

ORAL EXAM

Case 1

Dermatofibrosarcoma protuberans (DFSP)

A 17-year-old girl presents to your office with a three-month history of a lesion on her elbow. She is concerned because it has continued to grow



Objective 1: The candidate can develop a differential diagnosis

Question 1:

What is your differential diagnosis

1. Malignancy – BCC, SCC, amelanotic melanoma, DFSP, cutaneous lymphoma
2. Benign Skin lesions – dermatofibroma, Pilomatricoma
3. Infectious – TB, fungal, viral
4. Traumatic – foreign body
5. Autoimmune

Objective 2: The candidate can develop a plan for diagnosis

Question 2:

What investigations would you initiate at the time of consultation?

1. Incisional biopsy

Objective 3: The candidate can manage this patient

Question 3:

Incisional biopsy demonstrates a DFSP (Dermatofibrosarcoma protuberans). What treatment would you advise for this patient?

1. Excision with 3 cm margins
2. Skin graft reconstruction

Question 4:

How would you follow this patient assuming the margins of your excision were clear?

1. Follow every 3 months for the first 2 years for evidence of clinical recurrence
2. Delay any flap reconstruction of the skin graft site for as long as possible to follow for recurrence

Case 2

Microtia

A 10-year-old boy presents with concerns about his ear



Objective 1: The candidate can diagnose microtia

Question 1:

What is your diagnosis?

Microtia

Question 2:

What other craniofacial features would you examine?

1. Examination for hemifacial microsomia
2. Orbit
3. Mandible and Occlusion
4. Soft Tissue
5. Facial Nerve Function
6. Consideration of features of Goldenhar Syndrome
7. Examination for features of Treacher Collins Syndrome

Objective 2: The candidate is able to communicate effectively with the family and is able to describe the management options

Question 3:

The child has an isolated microtia with no evidence of other syndromic features. He and his parents would like to know the options for management. How would you advise them?

1. No surgical management is required
2. Autologous options – describe in simple terms and in detail
 1. Staged procedure
 2. Rib harvest
 3. Cartilage carving
 4. Possible need for flap from the scalp to cover the cartilage
 5. Skin graft to cover the cartilage and flap
 6. Drains
 7. Overnight stay
 8. Risks of the procedure including surgical risks, aesthetic risks, anesthetic risks
 9. Lifelong solution
3. Osseointegrated implants
 1. Surgery to place posts
 2. Prosthesis
 3. Long-term care
 4. Easier surgical procedure
 5. Excellent aesthetic outcomes

Question 4:

The parents insist that the child undergo an autologous reconstruction. The child refuses surgery. How would you manage this situation?

1. If child is competent then unable to perform the surgery
2. Explain to parents that this decision rests with the child

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