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Mohs Surgery Reduces Recurrence of Ear Tumors

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PORTLAND, ORE. -- Mohs micrographic surgery offers the best chance to get rid of ear tumors with the least amount of damage, Dr. Michael J. O'Donnell said at the annual meeting of the American Society for Dermatologic Surgery.

Studies show that 19% of squamous cell carcinomas of the ear removed by non-Mohs modalities recur within 5 years, compared with only 5% treated by Mohs surgery, noted Dr. O'Donnell of the University of Iowa, Iowa City.

Mohs surgery can cure primary or recurrent basal cell carcinoma in 98% and 92% of cases, respectively.

One study of 71 auricular tumors treated with Mohs found that conventional excision would have been inadequate in 17 cases. In the other 54 patients, conventional surgery for primary or recurrent tumors would have created defects 180% or 347% larger than the Mohs defects, he added.

When reconstructing defects, Dr. O'Donnell tailors the options to the individual patient "not so much to the defect but to the patient's past medical history, medications, and ability to take care of the wound."

When dealing with high-risk tumors, draw in a multispecialty team of colleagues from otolaryngology, plastic and reconstructive surgery, and the oncology/radiation departments, Dr. O'Donnell advised.

He offered several pearls on reconstruction of particular areas of the ear:

- **Superior Helical Rim.** Defects in this area can be closed primarily. Wedge excisions do very well in this part of the ear. Dr. O'Donnell limits wedge excisions to defects that are less than a quarter of the circumference of the helix because anything more than that creates higher tension on the wound with greater risk for deformity, dehiscence, and infection.

Local flaps can utilize the redundancy of the preauricular or postauricular skin, but full-thickness grafts do very well in this area as well. "You just want to make sure you have a vascular base," he cautioned.

Healing by second intention may provide the best cosmetic result in concave areas of the face, but results are variable in convex areas such as the helix.

- **Inferior Helical Rim.** Reconstruction in this area uses the same options. "Sometimes we'll put a little Z-plasty along the helical rim. I find it breaks up those vectors of pull of the scar and reduces the chance for notching," Dr. O'Donnell commented. Helical advancement flaps do well in this area too.

- **Scapha, Triangular Fossa, and Concha.** Reconstruction in these areas leans on second-intention healing and grafting. One advantage of healing by second intention is that it provides a great window for following the wound for signs of recurrence.

With the concha, be careful and call in otolaryngology colleagues if there's a chance that the tumor may go down the external auditory canal, Dr. O'Donnell advised. Certain techniques with flaps and grafts can avoid stenosis of the auditory canal.

- **Tragus/Crus of Helix.** Defects in this area can be treated by primary closure, flaps, and second-intention healing.
- **Posterior Helix.** Reconstruction in this area utilizes flaps, second-intention healing, and grafting. Split-thickness skin grafts placed behind the ear are good options when the patient is not a good candidate to be followed with second-intention healing or has a medical condition precluding a large flap or multiple skin procedures, he said.