Mohs Diretta e <u>Mohs Diff</u>erita

Dott Boggio Paolo

Responsabile SS Dermochirurgia SCDU Clinica Dermatologica Novara Direttore Prof Paola Savoia



Fresh Mohs vs Slow Mohs

Both using horizontal sections

(parallel to the surface)

Fresh Mohs

- 1 Frozen sections
- 2 Immediate examination
- 3 «In» patient

Slow Mohs

- 1 Formalin-fixed sections
- 2 Delayed examination
- 3 «Out» patient





Advantages

- 1 -Sharp and well definite boundaries of the surgical gap
- 2 Easier to perform widening cuts
- 3 Same operator
- 4 Minimize inconvenience for the patient





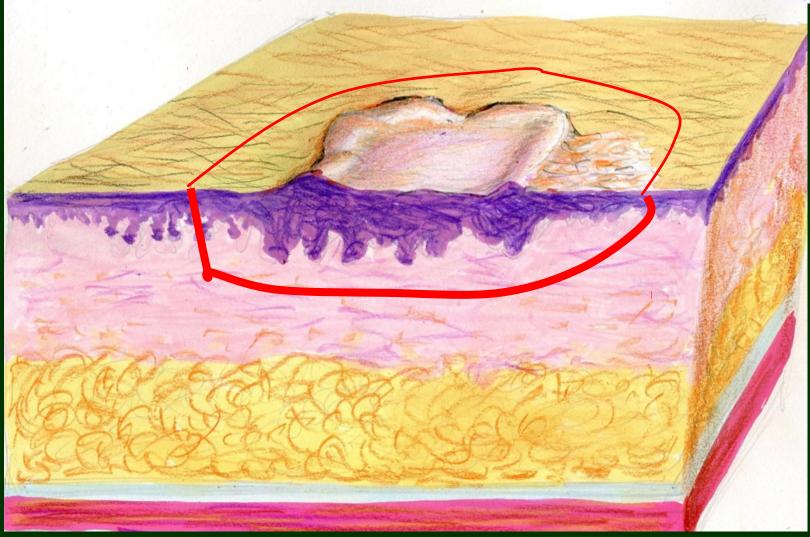


Disadvantages

- 1 Requires a pathologist and technician immediate time availability
- 2 Requires a pathology laboratory easy to reach
- 3 Higher costs for hospital administration and less SSN refund (comparing the number of accesses to the operating room and the number of hystologic sections on multiple excisions with the repayment identical to that of a simple exeresis)



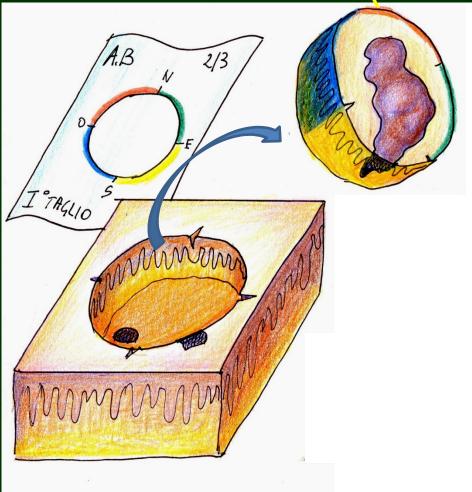




Perimeter delimitation 1-2 mm aside the clinical edges and with a «bowl shaped» excision in the deep side

