BSDS Travelling Fellowship Report

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I was awarded the BSDS Travelling Fellowship in November 2014 so that I could attend the American College of Mohs Surgery (ACMS) Annual Meeting in San Antonio, Texas. The meeting lasted four days, the majority of it delivered by dermatologists leading the field in Mohs surgery, with additional speakers from allied specialties such as oncology and head-and-neck surgery.

Many talks concerned aspects of Mohs surgery itself: magnetic resonance imaging and neurology input were recommended when treating large cancers close to a ventriculo-peritoneal shunt; 80% of desmoplastic melanomas, which could be mistaken for scarring during Mohs, have overlying melanoma in situ that may spread far beyond the invasive disease; and the Zitelli and Broadland Skin Cancer Center in Pittsburgh reported excellent recurrence rates following Mohs surgery to penile squamous cell carcinoma (SCC). There were also tips on how to reduce the risk of specimens 'chunking out' during processing, and confocal microscopy was suggested for the assessment of perineural invasion.

Inevitably there were presentations and discussions on reconstruction of postoperative defects following Mohs surgery: a recent paper demonstrated reliable arterial blood flow along the helical rim; bilateral transposition flaps to repair midline upper lip defects were reported to recreate the Cupid's bow; a study comparing rapidly absorbable with non-absorbable superficial sutures found no significant difference in post-operative scarring; a single-stage, rotated island pedicle flap was suggested as an alternative to interpolated flaps for the repair of full thickness alar defects; and John Zitelli presented a six-stage 'forehead template' procedure for reconstructing massive defects of the nose.

Techniques given emphasis during the meeting included unorthodox applications of the bilobe flap (such as on the upper cheek and the cutaneous lip), tunnelled island pedicle flaps for defects of the vestibule or deep wounds at the nasal root and medial canthus, and the spiral flap, with or without a back-cut, for defects involving the alar crease. Meanwhile good cosmetic results with secondary intent healing of the vermillion lip were also presented. There was an amusing discussion on how to manage a 'dropped' skin graft (clean with chlorhexidine then rinse with saline), and many present confessed to having previously faced this challenge.

Tips to aid with the management of a service included using multimedia to help with consent; communicating across a unit with coded light signals; having patients pick intra-operative music; and hiring scribes ($15/hour) to take notes.

There were also sessions dedicated to dermatopathology, scar optimisation, and aggressive skin cancers such as Merkel cell carcinoma and high risk SCC.

I linked up with other UK affiliated dermatologists undergoing Mohs fellowships, and we were all impressed by the value-per-minute of the talks given. I liked the generous American food portions, and the tasty breakfast that accompanied the early morning lectures. Among the cultural observations, I was interested to see the passion with

which American physicians fought against reductions in their income that were being planned by insurance companies.

I would definitely recommend this meeting to members, especially those undergoing a fellowship in Mohs surgery.