Qualification	Physician with surgical and histopathological qualification (excision, pathology, reconstruction)	Physician with surgical and histopathological qualification (excision, pathology, reconstruction) or cooperation of physicians with surgical and pathological qualification.
Time	Slides available within about 30 min.	Slides available within about 20 hrs.
Organisation	A patient can be completely treated with multiple operations on a single day.	A patient might be treated with multiple operations on several days.

- Los Anti PD1 (cemiplimab y pembrolizumab) son los únicos fármacos aprobados para el cSCC irresecable
- Hay respuesta hasta en el 50%, estabilización de la enfermedad >70% y repuesta completa <20%
- Los pacientes trasplantados tiene un 50% de probabilidad de rechazo del órgano trasplantado
- Se necesitan más estudios de adjuvancia

C-POST protocol update: A Phase 3, randomised, double-blind study of adjuvant cemiplimab versus placebo post surgery and radiation therapy in patients with high-risk cutaneous squamous cell carcinoma

Danny Rischin,¹ Daniel Brungs,² Fiona Day,³ Hayden Christie,⁴ Vishal A Patel,⁵ Gerard Adams,⁶ James Estes Jackson,⁷ Maite De Liz Vassen Schurmann,⁸ Dmitry Kirtbaya,⁹ Thuzar M Shin,¹⁰ Christopher D Hart,¹¹ Elizabeth Stankevich,¹² Siyu Li,¹² Israel Lowy,¹² Hyunsil Han,¹² Matthew G Fury,¹² Sandro V Porceddu¹³

¹Department of Medical Oncology, Peter MacCallum Cancer Centre, Melbourne, Australia; ²Illawarra Cancer Care Centre, Wollongong Hospital, Wollongong, Australia; ³Department of Medical Oncology, Galvary Mater Newcastle, Waratah, Australia; ⁴Cancer Care Centre Hervey Bay, Urraween, Australia; ⁵Institute for Patient-Centered Initiatives and Health Equity, George Washington University School of Medicine & Health Science, Washington, DC, USA; ⁶Genesis Cancer Care, Bundsberg, Australia; ⁷Radiation Oncology Centers, Gold Coast, Australia; ⁸Anomi Oncology Treatment Unit, University Planalto Catarinense (UNIPLAC), Centro, Lages, Brazil; ⁹State Budgetary Institution of Health Oncology Dispensary No. 2, Krasnodar, Russia; ¹⁰Department of Dermatology, Hospital of the University of Pennsylvania, Perelman Center for Advanced Medicine, Philadelphia, PA, USA; ¹¹St Vincent's Hospital Melbourne, Fitzroy, Australia; ¹²Regeneron Pharmaceuticals, Inc. Tarrytown, NY, USA; ¹³School of Medicine, University of Queensland, Herston, Australia, and the Department of Radiation Oncology, Princess Alexandra Hospital, Woolloongabba, Australia.

Verbatim presentation of poster presented at EADO 2022. Conclusions and opinions expressed are those of the authors only.

A Phase 3, Randomized, Double-blind, Placebo-controlled Study to Evaluate Pembrolizumab Versus Placebo as Adjuvant Therapy Following Surgery and Radiation in Participants with High-risk **Locally Advanced Cutaneous Squamous Cell Carcinoma (LA cSCC) (KEYNOTE-630).**

CARCINOMA ESCAMOSO

MARCADORES BIOLÓGICOS EN EL MANEJO DEL SCC

- Cemiplimab neoadyuvante es prometedor con respuestas completas del 50%
- Considerar en pacientes cuya resecabilidad es borderline, en no resecables y si la cirugía supusiera una alta morbilidad

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Neoadjuvant Cemiplimab for Stage II to IV Cutaneous Squamous-Cell Carcinoma

N.D. Gross, D.M. Miller, N.I. Khushalani, V. Divi, E.S. Ruiz, E.J. Lipson, F. Meier, Y.B. Su, P.L. Swiecicki, J. Atlas, J.L. Geiger, A. Hauschild, J.H. Choe, B.G.M. Hughes, D. Schadendorf, V.A. Patel, J. Homsí, J.M. Taube, A.M. Lim, R. Ferrarotto, H.L. Kaufman, F. Seebach, I. Lowy, S.-Y. Yoo, M. Mathias, K. Fenech, H. Han, M.G. Fury, and D. Rischin

N ENGL J MED 387;17 NEJM.ORG OCTOBER 27, 2022

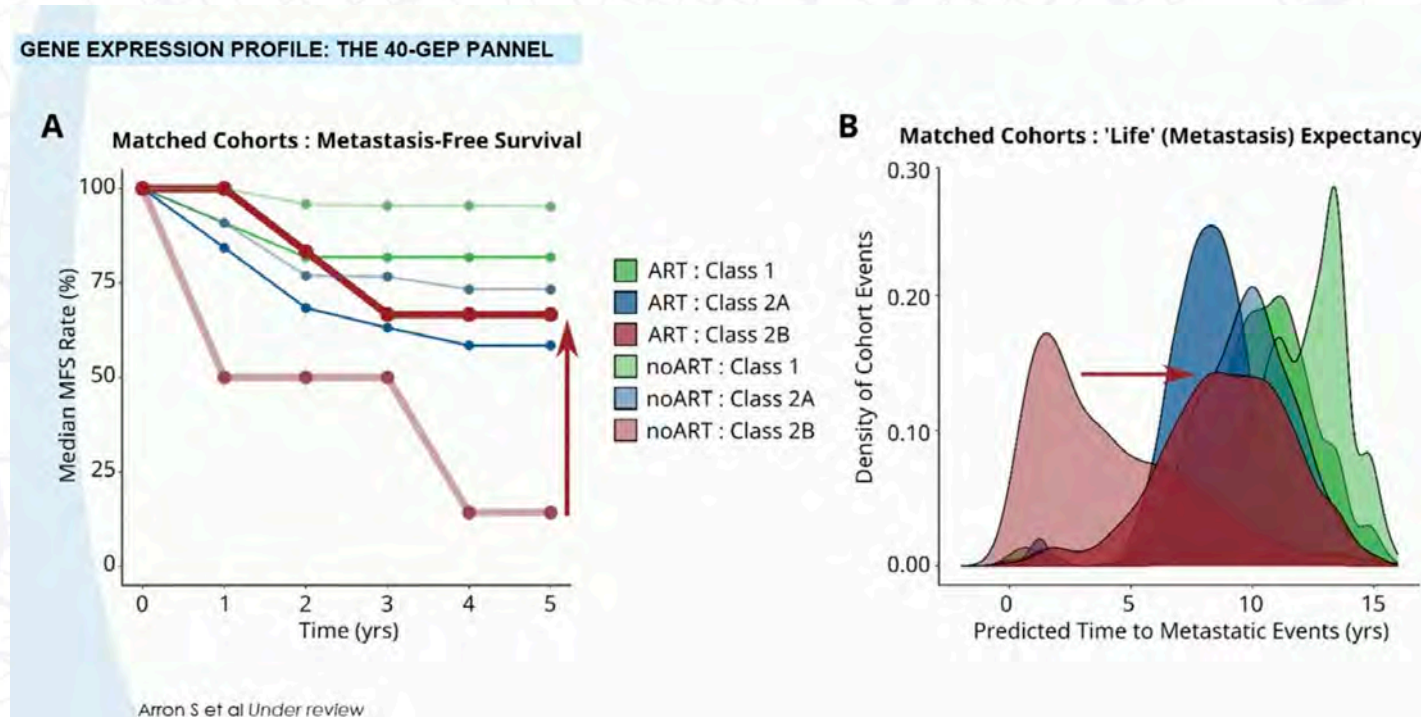
2-minute video summary: <https://www.nejm.org/doi/10.1056/NEJMdo006730>

