

# Practical dermatosurgery: flaps, tricks and news

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1. Flaps: Useful flaps are discussed like the cake flap for congenital nevi, the keystone island pedicle flap and kite flap for defects on the lower leg, east west flap and peng flap for nasal and nasal tip defects, the modified reading man flap for central cheek and periocular defects and the tenzel flap for eyelid reconstruction.

2. Tricks: Alternatives to MOH's surgery are discussed and presented. MOH's surgery itself is not a strict surgical procedure but mainly an exact three-dimensional histological work up of the excised skin cancer. Valid alternatives exist and can be easily performed in collaboration with the pathologists by simply marking the tumor, such as the Tübingen Torte technique, the spaghetti technique or the vertical modified technique.

3. News: No survival benefit exists for patients with melanoma undergoing sentinel lymph node biopsy. The critical appraisal of the Multicenter Selective Lymphadenectomy Trial-I final report by Akkoi & Eggermont (Nature reviews clinical oncology 2014), Sladden et al. (BJD2015) and the editorial from McGregor (BJD2015) confirm the missing of a survival benefit of the sentinel lymph node biopsy in melanoma, even in the inappropriate subgroup analysis. Data on overall survival are not reported leading to concerns of overall harm of the procedure. This is in accordance with the biologic behavior of cancers and the late formation of (micro)metastases in the seeding process, indeed circulating tumor cells can be found in a substantial subsets of melanoma patients even with stage I/II disease (Roland CL et. al. Melanoma Res. 2015). So removal of the sentinel node can never be curative, as cancer cells have already reached the systemic circulation, when micrometastasis form there. This is confirmed by the DeCOG-SLT randomized melanoma trial presented at ASCO2015 (complete lymphadenectomy versus observation in SLN positive melanoma patients) where complete lymphadenectomy in sentinel node positive patients was not associated with distant metastasis free, recurrence free or melanoma specific survival. Based on this findings SLN biopsy remains a staging procedure, which should be addressed in the informed consent with the patient. Further complete lymphadenectomy can not be recommended in melanoma patients with micrometastases in the sentinel node. Harms from the procedure easily outweigh the (probably non existing) benefits, especially in the era of functional target and immunotherapies.