

Case 1

Temple lesion

An 82-year-old woman is referred to you by ophthalmology. A temporal artery biopsy was performed 18 months previously and the wound has failed to heal. The biopsy was negative; the patient is not taking systemic steroids. The wound is purulent and antibiotics have failed to eradicate the infection. A biopsy of the wound obtained by the ophthalmologist some months back showed nonspecific inflammation



Objective 1: The candidate can develop a thorough and appropriate differential diagnosis.

Question 1:
What is your differential diagnosis?

Infection (atypical, drug resistant, abscess)
Benign dermatological condition (folliculitis, hidradenitis/dissecting cellulitis)
Malignancy (BCC, SCC, melanoma, other)
Inflammatory (underlying temporal arteritis)
Medication (immunosuppressant related, ie, steroids, chemo, rheum)

Objective 2: The candidate can develop an appropriate management plan for the patient.

Question 2:
What is your management plan for this patient?

History (specifically looking for history of immune compromise, malignancy, current meds)
Physical (palpate, probe for tracts, abscess, palpate nodes)
Chemistry (CBC, CRP, ESR)
Micro (swabs for C&S, atypical, mycobacterium, AFB)
Imaging (US to r/o deep collection)
Special tests (repeat biopsy)
Consultation (consider consults with ID, Dermatology, Rheum depending on testing, ENT if neck dissection required)

Objective 3: The candidate provides appropriate treatment plan for the patient.

Question 3:
Your biopsy comes back as SCC. How would you treat this patient?

Explanation (review of initial pathology, non-representative biopsy)
Consent (Excision and reconstruction)
Imaging (head and neck to delineate depth, r/o lymphadenopathy)
Excision (OR with frozen section, MOHs)
Reconstruction

Objective 4: The candidate demonstrates an appropriate thought process when planning a reconstruction.

Question 4:
What are your options for reconstruction?

Primary closure (unlikely)
Secondary intention (continued wound care)
Excision and grafting (STSG or FTSG)
Local flap (large rotation)
Flap plus graft to donor site
FTT (radial forearm, thinned ALT)

Case 2

Basal cell carcinoma

An 87 year-old woman is referred with a slowly growing nose lesion. The mass is painless. It is unbiopsied. She seeks medical attention to treat her daily epistaxis.



Objective 1: The candidate develops an appropriate differential for the lesion.

Question 1:
What is your differential diagnosis?

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BCC
SCC
Merkel cell
Melanoma

Objective 2: The candidate explains the possible treatment options.

Question 2:

What treatment options do you discuss with the patient and her family?

Surgical excision
Radiation
Chemotherapy

Objective 3: The candidate outlines an appropriate plan for reconstructing the nose.

Question 3:

What are the principles of reconstruction of the nose?

Excision with clear margins/frozen section control
Three layered reconstruction (mucosa, support, skin)
Anatomic subunit reconstruction

Objective 4: The candidate understands the appropriate indications for the use of systemic chemotherapy for the management of BCC.

Question 4:

The patient is informed that the surgery will be long and disfiguring. The radiation oncologist believes that radiation is not possible – the patient underwent previous radiation for neck lymphadenopathy. What are the indications for vismodegib?

Metastatic BCC
Surgically unresectable disease not amenable to radiation therapy