- 79 patients: All but 5 were **stage III/IV (M0)**; **60% had nodal mets**
- 4 doses of cemiplimab q3 weeks, then surgery
- **51% complete histologic response** when the tumors were removed
- Grade 3/4 adverse events: 18%

CARCINOMA ESCAMOSO

MARCADORES BIOLÓGICOS EN EL MANEJO DEL SCC

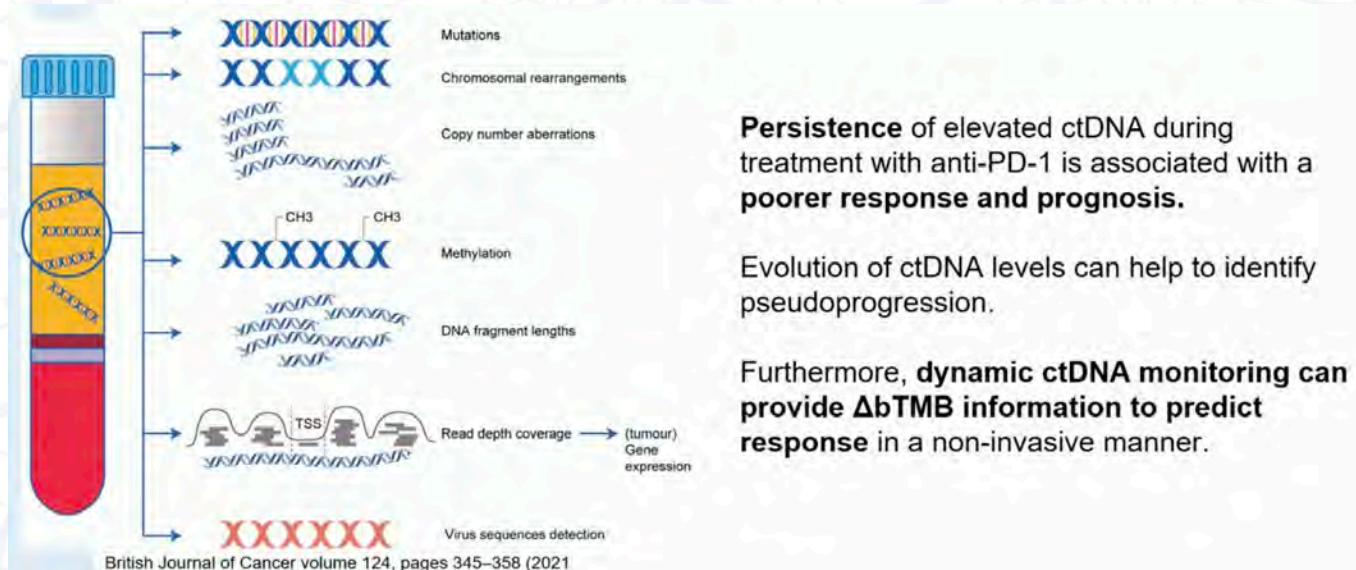
- Los paneles de expresión génica pueden ayudar a guiar el manejo del cSCC. El panel 40-GEP ayuda en la identificación de pacientes con mayor riesgo de recurrencia y los que responderán mejor a la RT adyuvante



CARCINOMA ESCAMOSO

MARCADORES BIOLÓGICOS EN EL MANEJO DEL SCC

- La carga mutacional tumoral, la alteración de la reparación del DNA, la carga de neoantígenos, la expresión de PD-L1 y los biomarcadores en sangre periférica han probado cierta exactitud en la predicción de la respuesta a tratamientos sistémicos, pero en cSCC se necesitan más estudios
- La biopsia líquida en el futuro cambiara la manera de seguimiento de los pacientes



Persistence of elevated ctDNA during treatment with anti-PD-1 is associated with a **poorer response and prognosis**.

