


DERMATOLOGY ASSOCIATES
 A PROFESSIONAL CORPORATION

 PHYSICIANS & SURGEONS
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OPERATIVE REPORT: Frank
DATE: 6/29/05
PRE-OPERATIVE DIAGNOSIS: MELANOMA, DEPTH AT LEAST 0.75 MM.
POST-OPERATIVE DIAGNOSIS: MELANOMA, DEPTH NO MORE THAN 0.75 MM.
OPERATION PERFORMED: Mohs micrographic surgery.

Indications: The patient presents with a biopsy proven melanoma of the left cheek. This lesion measures approximately 0.6 x 0.8 cm. The biopsy done was from a portion of the lesion, which measured 0.75 mm in depth.

Prior to surgery, the depth is not assured because the entire lesion has not been examined for histopathologic evaluation. Also noted on the routine H&E stains are incredibly subtle malignant melanocytes that are difficult to differentiate. Because of the subtleness of these melanocytes, and the lesion's location, it is felt that this lesion is best removed with Mohs micrographic surgery, but using a Melan-A immunohistochemical technique.

Stage 1: The patient is brought back to the operative suite and placed supine on the operating room table. The area around the lesion is anesthetized with a buffered mixture of 1% lidocaine and 0.5% Marcaine with epinephrine. It is scrubbed with Hibiclens, rinsed with sterile saline, and draped with sterile towels. A Woods light is used to define subclinical extension. Following this, 5.0 mm margins are diagrammed from this Woods light border. A Mohs excision is then performed just outside of this 5.0 mm border. It is carried down to deep subcutaneous facial fascia and the specimen is removed. The central pigmented area is excised from this tissue block, and sent separately for a depth evaluation. The margin removed is then mapped, marked, and submitted to the technician for permanent section Melan-A processing. Examination of the peripheral margins discloses no evidence of increased melanocytes nor malignant melanocytes. Evaluation of this center section by Dr. Curtis Thompson shows a maximal depth there of 0.32 mm. This confirms that the actual depth of the lesion is 0.75 mm.

At this point the patient is left with an approximately 1.6 x 2.2 cm defect involving the left cheek and left lower eyelid. The patient is discharged to Dr. Steve Gabel's care for reconstructive efforts. Complications none. Estimated blood loss less than 1 cc.

SCOTT A. B. COLLINS, M.D.
 DIPLOMATE OF AMERICAN BOARD OF DERMATOLOGY

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Respectfully,



Scott A.B. Collins, M.D.
SC/dss

CC:

Paul Klas, M.D.

~~Steven Gabel, M.D.~~