

A Importância dos Detalhes: Perola Cirúrgica para a Ressecção em Cunha do Lábio inferior

Bruno Duarte¹, João Goulão²

¹Serviço de Dermatologia, Centro Hospitalar Universitário de Lisboa Central, Lisboa, Portugal

²Serviço de Dermatologia, Hospital Garcia de Orta, Almada, Portugal

RESUMO – Os tumores malignos do lábio inferior são comuns e a ressecção em cunha é muito utilizada para o seu tratamento. Uma vez que os lábios ocupam posição central na simetria e estética global da face, até mesmo pequenas deformidades podem levar a sequelas significativas. Uma dessas deformidades pode resultar de um inadequado alinhamento antero-posterior, intra-operatório, do vértice anterior (cutâneo) e posterior (mucoso) da cunha. Este último vértice nem sempre é facilmente identificado com precisão. Os autores apresentam a sua pérola cirúrgica para identificar o vértice mucoso da cunha. Para tal, realizam uma perfuração transmural a 90° com uma agulha hipodérmica, tendo como ponto de entrada o vértice cutâneo da cunha. O ponto de saída da agulha na mucosa será a referência para marcar o vértice mucoso. Esta simples pérola cirúrgica, embora muitas vezes esquecida, pode ser valiosa para evitar sequelas indesejáveis numa das áreas mais cosmeticamente sensíveis como a face.

PALAVRAS-CHAVE – Lábio/cirurgia; Neoplasias Labiais/cirurgia.

God is in the Details: Surgical Pearl for Lower Lip Wedge Resection

ABSTRACT – Malignant tumours of the lower lip are common and wedge resections are frequently used to address these lesions. Since the lips are paramount for symmetry and overall aesthetics, even minor deformities can lead to disastrous changes. One of these could result from improper intra-operative antero-posterior alignment between the anterior (cutaneous) and posterior (mucosal) vertex of the wedge, as the latter is not easily determined with precision by the naked eye. The authors present their surgical pearl to accurately define the vertex of the wedge in the posterior surface of the lip. A controlled, antero-posterior transmural penetration at a 90° angle is performed with a hypodermic needle. The entry point is the vertex of the cutaneous wedge. The sharp tip of the needle will now be the reference to the vertex of the mucosal wedge. This and others, easy-to-perform, although critical and frequently overlooked surgical pearls can help the dermatologic surgeon to avoid unwarranted sequelae on a cosmetic sensitive area such as the lips.

KEYWORDS – Lip/surgery; Lip Neoplasms/surgery.

INTRODUCTION

Malignant tumours of the lip remain the most common type of head and neck cancer. Albeit their incidence is globally declining, they still affect 12 per 100 000 Europeans annually.¹ Among this group of oncological disorders, the squamous cell carcinoma (SCC) is the most prevalent, accounting for 25-30% of all cancers of the oral cavity. Around 90% can be found in the lower lip, often associated with

adjacent sun-induced actinic damage.² Full-thickness surgical resection of the lower lip with 1cm of clinically tumour-free margins is the treatment mainstay.³ When the lesion extends for less than a third of the lower lip, a V- or M-wedge resection is the surgical technique of choice. Nevertheless, this anatomical site imposes special surgical considerations. Besides the functional relevance, the lips are paramount for symmetry and overall aesthetic perception, so even minor

Correspondência: Bruno Duarte
Serviço de Dermatologia - Hospital de Santo António dos Capuchos
Centro Hospitalar de Lisboa Central
Alameda Santo António dos Capuchos
E-mail: brunoduarte@campus.ul.pt
DOI: <https://dx.doi.org/10.29021/spdv.77.2.1038>

Recebido/Received
29 Janeiro/January 2019
Aceite/Accepted
22 Março/March 2019

Pérolas Cirúrgicas



Figure 1 - (A) Large exophytic hyperkeratotic nodule over an indurated plaque on the lower lip of a 62-year-old woman. (B) Preoperative planning: Wedge resection with an M-plasty.

deformities could lead to disastrous changes. For example, a less acceptable cosmetic outcome can result from improper intra-operative antero-posterior alignment between the anterior (cutaneous) and posterior (mucosal) vertex of the surgical wedge, as the latter is not easily determined with precision by the naked eye.