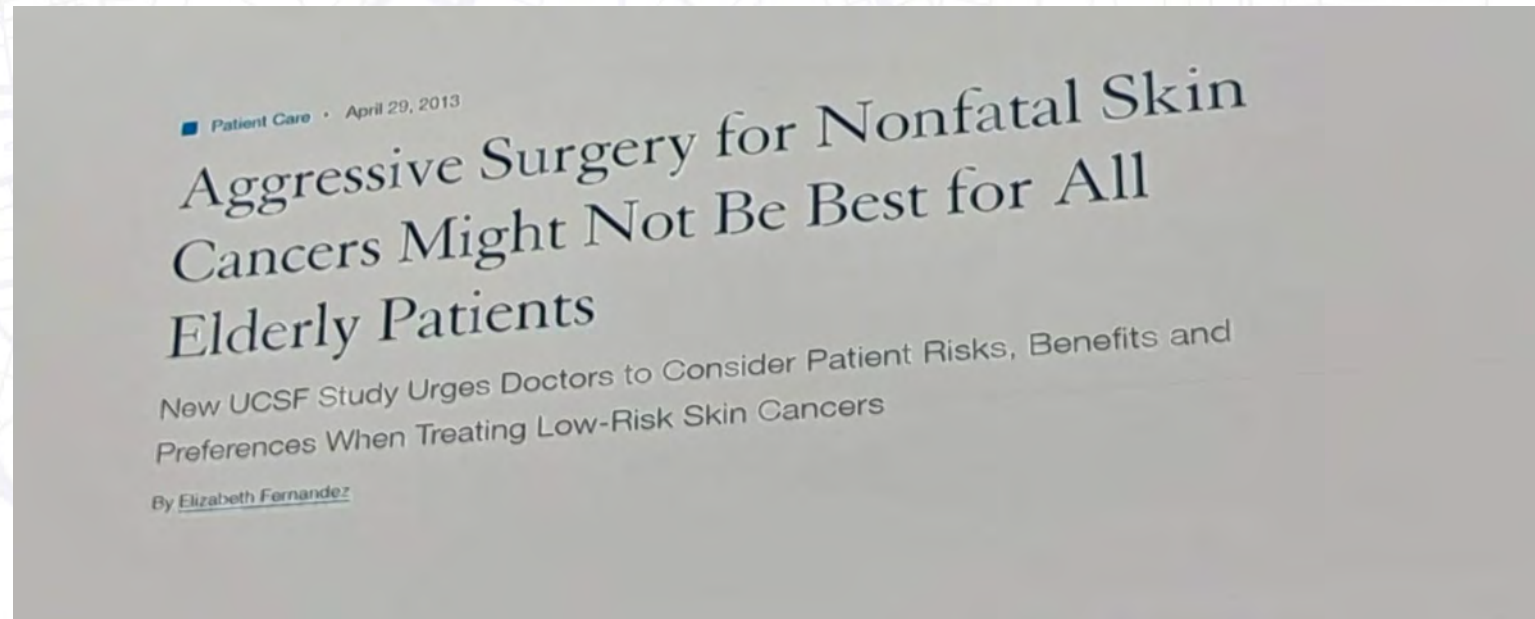
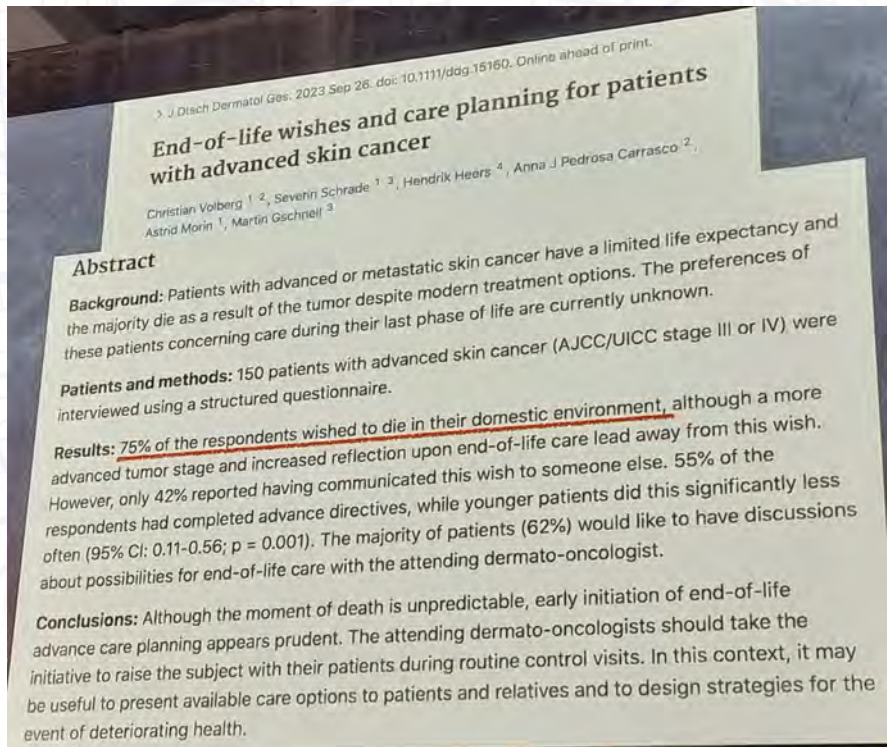
Evolution of ctDNA levels can help to identify pseudoprogression.

Furthermore, **dynamic ctDNA monitoring can provide Δ TMB information to predict response** in a non-invasive manner.

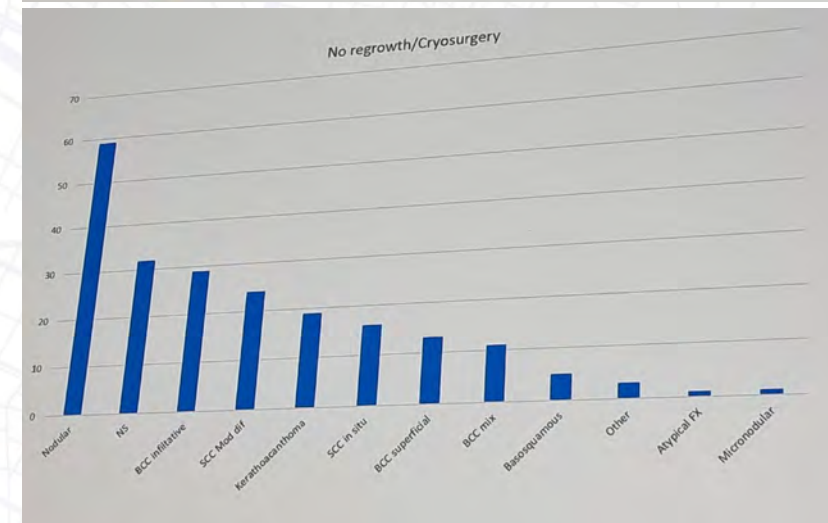
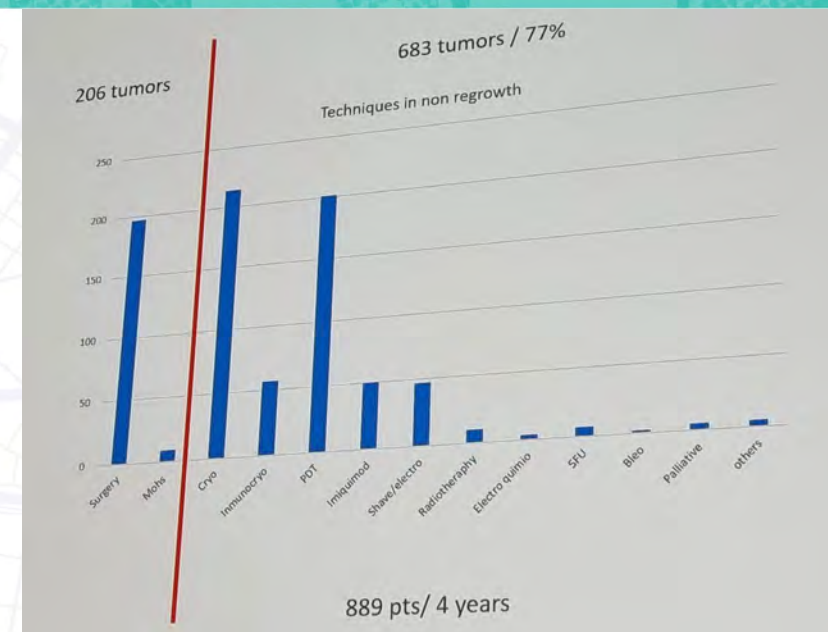
Heitzer E. Circulating tumor DNA as a liquid biopsy for Cancer. Clin Chem. 2015;61(1):112–23.
Lee JH. Circulating tumour DNA predicts response to anti-PD1 antibodies in metastatic melanoma. Ann Oncol. 2017;28(5):1130–6.
Lee JH. Association Between Circulating Tumor DNA and Pseudoprogression (...). JAMA Oncol. 2018;4(5): 717–21.
Wang Z. Assessment of blood tumor mutational burden as a potential biomarker for immunotherapy (...). JAMA Oncol. 2019;5(5):696–702.

