Retrospective review of patient pathway in periocular lid tumours in Tayside

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Introduction:
- Removal of periocular skin lesions, benign and malignant, make up a significant workload on the Tayside oculoplastic service.
- 237.9 patients per 100, 000 had non-melanoma skin cancer (NMSC) in Tayside in 2017.1
- Surgical options used include excision with immediate closure or delayed closure with conventional formalin, frozen section, or Mohs surgery.

Aims:
- Audit to identify when each of the surgical options are being chosen with Non-melanoma skin cancer: United Kingdom national multidisciplinary guidelines2 used as the standard.
- To develop a streamlined decision making algorithm for procedure selection, as an adjunct to clinical judgement.

Method:
- Patients identified from theatre diary between September 2018 and September 2019.
- Patient demographics & comorbidities, lesion size & location, histological diagnosis, and procedure planned and undertaken recorded from Clinical Portal.
- Patients excluded for non-lid tumour procedures and insufficient data.
- Planned procedures compared to the standard and to each other for correlation.

Results:
- 38 patients identified with 2 excluded. Age range: 34-97.
- Most common lesion was BCC (n=20), followed by actinic keratosis (n=6), SCC (n=2) and the remainder distributed amongst a range of pathologies.
- Immediate closure was most common in all age groups except 40-59 where frozen section was more common.
- Mean lesion size for each group: frozen section 7.00mm, formalin 6.33mm, immediate closure 6.42mm. No size data was found for Mohs lesions.
- 4 out of the 7 planned for frozen section actually had formalin fixation at the request of the lab.

Guideline indications for delayed closure on clinical appearance:
- BCC with less than 4-5mm margin available
- High risk BCC
  - > 2cm diameter
  - Central face (incl. orbits but excl. cheeks)3
  - Poorly defined clinical margins
  - Failure of previous treatment
  - Immunosuppression
- High risk SCC
  - >2cm diameter
  - Failure of previous treatment
  - Immunosuppression

Conventional frozen section not recommended in SCC, but Mohs may be appropriate following MDT discussion.

Proposed decision making algorithm:

References: