

A retrospective clinical audit regarding the management of cutaneous squamous cell carcinoma of the head and neck region via surgical excision

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Background:

Skin cancer is the most frequently diagnosed malignancy and its incidence is rising. Cutaneous squamous cell carcinoma (cSCC) has a mortality risk as they can metastasize. Complete surgical excision is the primary treatment option. cSCC excision margins were audited and compared to the British Association of Dermatologists (BAD) guidelines for the management of cSCC 2020. BAD advise that at least a 1mm histological clearance should be obtained at all margins. Clinical factors which may impact adherence to these guidelines were examined.

Methods:

Histology reports of 219 patients who underwent surgical excision of cSCC between January 2015 and December 2021 were retrospectively analyzed. Chi-Square test, Mann-Whitney U test and binomial logistic regression were utilized in data evaluation.

Results:

88.1% of lesions had at least a 1mm histological clearance at all margins. Chi-square and Mann-Whitney U analysis found that none of the factors examined had a statistically significant association with complete/incomplete excision. Binomial logistic regression revealed that lesion size, histological grade and lesion location were statistically significant in determining the likelihood of complete/incomplete excision.

Conclusion:

Performance was largely adherent to the BAD guidelines 2020. Lesion size, histological grade and lesion location were statistically significant in determining the likelihood of complete/incomplete excision.