With this case, the authors pretend to demonstrate their surgical pearl to properly define the vertex of the surgical wedge in the posterior (mucosal) surface of the lip.

CASE REPORT

A 68-year-old nonsmoker woman with a history of heavy cumulative sun exposure (lifelong farmer) presented with a 2-year evolution of a friable, hyperkeratotic erythematous nodule arising from a firm hyperkeratotic plaque extending for a third of the lower lip (Fig. 1a). A SCC diagnosis was confirmed by a 4 mm punch biopsy. There was no evidence of locoregional or distant metastasis. The patient was scheduled for surgery of curative intent under loco-regional anaesthesia.

SURGICAL PEARL

After delimitating the tumour and safety margins, a M-wedge was drawn upon the cutaneous component of the lip (Fig. 1b) to avoid crossing the labio-mental crease (an aesthetic subunit boundary). Afterwards, with a slight elevation and eversion of the lower lip, its posterior surface is exposed. A controlled, antero-posterior transmural penetration is then performed with a hypodermic needle, with the entry point on the the cutaneous vertex of the surgical wedge (Fig. 2). The exit point of the needle on the mucosal surface of the lip is then used as a reference for the vertex of the mucosal wedge (Fig. 3a). The mucosal triangle which will define the resection boundaries is now safely drawn with proper antero-posterior alignment (Fig. 3b)

CONCLUSION

Oncologic surgery of the lip imposes distinct challenges due to functional and aesthetic concerns. Lip notching, vermillion border misalignment and other disturbing sequelae



Figure 2 - Hypodermic needle passing through the cutaneous vertex of the wedge.