TRATAR EL CÁNCER EN LOS ANCIANOS TÉCNICAS MÍNIMAMENTE IVASIVAS

- Se ha recalcando que hay que tener en cuenta las comorbilidades no solo la edad
- Valorar cuidados paliativos si no hay posibilidad de erradicar la enfermedad
- Observación como opción en CBC de bajo riesgo que no tengan un impacto en la calidad de vida del paciente



TRATAR EL CÁNCER EN LOS ANCIANOS TÉCNICAS MÍNIMAMENTE IVASIVAS




- En un estudio presentado por la Dra. Pasquali, de los cánceres cutáneos tratados con técnicas no invasivas volvieron a crecer 80. De ellos 47 volvieron a ser tratados con técnicas no invasivas, 23 requirieron cirugía y 10 dieron complicaciones

TRATAR EL CÁNCER EN LOS ANCIANOS

TRATAMIENTO QUIRÚRGICO

- Esta escala calcula la fragilidad del paciente anciano
- Si la puntuación es $<$ ó $=$ a 14 se recomienda consultar a geriatría las opciones del tratamiento para el paciente
- En las cirugías se recomienda no retirar anticoagulantes y antiagregantes porque el riesgo embólico/trombótico es mayor que el riesgo de sangrado
- Imiquimod como alternativa a la cirugía en lentigo malino (in situ)

EA DV CONGRESS
A screening geriatric assessment tool : a first step in identifying patients that may benefit a CGA



THE SCREENING QUESTIONNAIRE

Items	Possible answers (score)
A Has food intake declined over the past 3 months due to loss of appetite, digestive problems or chewing or swallowing difficulties?	0: severe decrease in food intake 1: moderate decrease in food intake 2: no decrease in food intake
B Weight loss during the last 3 months	1: weight loss >3 kg 1: does not know 2: weight loss between 1 and 3 kg 3: no weight loss
C Mobility	0: bed or chair bound 1: able to get out of bed/chair but does not go out 2: goes out
E Neuropsychological problems	0: severe dementia or depression 1: mild dementia or depression 2: no psychological problems
F Body Mass Index	0: BMI <18.5 1: BMI 18.5-21 2: BMI 21 to <23 3: BMI 23 and >23
H Takes more than 3 prescription drugs per day	0: yes 1: no
P In comparison with other people of the same age, how do they consider their health status?	0: not as good 0.5: does not know 1: as good 2: better
Age	0: >85 yr 1: 80-85 yr 2: <85 yr
Total Score	0-17


Abnormal if score \leq 14

↓

Frailty

↓

Geriatric oncology consultation



Sensitivity : 89,6%
Specificity : 60,4%

Soubeyran et al, J Clin Onco, 2011

Bellera et al, Ann Oncol, 2012

TRATAR EL CÁNCER EN LOS ANCIANOS

EFICACIA Y SEGURIDAD DEL TRATAMIENTO SISTÉMICO PARA EL CÁNCER DE PIEL EN LOS ANCIANOS

EA CONGRESS
DV

Anti-PD1 immunotherapy

Study	Design	Main outcome (ITT)	Elderly population	Subgroup analysis
CHECKMATE 066 Robert, Schachter, et al. (2015) Ascierto et al. (2019)	Nivolumab vs. DTIC	OS NR vs. 10.8 m OS 37.5 vs. 11.2 m HR 0.46	≥65 years and <75 years: 46% ≥75 years: 16%	≥65 years and <75 years: HR 0.44 (0.24–0.81) ≥75 years: HR 0.25 (0.10–0.61) Not reported
KEYNOTE 006 Robert, Schadler, et al. (2015)	Pembrolizumab 10 mg/kg q2w vs. pembrolizumab 10 mg/kg q3w vs. ipilimumab 3 mg/kg q3w	1 year OS: 74% vs. 68.4% vs. 58.2% Pembro q2w vs. Ipi HR 0.63 Pembro q3w vs. Ipi HR 0.52	≥65 years: 29%	≥65 years Pembro q2w HR 0.56 (0.36–0.87) Pembro q3w HR 0.66 (0.44–1.02)
CHECKMATE 067 Wolchok et al. (2017)	Nivolumab + ipilimumab vs. ipilimumab vs. Nivolumab	3y mOS Ipi + Nivo vs. Ipi NR vs. 19.9 m HR 0.55 Nivo vs. Ipi 37.6 vs. 19.9 m HR 0.65	≥65 years: 40%	≥65 years Ipi + Nivo vs. Ipi HR 0.69 Nivo vs. Ipi HR 0.71 Nivo + Ipi vs. Nivo HR 0.96

Iacono D. Pigment Cell Melanoma Res. 2021;34:550–563

Ipilimumab: phase III trials subgroup analysis in the elderly

Study	Design	Main outcome (ITT)	Elderly population	Subgroup analysis
MDX-010 Hodi et al. (2010)	Ipilimumab + GP100 vs. GP100 Ipilimumab vs. GP100	mOS 10 vs. 6.4 m HR 0.68 mPFS 2.76 vs. 2.76 mOS 10.1 vs. 6.4 HR 0.66 mPFS 2.86 vs. 2.76	≥65 years: 29%	≥65 years: HR 0.69 (0.47–1.01) ≥65 years: HR 0.61 (0.38–0.99)
CA184024 Robert et al. (2011)	Ipilimumab + DTC vs. DTC	mOS 11.2 vs. 9.1 m HR 0.72	≥65 years: 32%	≥65 years: HR –0.09 (–0.44 to 0.25)

Iacono D. Pigment Cell Melanoma Res. 2021;34:550–563.

Combination immunotherapy: anti-PD1+anti-CTLA4 (nivolumab+ipilimumab)

Wolchok J et al. N Engl J Med 2017

Study	Design	Main outcome (ITT)	Elderly population	Subgroup analysis
CHECKMATE 067 Wolchok et al. (2017)	Nivolumab + ipilimumab vs. ipilimumab vs. Nivolumab	3y mOS Ipi + Nivo vs. Ipi NR vs. 19.9 m HR 0.55 Nivo vs. Ipi 37.6 vs. 19.9 m HR 0.65	≥65 years: 40%	≥65 years Ipi + Nivo vs. Ipi HR 0.69 Nivo vs. Ipi HR 0.71 Nivo + Ipi vs. Nivo HR 0.96

- En los estudios las terapias sistémicas para melanoma avanzado ipilimumab, nivolumab y pembrolizumab tiene la misma eficacia en pacientes menores y mayores de 65 años y no se incrementa la toxicidad con la edad, por tanto la edad no determina el no acceso a terapia sistémica a pacientes ancianos

EFFECTOS ADVERSOS DE LAS TERAPIAS ANTI-CANCER

FOTOSENSIBILIDAD

- Un 22-63% de los pacientes con vemurafenib presentan fototoxicidad. Es infrecuente con otros inhibidores de BRAF (encorafenib, dabrafenib)

- Fotooncolisis- Vandetanib

Selective BRAF inhibitors – Vemurafenib Phototoxicity



22-63% of patients, including 8 to 12% of high grade (blisters, sunburn reactions)

Lacouture ME. Analysis of dermatologic events in vemurafenib-treated patients with melanoma. *The Oncologist* 2013; 18: 314-22.
Boussemart L. Prospective study of cutaneous side-effects associated with the BRAF inhibitor vemurafenib: a study of 42 patients. *Ann Oncol* 2013; 24: 1691-97.

