

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.