



SKIN CANCER AND
RECONSTRUCTIVE SURGERY
CENTER

the Skin Cancer Connection

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LEADERSHIP IN THE MOHS COMMUNITY



Alexander Miller, MD, dermatologist and senior Mohs surgeon at the SCARS Center, brings decades of experience treating skin cancer patients. He is a widely-recognized leader in the fields of dermatology

and Mohs surgery.

Dr. Miller serves on the board of directors of the American Academy of Dermatology (AAD), and was past president of the California

Dermatology Society. He has been on the AAD's CMS committee, and is at the forefront of education in dermatology coding. He is the organizer of the Dermatology Flap Course at the Annual American Society for Mohs Surgery Meeting.

"I am proud to call Dr. Miller a colleague. His contribution to physician and PA education has been tremendous, and I feel lucky to have been the beneficiary of it as well," says Dr. Simon Madorsky, the Medical Director of the SCARS Center.

He spreads his clinical wisdom and experience at the monthly SCARS Center Skin Cancer Conference, as well as with his many patients in Orange County.

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ISLAND FLAP REPAIR OF FACIAL DEFECTS

In May, **Dr. Simon Madorsky**, facial plastic and reconstructive surgeon, was an invited speaker at the Annual Meeting of the American Society for Mohs Surgery on the subject of facial reconstruction. In September, he gave a similar presentation to the California Society of Dermatology. He presented one of his favorite reconstructive techniques, the island flap. Having published several articles in peer reviewed journals and in the process of submitting several more on the subject, Dr. Madorsky shared his experience and innovations with the technique.



Cheek Hatchet Rotation Flap

Originally described 100 years ago, the island flap has been further evolved at the SCARS Center. Newer innovations bear such names as the SENMI flap, the LENI flap, the myomucosal island flap, the TPF island flap, the SMAS island flap, and the partial island flap. These are highly effective techniques for facial defect reconstruction.



Cheek Partial Fasciocutaneous Island Flap

PRECEDEX FOR ANESTHESIA IN OUTPATIENT SURGERY

“Game changer.”

“Revolutionary.”

“Great leap in anesthetic safety.”

These are the words we hear when discussing the latest innovation in anesthesia and sedation. **The unpronounceable dexmedetomidine, also known by its brand name of Precedex, is revolutionizing anesthesia.** SCARS Center and Appearance Center outpatient surgery center is the first Newport Beach ambulatory surgery center to adopt the use of this anesthetic technique.

Precedex is an α_2 adrenergic agonist similar to clonidine. Its advantages are that it has both sedative and analgesic properties, inhibits sympathetic nerves, reduces anesthetic dosage, improves hemodynamic stability, and causes only mild respiratory depression. It has improved post-op delirium compared to other anesthetics. This has significant benefits for the elderly by avoiding postoperative confusion.

Precedex is used in conjunction with propofol in most of our anesthesia cases. EEG



studies have shown that dexmedetomidine induces Stage 2 sleep. Our patients under Precedex sedation are able to swallow and cough, and sleep apnea patients are better able to maintain their airway without airway devices.

We are excited to be the leaders in adopting the use of this revolutionary drug in outpatient anesthesia in our area. Our anesthesiologists are actively teaching and advocating its use at other local surgery centers.

CASE STUDIES

The Skin Cancer Connection features summaries of cases presented at our monthly conference.

For more details on each article, scan the QR code below.



WOOD'S LAMP: UV LIGHT FOR DIAGNOSIS

There are multiple aspects to evaluating pigmented lesions, the most important being physical exam. But there is a very helpful tool that providers have in their tool box: a Wood's Lamp. It is a type of black light emitting a wavelength around 365 nm – the blue edge of the visible light spectrum and includes UV light.

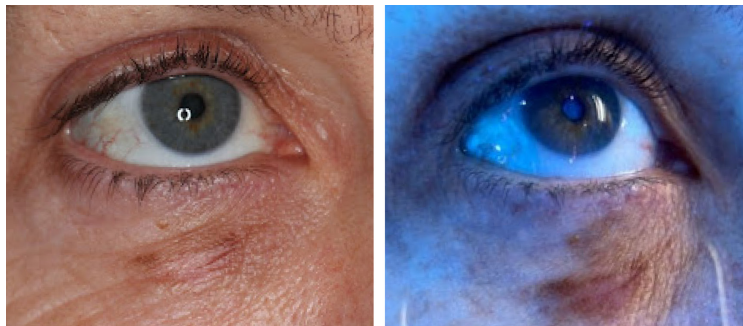
A Wood's Lamp is a very useful tool for the evaluation of several dermatologic diagnoses, such as:

- Pigmented Lesions
- Vitiligo
- Tinea Capitis (skin fungal infection)
- Lice
- Pityriasis Versicolor
- Erythrasma
- Acne
- Sun Damage

Under the Wood's Lamp, normal skin will look slightly blue, whiter spots are thickened skin,

yellow is oily skin, and purple is dehydrated skin. Pigmented lesions will become darker.

