

Resection and application of full thickness graft in a scalp squamous cell carcinoma tumor. A case report

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Background

We present a clinical case of a 78-year-old male patient with a 40 mm diameter scalp lesion which we treat surgically with resection and the application of a full thickness graft. We expose the most common causes of malignant lesions on the scalp and discuss the correct selection of the same treatment.

Keywords: Scalp reconstruction, full thickness skin graft.

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Case Report

Plastic Surgery



In recent decades, the incidence of skin cancer has increased steadily, with basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), known together as non-melanoma skin cancer (NMSC), and malignant melanoma being the most common cancers. most common skin types. Although hair provides protection to the scalp, approximately 2% of all skin tumors occur on the scalp. In general, squamous cell carcinomas (SCC) are more common than basal cell carcinomas (BCC) in this anatomic region. (1,2)

Case report

We present the case of a 78-year-old male patient who does not present any co-morbidity. He comes to the oncological surgery service with a 40 mm diameter scalp lesion which has raised edges and an eschar which presents a detachment in its anterior part causing controlled bleeding (Figure 1A), it was decided to go to the operating room for resection and application of a full thickness graft at the same surgical time. A resection of margins of approximately 10 mm was performed peripherally and the supragaleal plane was preserved since it was not It had infiltration. It was decided to take the graft in the groin and remove its subcutaneous cellular tissue (Figure 1B). Once the graft was made, fenestrations were made and it was placed and accommodated in the surgical area (Figure 1C). A continuous suture is performed with 5-0 nylon and a sterile compressive dressing is placed for 10 days for adaptation.

Discussion

The decision on the method of construction, primary closure, full-thickness skin graft, or local flap techniques, is based on the patient's age, tumor size and location, tissue elasticity, and patient preference. (3) Although it is essential to achieve negative margins during excision, in case the mucoperiosteum is not clinically involved, local rotation flaps and partial or full thickness skin grafts are usually sufficient for reconstruction (2) since the intact pericranium can reliably support a skin graft (4)

Conclusion

The size, location, and thickness of the defect should help guide selection for an appropriate repair. Defects larger than 3 cm located in the narrow portions of the scalp are generally less amenable to primary repair and a full-thickness graft may be applied.

In patients with aggressive scalp malignancies, it is best to use more basic reconstructions, such as skin grafts, to improve postoperative wound surveillance.

The proposed advantages of full thickness grafting include care of the donor-less site, which can often be primarily closed and therefore results in a faster healing time, which may be advantageous especially in the elderly as in the case of the patient we present.

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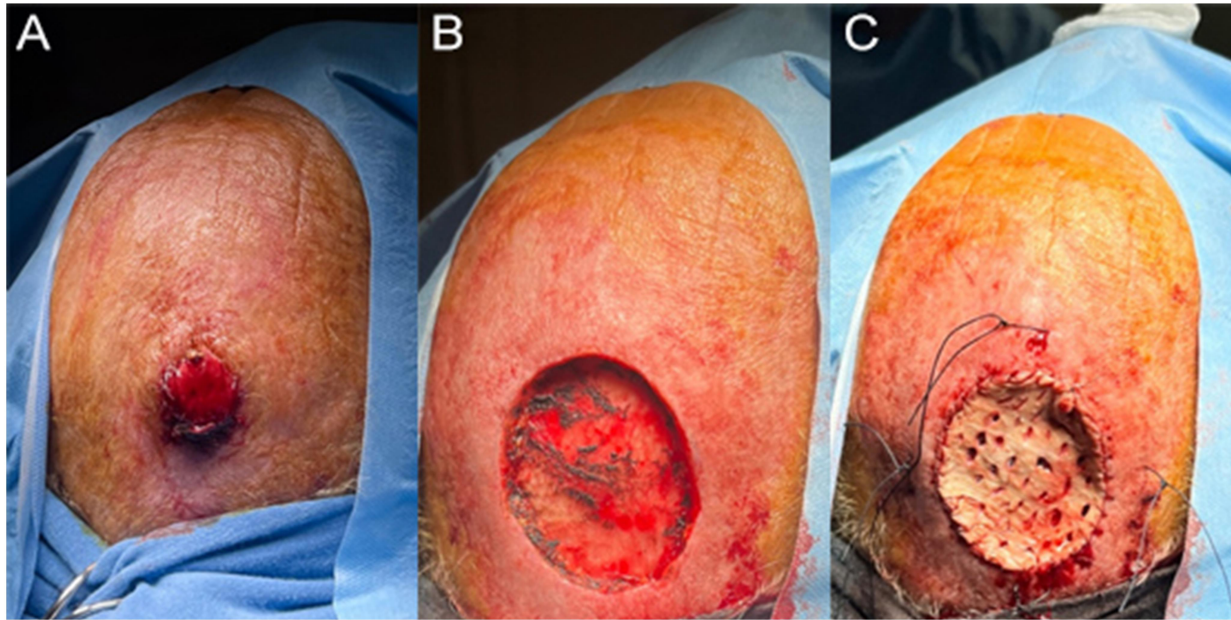


Figure 1. A. Dermal lesion on the scalp of approximately 40 mm with raised edges and peeling in its anterior part with the presence of slight bleeding. B. Resection of dermal lesion with margins of 10 mm on its periphery with adequate preservation of the galea. C. Placement of full thickness graft in surgical area with presence of fenestrations and adequate adaptation of the tissue.

Conflicts of interests

There was no conflict of interest during the study, and it was not funded by any organization.

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