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cervical facial and cancer surgery

Basal cell carcinoma Recurrence factors

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Abstract :

- Basal cell carcinoma (BCC) is the most common form of skin cancer, accounting for approximately 80% of non-melanoma skin cancers. Despite its low metastatic potential, BCC poses a significant clinical challenge due to its high recurrence rate, especially in certain anatomical locations and subtypes,

-We conducted a retrospective study including patients with BCC recruited between 2017 and 2023. Medical records collected included clinical characteristics and histopathological data. Factors of recurrence were analyzed using pearson's formula.

- The study included 65 patents. The mean age was 62.9 (14.3) [19-88]. The most common locations were the nose (25%) and the cheeks (15.3%). Multiple lesions were found in 20% of cases. All the patients who had predisposing conditions such as xeroderma pigmoentosum and albinism (n=3) had multiple recurrences. All the patients were treated by standard excision with 46 % having security margins of over 5mm. The margins came back positive in 20% of the cases. Out of 65 BCC, recurrence rate was 27.8% within 6 years, with 57% of them happening in the first year. The mean delay between the first diagnosis and recurrence was 1.8 year (1.5) [0.5-6]. A positive association was found between recurrence rate and a history of BCC (p=0.005), the number of lesions (p=0.02) as well as the infiltrative subtype (p=0.03). However, no assocation was found between size, positive margins, periorificial locations and recurrence (p>0.05).

Aim

-Describe the recurrence rate of cutaneous basal cell carcinoma and identify related risk factors.

Methods and Materiels

-Retrospective study

-Patients with BCC who were treated bystandard excision between the years 2017-2023

Medical records:

- EpidemiologIcal characteristics (age, sex, phototype)
- Clinical characteristics (location of the tumour, number of lesions, size of the lesions, number of recurrence, delay between recurrences)
- Histopathologic and surgical data (histological type, limits after excision, safety margins)

Conclusion

-This study highlighted the association between BCC recurrence rate and history of BCC , the number of lesions and infiltrative subtypes
-. Recognizing patients with these factors, suggests a closer follow up.

Results

1/Sociodemographic data:

2/Clinical dataTumor :

*Tumor characteristics:

Size varied between 2mm to 52mm.

20% of the population studied had multiple lesions. (albinism and XP n=3

Patient population (n)	65
gender ratio (M/F)	0.52
mean age of first diagnosis (y)	62.9 (14.3) [19-88]
clear skin phototype	70%

Table1:Sociodemographic data

Figure1:clinical aspects of BCC

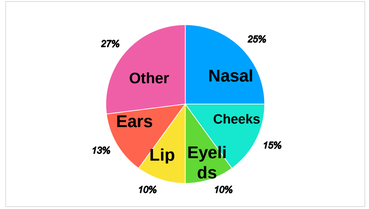

Figure3:Locations

3/histopathologic Data:

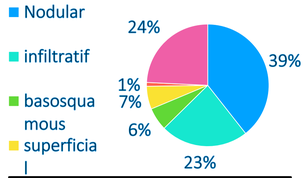

Figure4:histolopathologic data

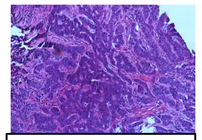

Figure 4:Non infiltrative subtype 47%

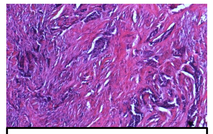

Figure 5:Infiltrative type 53

4/Surgical data:

46 % excisions had security margins of over 5mm.

The margins are determined by the risk of recurrence

5/Subtype and recurrence rate:

	infiltrative subtype	non infiltrative subtype	p
recurrence rate	45.7%	18%	0.03

6/history of BCC and recurrence rate

	low risk	intermediate risk	high risk
Lateral margins	3 to 4 mm	4 mm	5 to 10 mm peroperative margins

7/History of radiotherapy and recurrence rate :

	Radiotherapy	non radiotherapy	P
recurrence rate	50%	30.9%	0.001

8/Multiple lesions and recurrence rate:

	Multiple lesions	single lesion	p
recurrence rate	57.1%	20.6%	0.02

9/Recurrence rate depending on tumor site , size and margins

Recurrence	tumour size <20mm	tumour size >20 mm	p
	43%	13%	>0.05
	periorificial lesions	non periorificial lesions	p
	35%	40%	>0.05
	positive margins	healthy margins	p
	53%	41%	>0.05

References

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