Vandetanib and...photoonycholysis



Painful medial type 1 photo onycholysis

Negulescu M, Zerdoud S, Boulinguez S, Tournier E, Delord JP, Baran R, Sibaud V. Development of Photoonycholysis with Vandetanib Therapy. *Skin Appendage Disord.* 2017 Jan;2(3-4):146-151.

EFFECTOS ADVERSOS DE LAS TERAPIAS ANTI-CANCER

FOTOSENSIBILIDAD

Targeted therapies, depigmentation, Exaggerated sunburn and photosensitivity



c-KIT inhibition and anti PD1 / PDL1

sunitinib, cabozantinib, pazopanib, imatinib...and ICIs

Geisler AN, Phillips GS, Barrios DM, et al. CME Part II: Immune checkpoint inhibitor-related dermatologic adverse events [published online ahead of print, 2020 May 23]. *J Am Acad Dermatol.* 2020;50190-9622(20)30963-4.

New anticancer targeted agents and new photosensitive reactions...

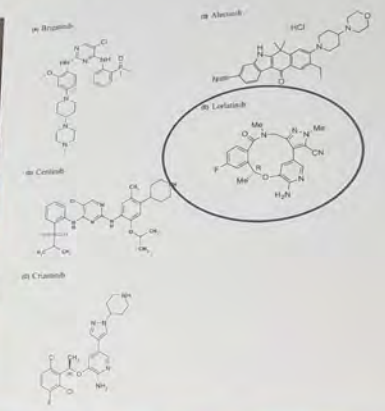
- Mogamulizumab (targeting CCR4; mycosis fungoides, UVB and photoallergy)
- Pazopanib (targeting VEGFR 1-3; PDGFR α - β ; c-KIT; RAF; renal cell carcinoma; phototoxic reaction)
- Rucaparib (targeting PARP; ovarian cancer; >15% of patients exposed)
- First in class ERK 1/2 inhibitor ulixertinib (7-9%)
- ALK inhibitors



Udampianich S, Chatteropah K, Rajatnawin N. Phototoxic Reaction Induced by Pazopanib. *Case Rep Dermatol.* 2018 Nov 21;10(3):251-256.
Masuda Y, Tatsuoka K, Kitano S, Miyazawa H, Ishibe J, Aoshima M, Shimauchi T, Fujiyama T, Ito T, Tokura Y. Mogamulizumab-induced photosensitivity in patients with mycosis fungoides and other T-cell neoplasms. *J Eur Acad Dermatol Venereol.* 2018 Sep;32(9):1456-1460.
Ledermann JA, Oza AM, Lorusso D, Aghajanian C, Dakin A, Dean A, Colombo N, Weberpals JL, Clomp AR, Scambia G, Leary A, Holloway RW, Gancedo MA, Fong PC, Goh JC, O'Malley DM, Armstrong DK, Banerjee S, Garcia-Donaa J, Swisher EM, Cameron T, Maloney L, Gable S, Coleman RL. Rucaparib for patients with platinum-sensitive, recurrent ovarian carcinoma (ARIEL3): post-progression outcomes and updated safety results from a randomized, placebo-controlled, phase 3 trial. *Lancet Oncol.* 2020 May;21(5):710-722.

ALK inhibitors and new photosensitive reactions...

- Brigatinib, crizotinib, certitinib
- 18 FAERS cases, 10 grade 3
- Time to onset: 105 days
- Erosions, ulcerations, exfoliative rash
- Structural features, aromatic halogen substituent
- This chlorine may dissociate, resulting in free radical generation...
- Positive rechallenge/dechallenge

