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ORIGINAL ARTICLE

# Fingertips squamous cell carcinoma: Treatment outcomes with surgical excision and full thickness skin graft



Carcinomes épidermoïdes des extrémités digitales : résultats du traitement par excision et greffe de peau totale

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Received 19 July 2014; accepted 5 September 2014

# **KEYWORDS**

Squamous cell carcinoma; Fingertips; Finger amputation; Bowen's disease; Multidigital

# **MOTS CLÉS**

Carcinome épidermoïde; Extrémité digitale; Amputation digitale; Maladie de Bowen; Pluridigitale Summary Fingertips squamous cell carcinoma is a rare disease. An often missed or delayed diagnosis, the affected finger could result in an amputation. Our aim is to focus on the results of surgical excision of fingertips squamous cell carcinoma. Between 2005 and 2011, eighteen fingers on eight patients with a mean age of 62.5 years underwent surgery. The surgical excision margin was 5 mm and the defect was covered by a full thickness skin graft. Three fingers were revised for having a non-secure margin with an enlarged excision and two fingers were amputated at the distal phalange. The diagnosis is often missed or delayed, resulting in an amputation of the affected finger. Aesthetic outcomes range from very good to good satisfaction except for one, which was bad.

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Résumé Les carcinomes épidermoïdes des extrémités digitales sont une pathologie rare. À cause de l'absence ou du retard au diagnostique, le doigt atteint peut subir une amputation. L'objectif de notre étude est d'évaluer les résultats des excisions chirurgicales des carcinomes épidermoïdes des extrémités digitales. Entre 2005 et 2011, 18 doigts chez 8 patients ont été opérés avec une moyenne d'âge de 62,5 ans. L'excision chirurgicale a été réalisée avec une marge de 5 mm et la perte de substance couverte par une greffe de peau totale. Trois doigts ont été repris au bloc opératoire pour marges non saines avec des marges plus importantes et 2 doigts ont dû être amputés de la phalange distale. Le résultat fonctionnel était bon ou

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excellents pour les traitements conservateurs, et bon ou mauvais pour les doigts amputés. Les résultats esthétiques étaient jugés bon ou très bon, à l'exception d'un cas jugé mauvais. © 2014 Elsevier Masson SAS. Tous droits réservés.

## Introduction

Fingertips squamous cell carcinoma (SCC) is a rare disease. As there is no specific sign, it could be misdiagnosed. Many other diseases share the same clinical presentation, such as paronychia, verruca vulgaris or pyogenic infection. Only a biopsy can confirm the diagnosis. Once the diagnosis confirmed, the treatment depends on the extent of the tumor which could range from tumor excision with a safe margin to distal amputation of the involved finger. We have observed 8 patients, each of them with several finger involvements.

# Methods and patients

A retrospective study was done on all patients with nail bed SCC who submitted to surgery in our plastic surgery department between March 2005 and March 2011. Eighteen fingers from eight patients had been included.

Global clinical assessment was performed in each patient before surgery with axillary ultrasound. Photographies were taken on each patient before and after surgery. A study was done on medical records and photographies.

Excision with 5 mm margin was the method of treatment in all patients with full thickness skin graft harvested from anterior abdominal wall, which was used to cover the defect (Fig. 1).

All excised tumor were sent for histopathology studies and if it contained any residual tumor the patient then underwent further intervention.

The dressing was kept on for 5 days before the first change. All patients had short-term follow-up with the operating surgeon for local evaluation, graft healing and infection, if any. Patients' satisfaction and functional outcome were evaluated through mail, postal or telephone interview using Michigan Hand Outcomes score (MHO) [1] of the patient. This score consists of 37-item hand-specific outcomes. There is a patient self-administered questionnaire with

6 categories: overall hand function, activities of daily living, pain, work performance, aesthetics, and patient satisfaction with hand function and esthetic. Final total score is up to 100, where zero is the poorest outcome and 100 is an ideal outcome.

In case of incomplete results of the resection in histology, a new surgery was done to enlarge the margin or to do an amputation.

A detailed history of each patient is as following:

#### Case 1

A 52-year-old right-handed male presented to his family physician with the chief complain of a discharging lesion for 6 months at the radial aspect of left index finger. The patient was a mechanic, with repetitive minor trauma of the hand and finger. This lesion was treated during a long time with local antibiotic before the patient was referred to a dermatologist who obtained a biopsy that confirmed SCC.

On examination, the finger showed depression and was tender with whitish discharge.

## Case 2

A 59-year-old male right-handed retired male (previously journalist) referred by a dermatologist after a 2-month history of a nail abnormality on the radial aspect of the index and middle fingers. No history of trauma.

On examination, fingers were not painful; there were mass elevation of subungual tissue. Biopsy was obtained and confirmed SCC without nervous *engainement*.

## Case 3

A 63-year-old right-handed retired patient who worked in an industrial company concerned with chemical products not really precised. He presented with multiple finger



Figure 1 Subungual squamous cell carcinoma of the middle finger (a) surgical excision with 5 mm safe margin (b) follow by defect coverage with full thickness skin graft (c).

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