Title: Incomplete excision of basal cell carcinoma and associated risk factors

Authors: 1- Dr Yalda Nahidi, Assistant Professor of Dermatology, Research Center for Skin Diseases and Cutaneous Leishmanaisis, Imam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran, yalda_nahidi@yahoo.com
2- Dr Naser Tayyebi Meibodi, Associate Professor of Pathology, Research Center for Skin Diseases and Cutaneous Leishmanaisis, Imam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran
4- Dr Habib allah Esmaeili, Associate Professor of Biologic statistics, Faculty of Health, Mashhad University of Medical Sciences, Mashhad, Iran, naser_tayyebi@yahoo.com
3- Dr Zari Javidi, Professor of Dermatology, Research Center for Skin Diseases and Cutaneous Leishmanaisis, Imam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran, javidiz@mums.ac.ir
4- Dr Habib allah Esmaeili, Associate professor of biologic statistics, department preventive medicine, faculty of health, Mashhad University of Medical Sciences, Mashhad, Iran, esmailyH@mums.ac.ir
5- Dr Zahra Tafazzoli, General practitioner, Bojnourd, Iran, tafazolizahra@yahoo.com

Abstract: Introduction: Basal cell carcinoma (BCC) is the most common skin tumor. Surgical removal has remained the gold standard treatment for BCC, but incomplete removal is an important clinical challenge. The goal of our study was evaluating the incomplete excision of BCC and the factors affecting it.

Method: In this retrospective study, 361 histological samples from excision of BCC referred to pathology ward of Emam Reza Hospital from 1997 to 2010 were reviewed. Information including age, gender, tumor involvement site, size, histopathologic subtype, surgical margin involvement and the surgeon specialty were recorded.

Results: Incomplete removal rate was 20%; 10% of the lesions had deep margin involvement, 5.8% had lateral margin involvement and in 4.2%, both margins were involved. Incomplete removal had a significant relationship with nodular, mixed and sclerosing types, age group 60-70 years, larger than 2 cm lesions, the location in nose and canthi and excision by an otorhinolaryngologist, ophthalmologist and dermatologist.

Conclusion: In this study, the frequency of incomplete excision was relatively high compared with other studies. Therefore, we had better perform diagnostic biopsy before complete excision of BCC. In lesions in the midface, in older individuals, in nodular, mixed and sclerosing types and for the tumors larger than 2 cm, referring the patients to plastic surgeon to excise a larger margin is preferred.

Keywords: basal cell carcinoma, surgical removal, incomplete, surgical margins, excision

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