Casistica Mohs Novara

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Case Study

From 1996 to 2017

760 Fresh Mohs

with an average of 40 Fresh Mohs / year

and **950 Slow Mohs**

(increased above all in the last 8 years)

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Slow Mohs

- 40% localized to the nose
- 76% High risk BCC
- 79 % first treatment BCC , 21% already treated BCC
- Number of cuts

59 % 1 cut ,

29 % 2 cuts,

11 % 3 cuts ,

1,2 % 4 cuts

Relapses: 4.1%

(including both primitives and those already treated)

(in the international literature several studies give recurrences between 1.6 and 4.7 in the traditional fresh Mohs)

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Fresh Mohs

- 45% localized to the nose
- 73% high risk BCC
- 81 % first treatment BCC ,19 % already treated BCC
- Number of cuts

51 % 1 cut,

24 % 2 cuts

21 % 3 cuts

3 % 4 cuts

Relapses: 3.5% total

(10% among the already treated and 1.5% in the primitives)

(in the international literature several studies give recurrences between 1.6 and 4.7 in the traditional fresh Mohs)

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AUTORE	*ANNO*	*N° CASI*	SEDE	RECIDIVA %r
Mohs	*1981*	576	Capillizio	**3,4**
Robins	*1985*	631	Peri-oculare	**1,6**
Mohs	*1986*	1773	Occhio	**4,1**
Mohs	*1988*	1213	Orecchio	**4,7**
Julian and Bowers	*1997*	*228*	–	**3,8**
Wennberg	*1999*	248	Viso/collo	**6,5**
Borghi	*2016*	146	_	**3,0**
Leigheb e coll	*2006*	350		**3,4 primitivi 4,8 recidive**

STUDI RETROSPETTIVI SULLA TECNICA MICROTOPOGRAFICA DI MOHS

	Fresh Mohs	Slow Mohs
Nose (prevalent site) %	45	40
BCC high risk %	**73**	**76**
BCC primitives %	81	79
BCC already treated %	19	**21**
1 Cut %	51	59
2 Cuts %	24	29
3 Cuts %	21	11
4 Cuts %	3	1,2
Total recurrences %	3,5	**4,1**
Recurrences between primitives BCC %	1,5	
Recurrences between already treated BCC %	10	

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In conclusion

Slow Mohs 4.1% *relapses*

(but with a greater number of high risk BCC (76%)vs 73% in FM , and greater number of already treated BCC (21%) vs 19% in FM)

Fresh Mohs 3.5% *relapses*

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In conclusion

the comparison seems quite similar between the two techniques and it is probable that if applied with the corrections we have previously talked about,

the Slow Mohs can be considered quite overlapping in the results to Fresh Mohs

(although it could be considered a fallback determined by the technical-logistic impossibility of executing a large number of Fresh Mohs)

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established that

there are no significant differences

in percentages of recovery

between Slow and Fresh Mohs

what can guide us in choosing

between the two techniques?

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Selection criteria between Slow Mohs e Fresh Mohs use

1 - Dimensions

- If **very large** , **Slow M** can be preferred to facilitate the pathologist *(eg with Tubingen technique)*
- **Small size** can make you lean more easily for **Fresh M** *(rapid execution and streamlining of all procedures up to a rapid closure)*

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Selection criteria between Slow Mohs e Fresh Mohs use

2 - Anatomical localization

- Locations that can not be left open *(eg eyelids or lips)* address the **Fresh M**
- Locations with probable easy healing by second intention can make you lean for **SlowM** *(eg concave or capillary areas)*

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Selection criteria between Slow Mohs e Fresh Mohs use

3 - Patient

- General **health conditions that are not optimal** , with the need to limit the duration of the single operative act , can lead to prefer **Slow M**
- **Young age and aesthetic needs** can make you lean for **Fresh M** *(better quality of reconstruction)*
- Inability or manifest **impossibility** of the patient **to manage** an open **breach** can lead to **Fresh M**
- residence away from the site of intervention and **difficulty in moving** can make the choice of **Fresh M**

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Concluding in a realistic and concrete way

until we can always have the execution of Fresh Mohs

we will be forced to choose

based on essentially practical considerations

SLOW MOHS	FRESH MOHS
Large size	Small size
Areas easy to heal by second intention	areas that can not be left open
Patient unable to withstand long interventions	Young and healthy patient
Unavailability of a close anatomopathological service	Patient not able to handle open breaches at home
Unavailability of the anatomopathological service to perform a fresh examination	Patient living very far from hospital

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