

PREOP DIAGNOSIS: , Basal Cell CA.,POSTOP
DIAGNOSIS:, Basal Cell CA.,LOCATION: ,Medial right
inferior helix.,PREOP SIZE:, 1.4 x 1 cm,POSTOP SIZE: , 2.7
x 2 cm,INDICATION: , Poorly defined
borders.,COMPLICATIONS: , None.,HEMOSTASIS: ,
Electrodessication.,PLANNED RECONSTRUCTION: , Wedge
resection advancement flap.,DESCRIPTION OF
PROCEDURE: , Prior to each surgical stage, the surgical site
was tested for anesthesia and reanesthetized as needed,
after which it was prepped and draped in a sterile fashion.,The
clinically-apparent tumor was carefully defined and debulked
prior to the first stage, determining the extent of the surgical
excision. With each stage, a thin layer of tumor-laden tissue
was excised with a narrow margin of normal appearing skin,
using the Mohs fresh tissue technique. A map was prepared
to correspond to the area of skin from which it was excised.
The tissue was prepared for the cryostat and sectioned. Each
section was coded, cut and stained for microscopic
examination. The entire base and margins of the excised
piece of tissue were examined by the surgeon. Areas noted to
be positive on the previous stage (if applicable) were removed
with the Mohs technique and processed for analysis.,No
tumor was identified after the final stage of microscopically
controlled surgery. The patient tolerated the procedure well
without any complication. After discussion with the patient
regarding the various options, the best closure option for each
defect was selected for optimal functional and cosmetic
results.