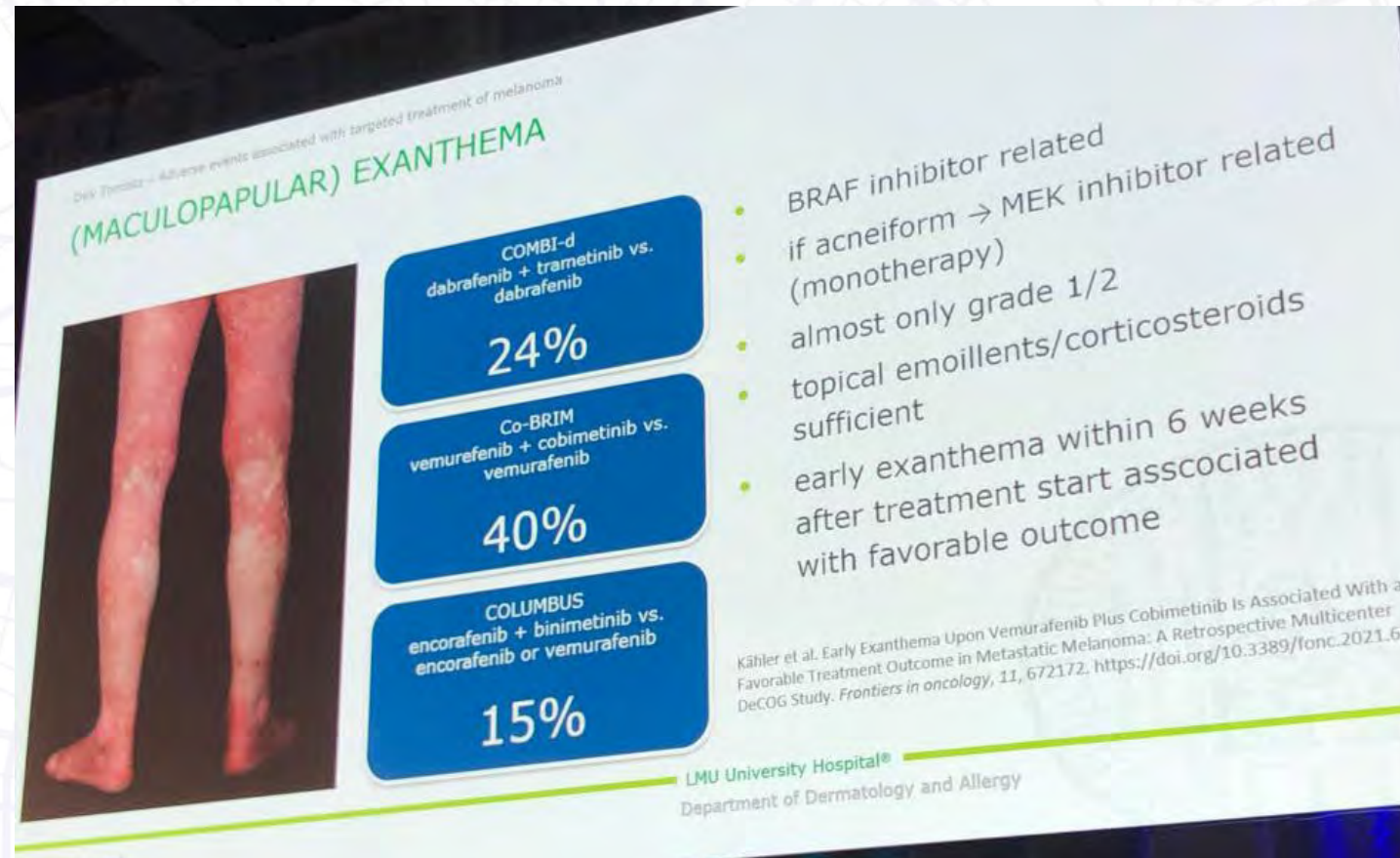


Cheng C, Niyerama A, Jones SC, Reyes M. Photosensitivity associated with anaplastic lymphoma kinase inhibitors: A review of postmarketing cases reported to FDA and published in the literature. *Photodermatol Photoimmunol Photomed.* 2023 May;39(3):285-290. doi: 10.1111/phpp.12828. Epub 2022 Aug 30. PMID: 35996344.
Morgado F, Calvix J, Barata F, Gonçalo M. Phototoxic reaction to brigatinib - a new photosensitizing drug. *J Eur Acad Dermatol Venereol.* 2019 Dec;33(12):e491-e492.

EFECTOS ADVERSOS DE LAS TERAPIAS ANTI-CANCER

EVENTOS ADVERSOS ASOCIADOS CON DIANAS TERAPEUTICAS DEL MELANOMA

El exantema maculopapular en las 6 primeras semanas de iniciar el tratamiento se asocia con buena respuesta al tratamiento





CIRUGÍA

- Respecto al tratamiento quirúrgico del Ca. Merkel las tasas de recurrencia son menores con Cirugía de MOHS& resección amplia, siendo de entre 0-22%, mientras que la supervivencia es comparable (basado en estudios limitados)

> [J Am Acad Dermatol. 2023 Apr;88\(4\):920-922. doi: 10.1016/j.jaad.2022.10.053.](#)
Epub 2022 Nov 4.

High compliance with National Comprehensive Cancer Network guidelines and no local recurrences for patients receiving Mohs micrographic surgery for Merkel cell carcinoma: A single-center retrospective case series

Shannon T Nugent ¹, Tess M Lukowiak ², Brian Cheng ³, Carolyn Stull ⁴, Christopher J Miller ⁴, Leora Aizman ⁵, Allison M Perz ⁶, Jeremy Etzkorn ⁴, Joseph F Sobanko ⁴, Thuzar M Shin ⁴, Cerrene N Giordano ⁴, John Nicholas Lukens ⁷, John T Miura ⁸, Mitul B Modi ⁹, H William Higgins 2nd ⁴

- Este estudio evalúa la presencia mediante FISH de traslocaciones (17;22) en la lámina periférica de 2 cm de margen, negativos para DFSP en Hematoxilina-eosina e inmunohistoquímica (CD34).
- Entre las 7 muestras que incluían márgenes de 2 cm, dos muestras presentaron una o más translocaciones, que no fueron visibles en las evaluaciones de morfología estándar
- Por lo que el FISH podría tener un papel en definir los márgenes libres

Novel role of fluorescent in situ hybridization technique (FISH) in recommended surgical margins of dermatofibrosarcoma protuberans: A preliminary study

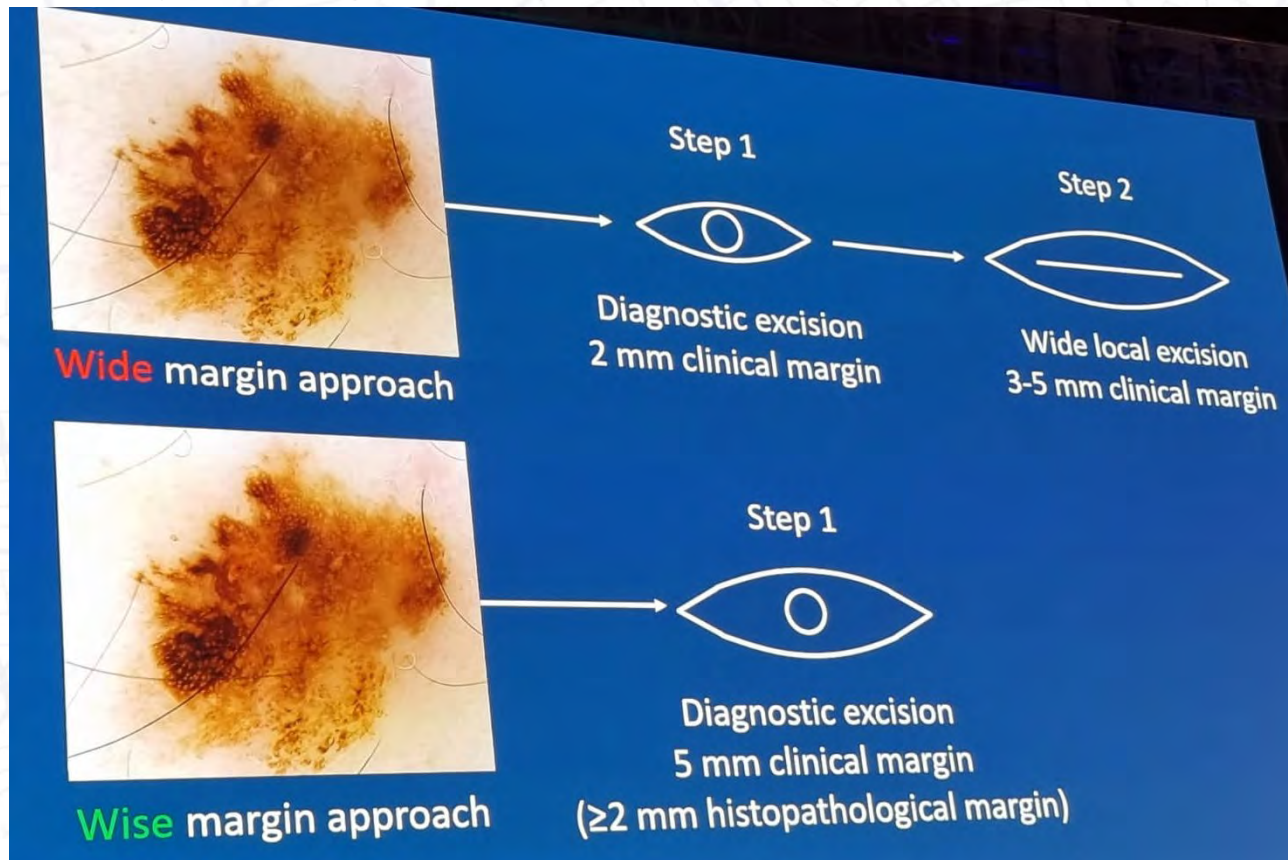
A Hallier ¹, P Callier ², J Saugé ³, S Cristofari ⁴, G A G Lombardo ⁵, M-H Aubriot-Lorton ³, A Stivala ⁶