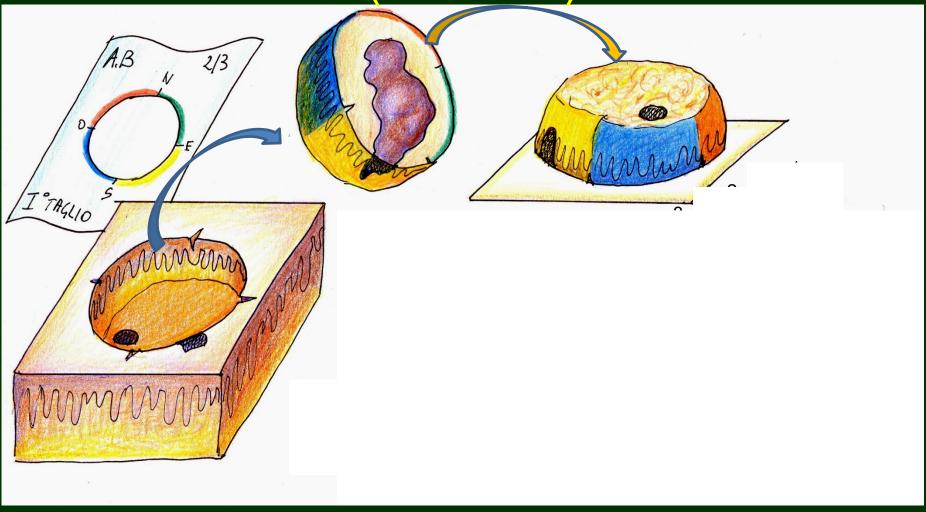






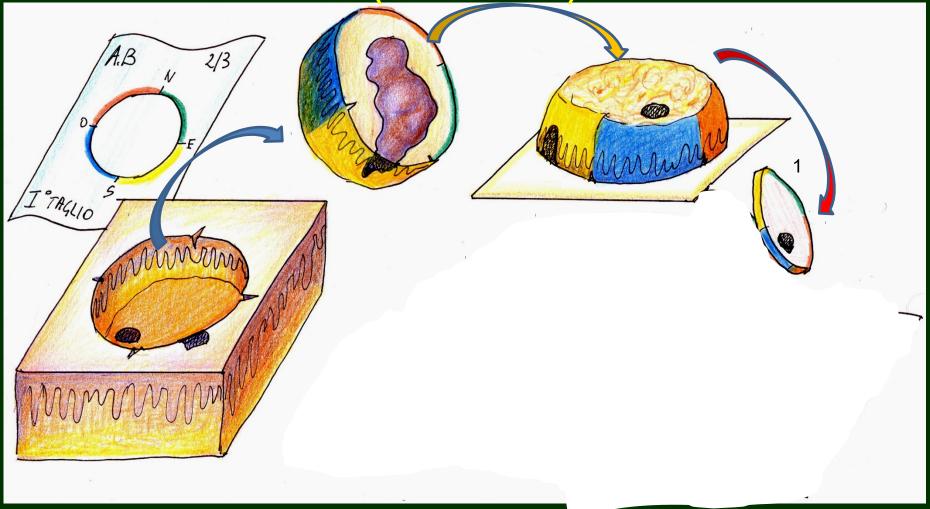






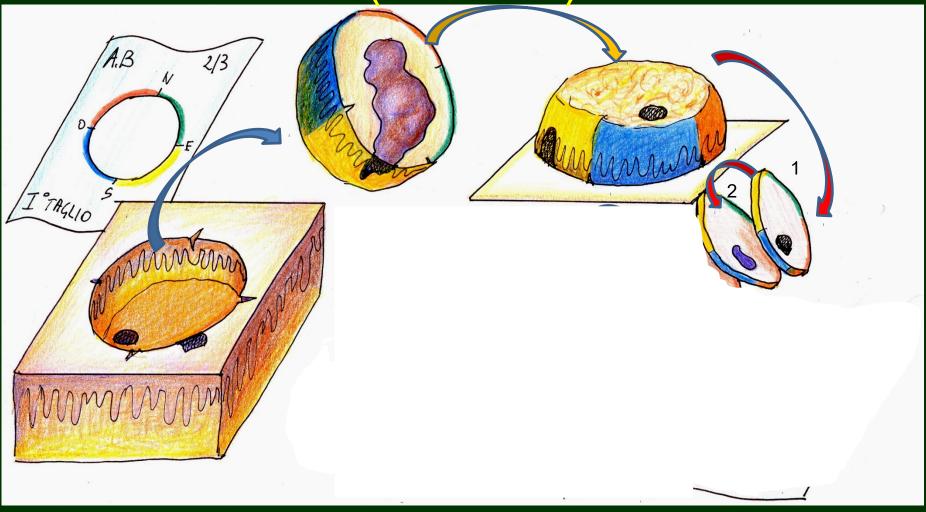






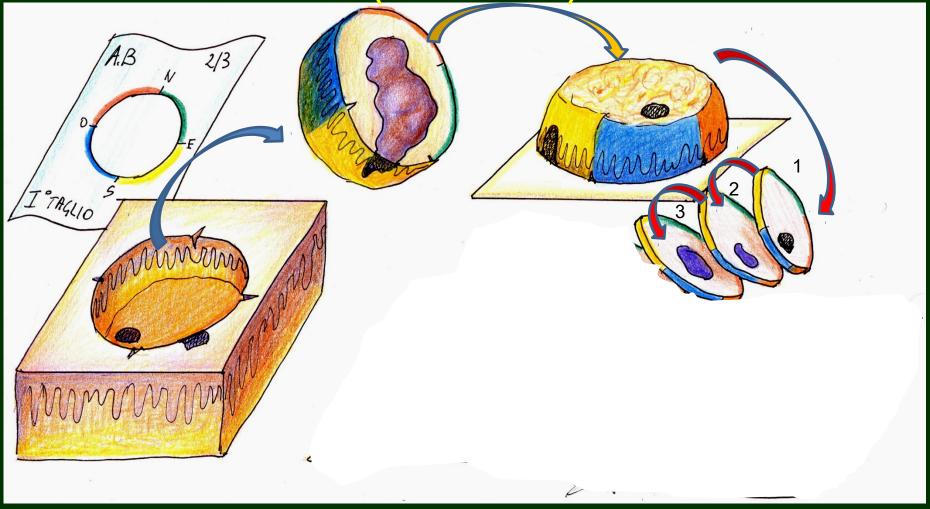






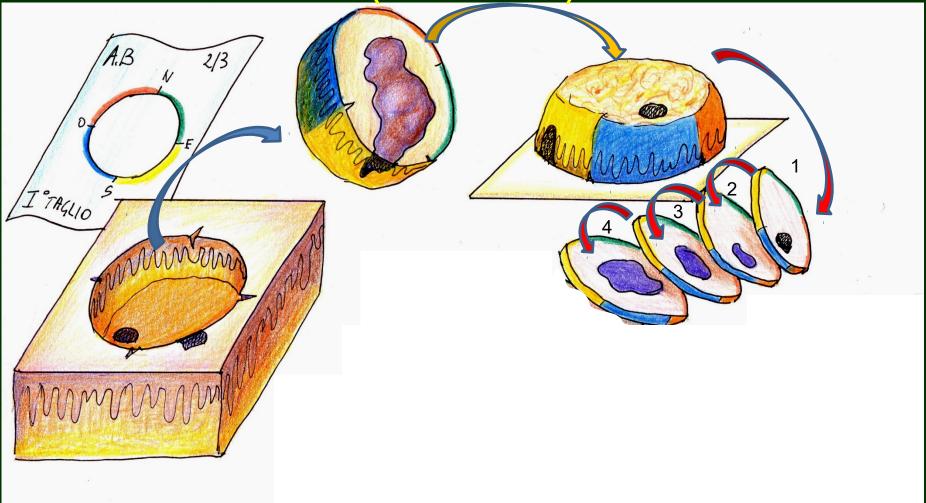






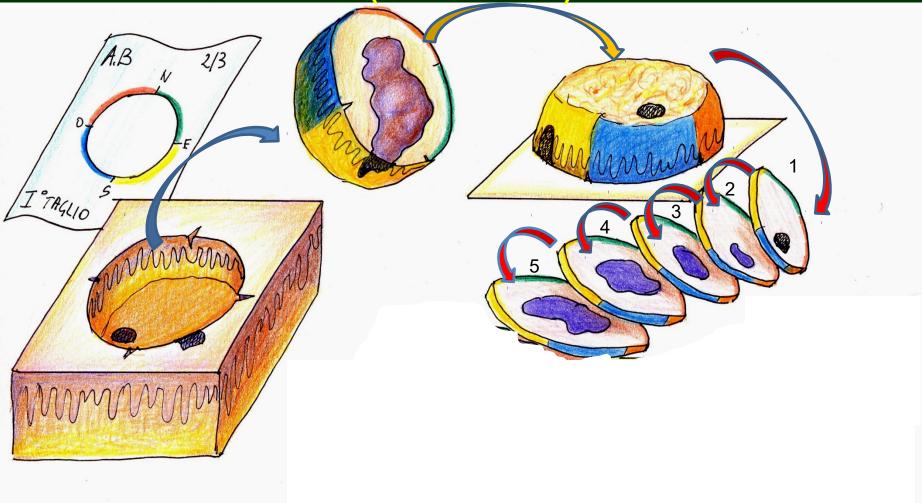






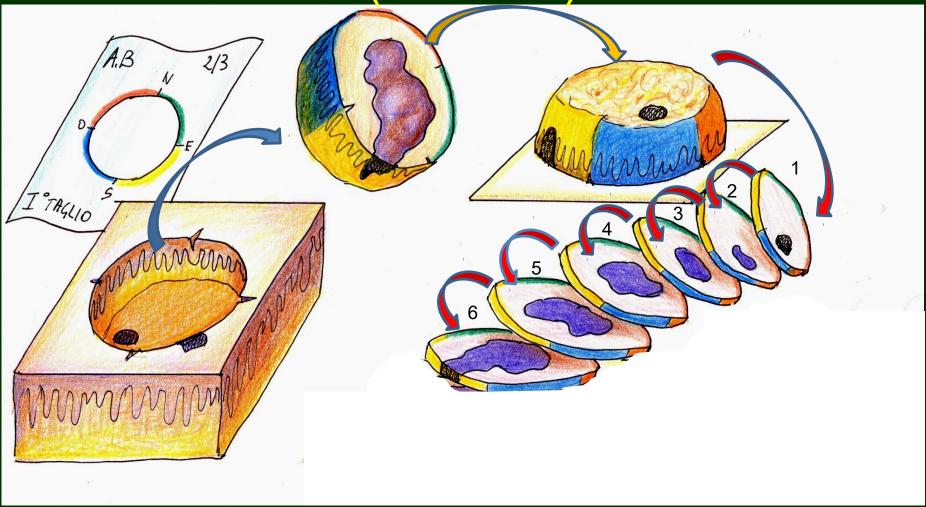






