

Re: Superficial Large Basal Cell Carcinoma Over Face, Reconstructed by V-Y Plasty

Dear Editor,

Deshmukh *et al.* published a case of 'Superficial large basal cell carcinoma over face, reconstructed by V-Y plasty'.^[1] Whilst I congratulate the authors for publishing their experience, I must highlight some inaccuracies and omissions in this article.

The authors state that superficial basal cell carcinomas (sBCC) are uncommon on the face. I agree with this statement but disagree with their clinical and histological assessment of the reported BCC on the face, which appears clinically morpheic and histologically infiltrative.

The readership may take home the wrong message that excision followed by flap repair should be a good option for sBCC. This would be an inaccurate inference as excellent tissue salvaging technologies exist for treatment of sBCC.^[2]

Further, whilst surgical excision with predetermined

margins is a standard treatment of the BCC in the report, the authors fail to mention the role of Mohs micrographic surgery (MMS) in this context. It should be highlighted that MMS is the gold standard treatment for large and infiltrative tumours such as the one in the reported patient. The cost of setting up a Mohs unit along with the need for specialist training limit the availability of this treatment, which makes excision with predetermined margins an acceptable second best option.

The most important aspect in skin cancer surgery is histological cure, but the authors failed to mention the margins of clearance or involvement in the excised specimen. A recurrent BCC on a skin flap is often more challenging to treat than a primary lesion.

Finally, we should restrict the description 'superficial spreading' to the most common melanoma subtype; superficial BCCs rarely spread.

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