Three-year audit of periocular basal cell carcinoma resections using two-stage excision and reconstruction

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Purpose To assess (1) adequacy of excision and (2) recurrence rates of periocular BCCs following excisions and reconstructions performed as two-stage procedures on consecutive days by two separate surgeons.

Introduction

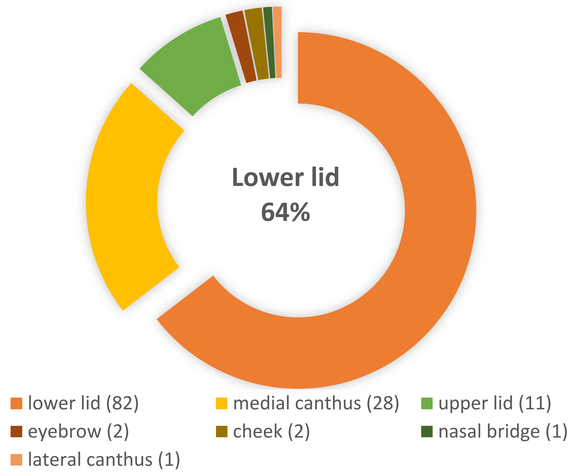
Basal cell carcinomas (BCCs) are the most common periorbital cancers. Treatment requires surgical excision with a margin of at least 1 mm and eyelid reconstruction. While access to tissue-sparing Mohs surgery remains limited in our unit, we perform excisional biopsies by one surgeon followed by eyelid reconstructions by a different surgeon as a two-stage procedure for all suspected BCCs.

Method

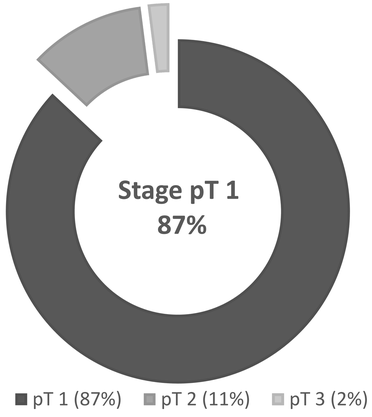
Retrospective review of pathology and histology reports of all eyelid excisional and incisional biopsies from October 2016 to October 2019.

Results

Location of carcinoma



Stage of carcinoma





Further excision during reconstruction in 50 cases

3 residual BCCs noted further biopsies

1 with no residual tumour seen

2 with tumour with clear margins seen

131 BCC in 127 patients

71.5 years average patient age

7 mm average diameter of BCC

30 cases with high-risk features

1.4 mm average to nearest margin

70 cases with clear margins > 1mm

5 cases with involved margins

1 BCC recurrence (0.76%) in the study period

Conclusion

A deliberate system in which the excising surgeon is not the reconstructing surgeon leads to full excision of the BCC during the first stage in most cases. Recurrence rate was low (0.76%) but long-term follow-up data is needed.

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