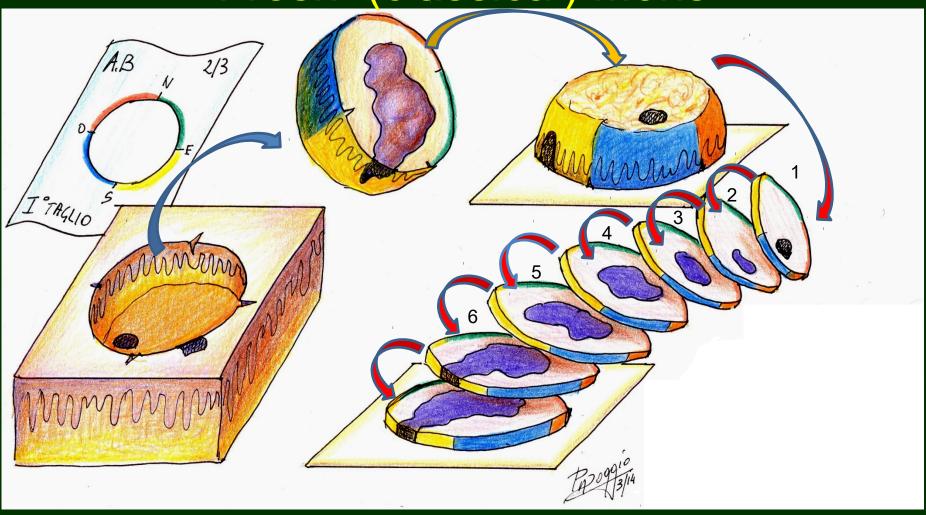






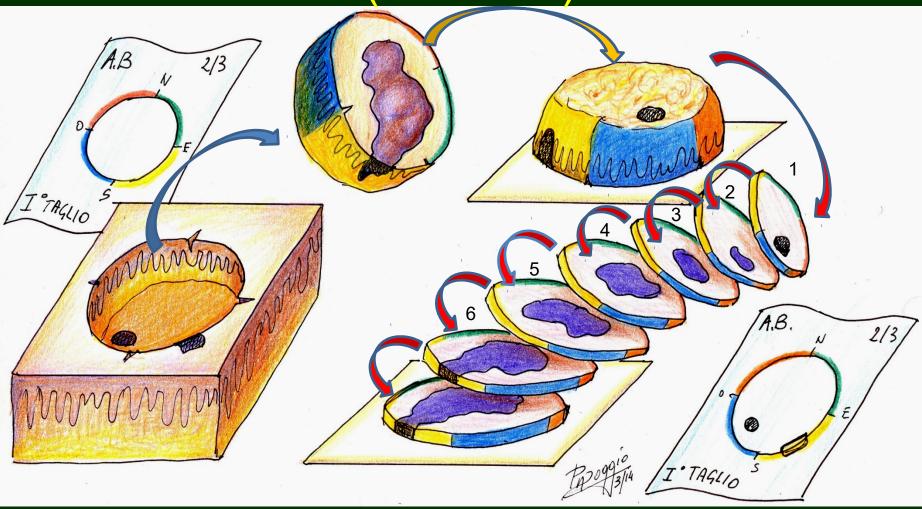












Marking on the paper map the points where the tumor reaches the bottom or a border





A second cut is done on the border and on the bottom A third cut is done only on une border Note the sharp and well definite borders easy to widen





Slow Mohs

Advantages

- 1 Operative sessions easier to program
- 2 Greater number of Mohs procedures in the same session
- 3 Greater SSN refund (one reimbursement for each new hospitalization in successive procedures compared to the only one for fresh Mohs)
- 4 Better management of time and resources in the pathology laboratory