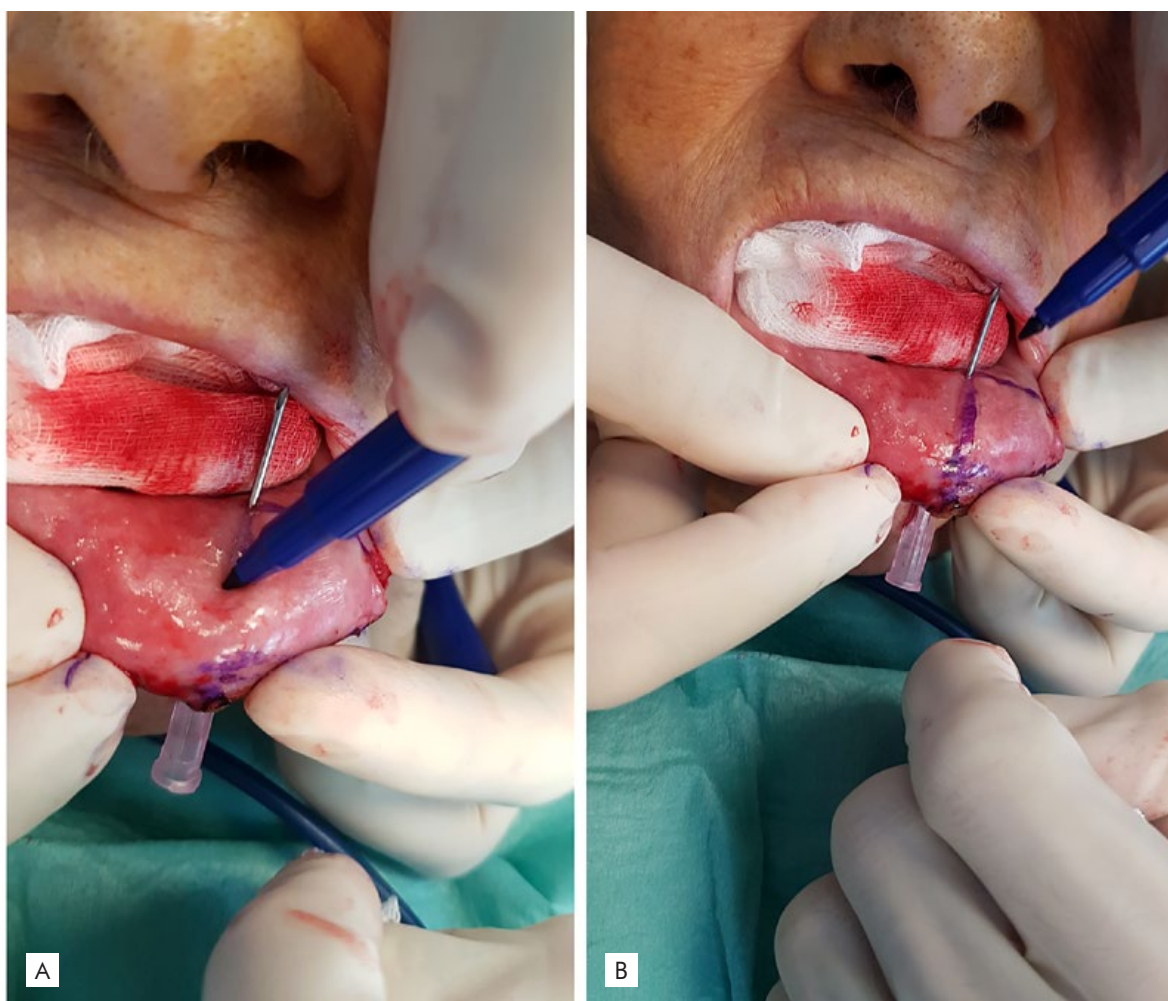


Figure 3 - (A and B) The exit point of the needle is the reference for the mucosal vertex of the wedge. Drawing of the resection triangle is now completed.

Pérolas Cirúrgicas

can often be minimized or prevented with simple, easy-to-perform, yet sometimes overlooked considerations in the surgical technique. We present a simple surgical pearl for the dermatologic surgeon to achieve proper antero-posterior alignment in the cutaneous and mucosa vertex of the resection wedge.

Conflitos de interesse: Os autores declaram não possuir conflitos de interesse.

Suporte financeiro: O presente trabalho não foi suportado por nenhum subsídio ou bolsa.

Confidencialidade dos dados: Os autores declaram ter seguido os protocolos do seu centro de trabalho acerca da publicação dos dados de doentes.

Direito a privacidade e consentimento escrito: Os autores declaram que pediram consentimento para usar as imagens no artigo.

Consentimento do Doente: Obtido.

Conflicts of interest: The authors have no conflicts of interest to declare.

Financing Support: This work has not received any contribution, grant or scholarship.

Confidentiality of data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Privacy policy and informed consent: The authors declare that have the written informed consent for the use of patient's photos in this article.

Patient consent: Obtained.

Proveniência e revisão por pares: Não comissionado; revisão externa por pares

Provenance and peer review: Not commissioned; externally peer reviewed

REFERENCES

1. Kerawala C, Roques T, Jeannon J, Bisase B. Oral cavity and lip cancer : United Kingdom National Multidisciplinary Guidelines. *J Laryngol Otol.* 2016;130:83–9.
2. Han AY, Kuan EC, Mallen-St Clair J, Alonso JE, Arshi A, St John MA. Epidemiology of squamous cell carcinoma of the lip in the united states a population-based cohort analysis analysis. *JAMA Otolaryngol Head Neck Surg.* 2016;142:1216–23. doi: 10.1001/jamaoto.2016.3455.
3. Bota JP, Lyons AB, Carroll BT. Squamous cell carcinoma of the lip — a review of squamous cell carcinogenesis of the mucosal and cutaneous junction. *Dermatol Surg.* 2017;43:494-506. doi: 10.1097/DSS.0000000000001020.