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Case report of a rare side effect associated with cryolipolysis

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Background: Cryolipolysis provides a method of noninvasive fat reduction that significantly reduces subcutaneous fat without injury to adjacent tissues. It is a noninvasive FDA-approved procedure that causes apoptotic fat cell death, reducing the thickness of the subcutaneous fat layer. Clinical studies have reported an approximated 20% reduction in the fat layer with a single treatment. Cryolipolysis, when used for reduction of subcutaneous flanks or abdomen, is not associated with changes in serum lipids or liver test results.

Objective: Case report of 2 rare side effects: subcutaneous induration and paradoxical hyperplasia in a male patient treated for reducing subcutaneous fat in the abdominal area.

Case report: Male, 40 years old, 80 Kg, with no history of previous disease or previous treatment condition, treated in the inferior abdominal area. The patient presented, as expected, mild erythema, edema, and decreased sensation during 10 days after procedure. After about 30 days, patient noticed improvement of the treated area with reduction of the fat tissue and a body contouring improvement. Two months after the procedure, patient reported a subcutaneous induration with painless increasing generalized firmness of the treatment area. The patient presented, as expected, mild erythema, edema, and decreased sensation during 10 days after procedure. The patient reported a subcutaneous induration with painless increasing generalized firmness of the treatment area. The patient reported a subcutaneous induration with painless increasing generalized firmness of the treatment area. The patient reported a subcutaneous induration with painless increasing generalized firmness of the treatment area. The patient presented, as expected, mild erythema, edema, and decreased sensation during 10 days after procedure. The patient reported a subcutaneous induration with painless increasing generalized firmness of the treatment area. The patient presented, as expected, mild erythema, edema, and decreased sensation during 10 days after procedure. The patient presented, as expected, mild erythema, edema, and decreased sensation during 10 days after procedure. The patient presented, as expected, mild erythema, edema, and decreased sensation during 10 days after procedure.

Conclusion: The subcutaneous induration is a rare side effect of cryolipolysis with an incidence rate of 0.0077% and the paradoxical hyperplasia has an incidence rate of 0.0057% according to the best knowledge in our medical literature. The onset of paradoxical hyperplasia is typically 2 to 3 months, but may occur up to 5 months posttreatment. In these rare cases reported in the literature, surgical measures including liposuction or abdominoplasty were performed. In the case reported, no demographic or medical risk factors for subcutaneous induration or paradoxical hyperplasia have been identified at this moment.

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P8416

Current evidence on recurrence rate of basal cell and squamous cell carcinomas treated by Mohs micrographic surgery: Systematic review

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Introduction: Basal cell (BCC) and squamous cell (SCC) carcinomas are the commonest skin cancers. Numerous guidelines propose Mohs micrographic surgery (MMS) as an effective treatment. Our objective was to summarize evidence regarding recurrence rates after MMS in BCC and SCC.

Methods: We searched multiple databases from January 1995 to December 2012. Search terms were Mohs micrographic surgery, basal cell carcinoma, squamous cell carcinoma and their synonyms. Randomized controlled trials (RCT) or nonrandomized trials (NRTs) reporting recurrence rate of MMS in patients with primary or recurrent BCC and SCC were selected. Data were extracted by 2 coauthors independently. The methodologic quality was assessed using the Cochrane handbook for systematic review.

Results: The search retrieved 1089 references, of which 105 were reviewed in detail. One RCT and 17 NRTs were included. The RCT showed a statistically significant reduction of 5-year recurrence rate after MMS compared to standard excision for recurrent high risk facial BCC, but not for primary facial BCC. No RCT was found for SCC. Among NRTs, the mean recurrence rate after MMS varied from 0 to 7.1% for primary BCC, 0% to 10% for recurrent BCC, 2.6% to 4.5% for primary invasive squamous cell carcinoma and 5.9% to 25% for recurrent invasive SCC of the head and neck.

Conclusions: To the best of our knowledge, this is the most comprehensive systematic review on recurrence rates after MMS for BCC and SCC. Based on the current evidence, Mohs micrographic surgery for facial BCC had lower recurrence rate after MMS or similar surgical techniques with meticulous histologic evaluation of all margins. Because of the insufficient number of high-quality studies and heterogeneity of existing studies, we were unable to make a conclusion for other types of BCC and SCC. Our study illuminates the current status of literature on MMS and highlights the lack of high quality trials, particularly in SCC. Additional well-designed trials are needed. However, ethical concerns may prevent performing such studies.

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P9S07

Outcomes of keloid surgery: A 5-year retrospective review

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Introduction: Various modalities have been used in the treatment of keloids, including intralesional steroid injection, surgical excision, and laser therapy. Success rates vary among different treatment modalities. We aim to evaluate the combined treatment with excision and/or carbon dioxide (CO2) laser in patients attending the National Skin Centre Singapore, a tertiary dermatologic centre, from 1 January 2007 to 31 December 2011.

Methods: Cases of keloids treated with excision or CO2 laser from 1 January 2007 to 31 December 2011 were retrieved from the center's electronic medical records and analyzed.

Results: There were 146 patients, 116 females (79%) and 30 males (21%). The median age of patients were Chinese (46%), followed by Malay (46%), Indian (11%), and other races (7%). The mean age at presentation was 24 years old. Keloids were commonly located at the earlobes (42%), ear helices (27%), and anterior trunk (5%). They were caused by piercings (77%), followed by acne (3.4%) and surgery (3.4%). Our cohort of patients, 73% underwent CO2 laser (79%) rather than excision surgery (16%) and the earlobes and ear helices were the most common treatment locations. About half of the patients received post-surgical intralesional triamcinolone (52%), 29% had no postsurgical treatment, 5% received radiotherapy, and 3% were prescribed topical silicone gels. Twenty-eight percent of patients treated with either excision or CO2 laser had no keloid recurrence, 57% had partial recurrence, 8% had total recurrence, and 7% had a worse outcome. The median time to recurrence was 8 months, and the highest recurrences were seen on the shoulders, back, neck, and limbs. Recurrence rates were not affected by the different types of post-surgical adjunctive treatments. For patients who received post-surgical intralesional triamcinolone, the varying concentrations and numbers of injections did not have an impact on recurrence rates. The mean duration of follow-up was 32 months post-surgery.

Conclusion: Female Chinese young adults with keloids on the ears caused by piercings form the majority of patients seen at our center. CO2 laser was the most common surgical modality employed. Keloids on the ears appear to be most responsive to treatment with either excision or CO2 laser but recurrence rates remain high, regardless of the type of post-surgical intervention.

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