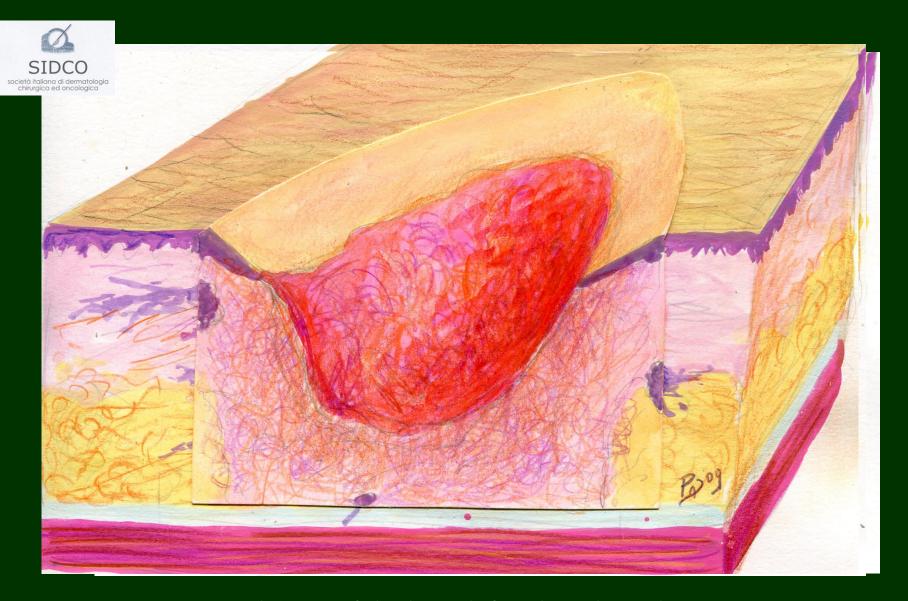
Slow Mohs



Disadvantages

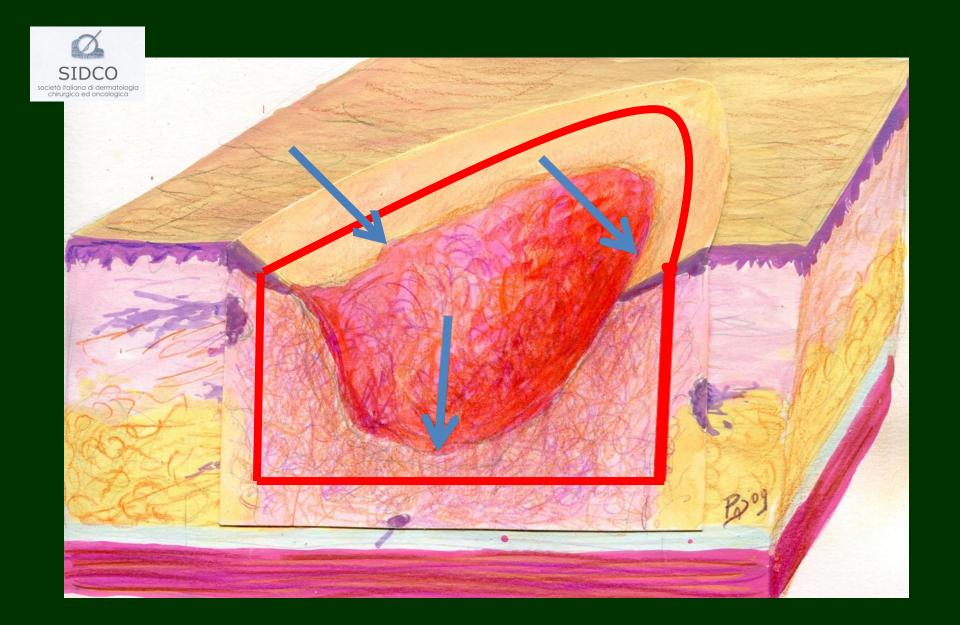
- 1 Risk of minor accuracy in identifying margins and topography after days from the initial procedure
- 2 Possible different operator
- 3 Accumulation of unpredictable enlargement or closure procedures that clog up scheduled operating lists and can not be postponed more than a few days
- 4 Discomfort for the patient who has to perform multiple accesses and manage an open surgical breach for several days: (this is especially true for patients from geographically distant locations)
- 5 Breakdown of the breach for physiological repair and granulation processes with possible failure to find the residual BCC





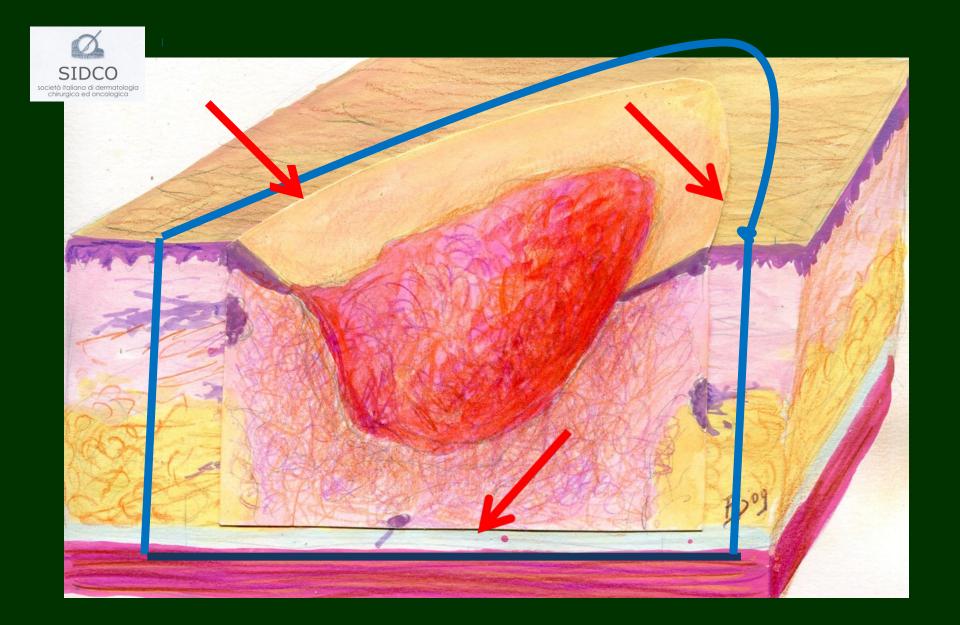
Breakdown of the breach for physiological repair and granulation processes with possible failure to find the residual BCC





erroneous identification of the margins to be enlarged: **false negative**







Possible corrections for the disadvantages Slow Mohs

- 1 Keep the same operator
- 2 Identify exactly the margins of the first breach with photographic references
- 3 Carefully evaluate the primitive margin (wider than the progression of repair processes)
- 4 Consider wound retraction in more delayed cases
- 5 Prudently maintain a wider margin of enlargements than in Fresh Mohs





What criteria can we therefore direct to choose the Slow M rather than Fresh M?

Fresh Mohs ADVANTAGES	Slow Mohs ADVANTAGES
Sharp ad well definite boundaries of the surgical gap	Operative sessions easier to program
Easier to perform widening cuts	Greater number of Mohs procedures in the same session
Same operator	Greater SSN refund
Minimize inconvenience for the patient	Better management of time and resources in the pathology laboratory
Hence more advantages for the patient	So more advantages for the operational structure