Does FISH detect (17;22) translocation at margins found to be tumor-free?
2/7 presented at least one translocation not visible with standard morphology
→ FISH analysis can have a new role in defining tumor-free margins

Ann Chir Plast Esthet **2023**; 29:S0294 (online ahead of print)

CIRUGÍA. NECESITAMOS REALMENTE EXCISIÓN LOCAL AMPLIA PARA EL MELANOMA?

Para melanomas que dermatoscópicamente parezcan in situ, se propone que se haga directamente la exéresis margen de 5 mm (> ó =2 mm de margen histopatológico), en vez de hacer la ampliación en 2 un segundo tiempo. Recomiendan estudios para comparar la ampliación en un 2º tiempo con la escisión completa diagnóstica para abolir la práctica de la ampliación en un segundo tiempo.



PROF JOHN PAOLI

1. Do WLEs improve overall or melanoma-specific survival?

Haniff J, et al. Eur J Surg Oncol 2006;32:85e9.

Retrospective Dutch cohort study
WLE (n= 282) vs no WLE (n=182)

EJSO

Non-compliance with the re-excision guidelines for cutaneous melanomas in The Netherlands does not influence survival

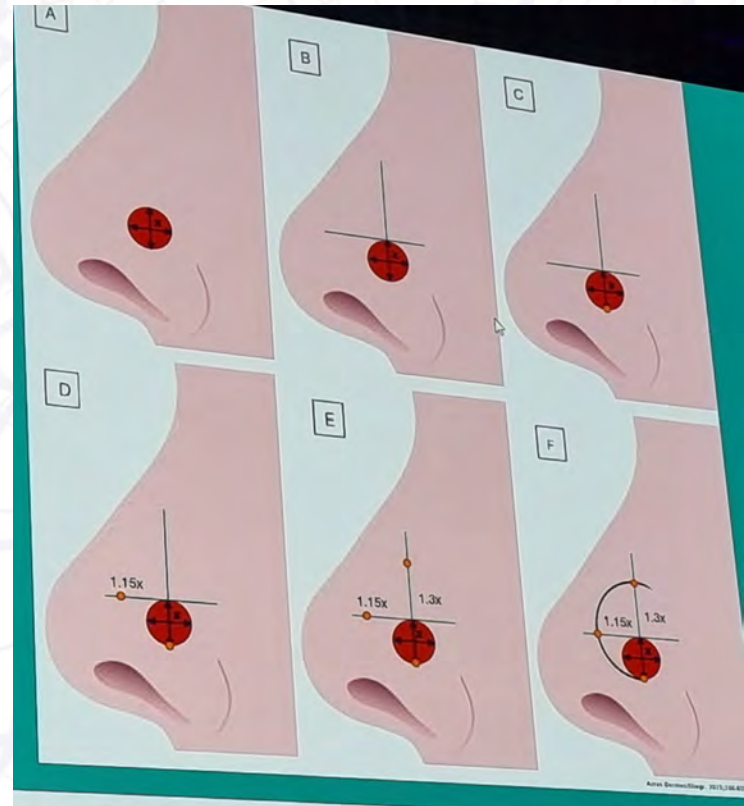
J. Haniff^{1,2,3}, E. de Vries⁴, A.T.P.M. Claasien⁵, C.W.N. Looman⁶, Ch. van Berlo^{6*}, J.W.W. Coebergh^{7,8,9}

*Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands
†Department of Health Services, Erasmus University Medical Center, Rotterdam, The Netherlands
‡Department of Surgery, Erasmus Medical Center, Rotterdam, The Netherlands
§State Cancer Working group, Comprehensive Cancer Care, Erasmus University Medical Center, Rotterdam, The Netherlands
¶Department of Surgery, Victoria Hospital, Tiel, The Netherlands
**Accepted 20 September 2005
Available online 19 November 2005

Alexander van Akkooi
Assoc. Prof.

We recommend to setup and conduct a prospective randomised trial to compare the classical 2-step approach with WLE to a complete diagnostic excision only to abolish the routine practice of WLE in the future.

- Con respecto a defectos en ala nasal el colgajo en espiral sigue siendo una de las mejores opciones con buenos resultados estéticos
- Colgajo de avance horizontal este-oeste para defectos de < de 2 cm del dorso nasal y en narices que no sean muy pequeñas



DOI: 10.1016/j.adengl.2015.07.018
 Logarithmic Spiral Flap for Circular or Oval Defects on the Lateral Surface of the Nose and Nasal Ala: A Series of 15 Cases
 Logarithmic spiral flap for circular or oval defects on the lateral surface and nasal ala. A series of 15 cases
 E. Moreno-Antero, P. Redondo
 Department of Medical-Surgical Dermatology and Venereology, Clínica Universidad de Navarra, Pamplona, Navarra, Spain