This helps a clinician identify the extent of the lesion. **This tool can be particularly helpful when planning for surgical excision and estimating how much tissue will need to be removed.**



A 57-year-old woman presented with a two year history of lower eyelid pigmentation. Shave biopsy diagnosed melanoma in situ, lentigo maligna type. Wood's Lamp view on the right.

RHINOPHYMA

Rhinophyma is an uncommon form of rosacea that leads to thickening of the nasal skin and enlargement of nasal sebaceous glands and usually occurs in men over 50. It is slowly progressive and tends to worsen over time, resulting in a bulbous shape of the nose that gradually becomes deforming. Rhinophymatous papules often form, leading to dramatic changes in the shape of the nose, which can sometimes lead to nasal airway restriction. However, in most cases, the concerns are mainly cosmetic.

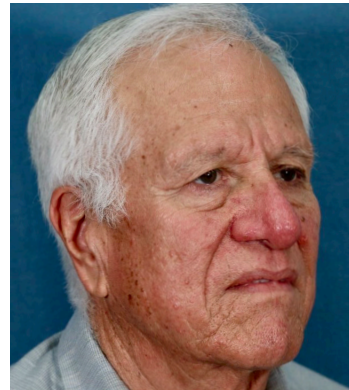
This deforming condition develops over more than a decade. It is driven by the inflammatory acne process in the highly sebaceous skin of the nose. As acne cysts get trapped in the thick sebaceous skin, the skin thickens forming crevices and polyps.

When the art of sculpting meets biology is where we find

the procedure to treat rhinophyma. Our plastic surgeons and dermatologists treat this condition by shaving the thickened skin and sculpting the nose into its original shape. The skin heals over the next week or so, first developing into a smooth pink surface, then blending into normal color over the next couple of months.



BEFORE



AFTER

A 74-year-old patient with rhinophyma. The after photo was taken one month following treatment.

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Subscribe to **The Skin Cancer Connection** to receive research updates, blog posts, and invitations to our monthly conference.



CERCLAGE CLOSURE TECHNIQUE

Not every hole needs a flap or a linear closure. A simpler technique of closure, the **cerclage**, also known as **purse-string closure**, utilizes the principle of tissue expansion under tension.

While the purpose of a flap is to distribute tension away from the primary wound, the cerclage forces the surrounding tissue to stretch under tension. It initially leaves a lumpy skin contour, but this can be addressed six weeks later with a simple scar revision. After healed, the scars of cerclage closure are shorter than those of a flap.

Benefits of cerclage closure include no tissue removed, no open wound waiting for pathology results, and sometimes excellent cosmetic results. The main downside of a cerclage closure is that because it “cinches” the tissue together, it can look lumpy. In high tension or dynamic areas, the lumps often settle over time. However, in some areas, the contour is suboptimal without excising standing cones. If the cosmesis is unsatisfactory, a secondary scar revision can be performed and is often much simpler with fewer and shorter incisions.



This 50-year-old patient presented with a pre-melanoma.



Excision and reconstruction was performed with cerclage technique.



Four months following the procedure.



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EDUCATION. RESEARCH. INNOVATION.

The Skin Cancer Connection and SCARScenter.com are your source for diagnostic dilemmas, treatment challenges, and reconstructive issues for challenging skin cancer cases.

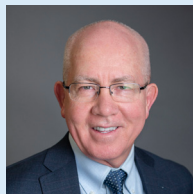
The Skin Cancer And Reconstructive Surgery (SCARS) Foundation offers a monthly skin cancer management conference. It is an accredited activity offering up to two hours of CME credits. To attend, go to our website or call the center to register.

Dermatopathology

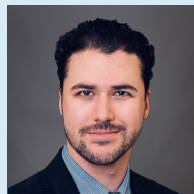


Ronald Barr, MD

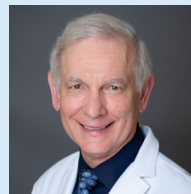
Dermatology & Mohs Surgery



Matthew Goodman, MD



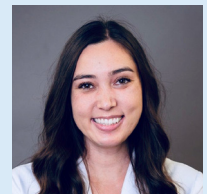
Adam Aronson, MD



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Radiation Oncology



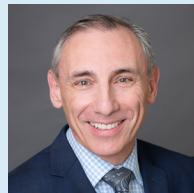
Judith Harrison, MD

Medical Oncology



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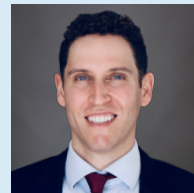
Plastic & Reconstructive Surgery



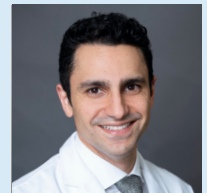
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