East-West Flap After Mohs Micrographic Surgery

Colgajo este-oeste después de la cirugía micrográfica de Mohs

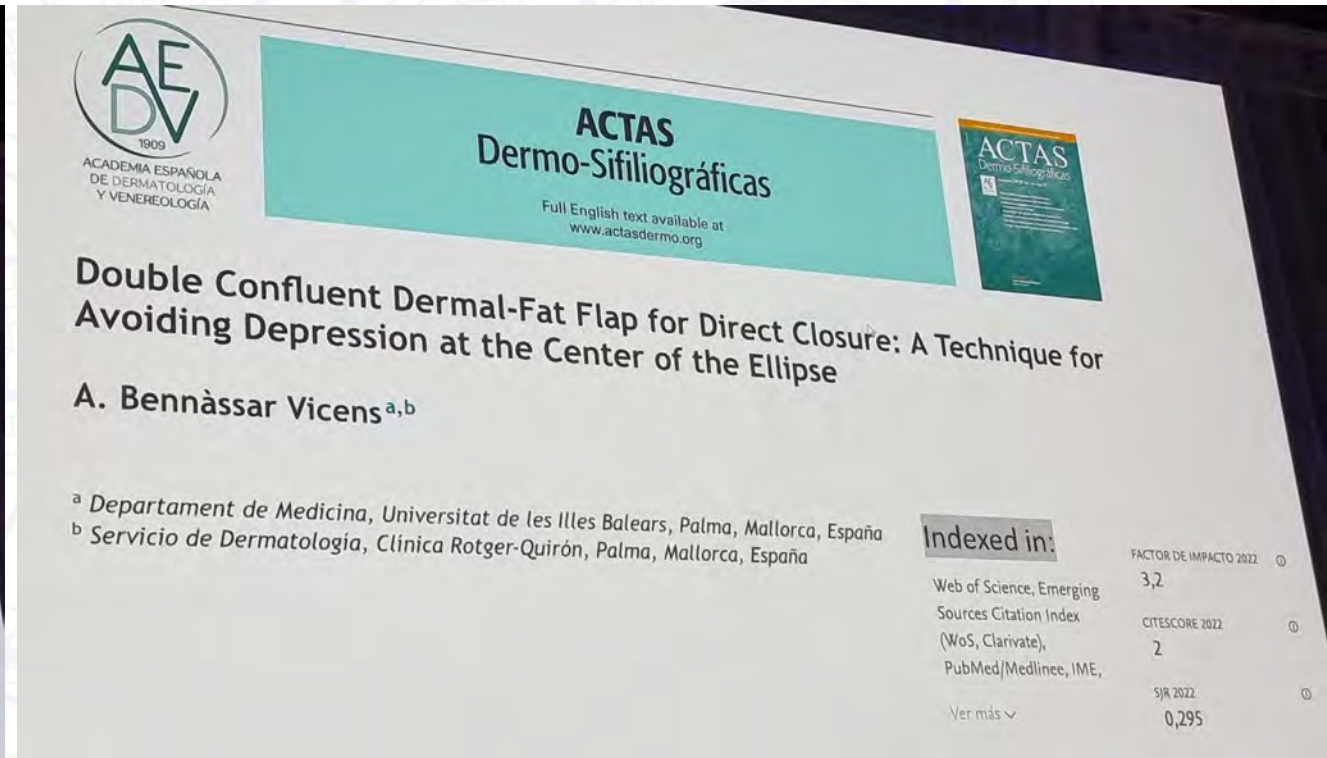
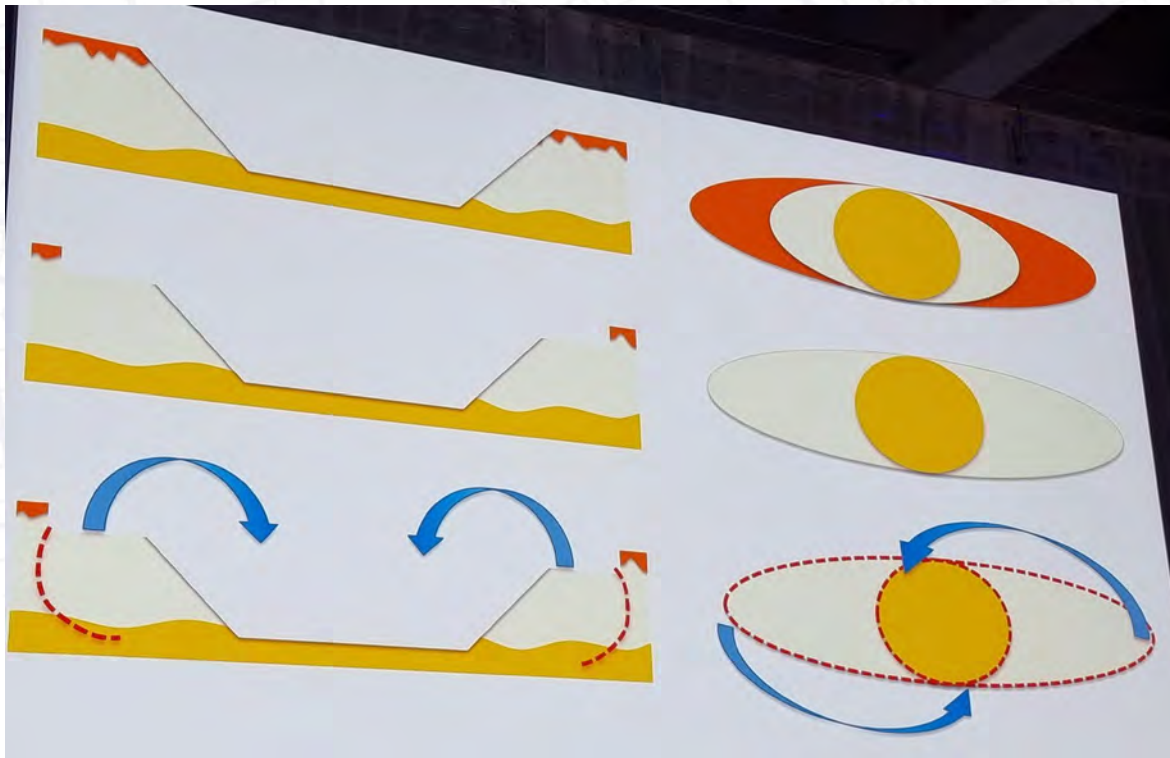
J. Magliano, M.P. Abelenda, J. Navarrete, C. Bazzano
 Cátedra de Dermatología, Hospital de Clínicas Dr. Manuel Quintela, Universidad de la República, Montevideo, Uruguay

CIERRE DIRECTO

- Se ha recalcado la importancia del cierre directo como mejor opción si es posible antes de realizar un colgajo, aun en defectos muy grandes
- Comprobar la laxitud del tejido circundante



- Para evitar una depresión central en un cierre directo en un defecto que es muy profundo en el centro se propone la realización de un doble colgajo dermograso de los extremos del defecto que confluyan en el centro para rellenar el hueco central y evitar una cicatriz deprimida



Colgajo de transposición del labio para defectos centrales del labio superior



Bilateral Transposition Lip Flap for Central Upper Lip Defects

Key Points:

- Single stage Repair
- Bilateral transposition (rhombic) flaps centered over the residual philtral columns (reconstruct Cupid's bow).
- *For this flap you need sufficient skin above the defect to form the transposition flaps.*

Jacono AA, Bassiri M, Talei B. Bilateral Transposition Lip Flaps: A Novel Single-Stage Reconstruction of Central Upper Lip Defects Involving Cupid's Bow. JAMA Facial Plast Surg. 2015 May-Jun;17(3):219-23. doi: 10.1001/jamafacial.2015.18. PMID: 25764500.

AEDV 2023 Highlights



BER LIN

11-14 OCTUBRE

Con el patrocinio de:



GRACIAS

Iniciativa científica de:

