



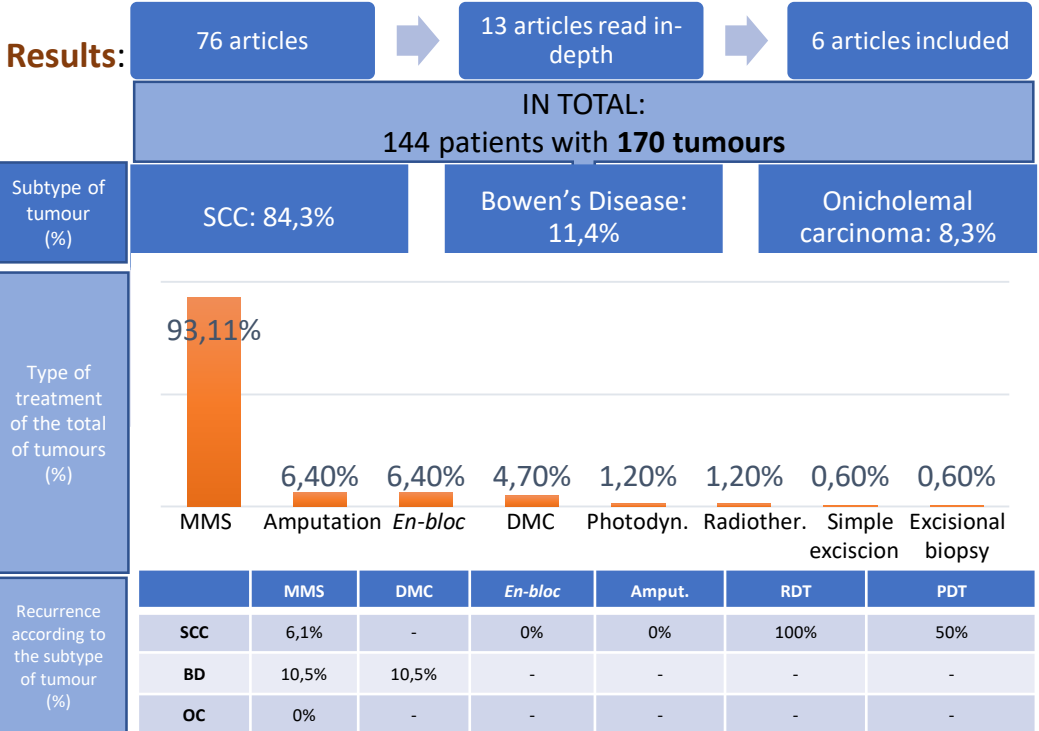
Mohs Micrographic Surgery for nail unit tumours: a review

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Introduction and objectives: Tumours of the nail unit (NU) can be treated with simple or *en-bloc* excision, Mohs micrographic surgery (MMS), delayed margin control surgery (DMC) or amputation. The **aim of this study** was to compare MMS with other surgical modalities in tumours arising in the NU. The **secondary objectives** were to determine the most common site of tumour development in the NU, the complications associated with unguis surgery and to study the recurrence rate with each therapeutic modality.

Materials and methods: retrospective review of the literature of patients treated for nail unit tumours with either MMS or other surgical techniques from January 1, 2009 to July 15, 2019. **Key words:** nail unit, nail, unguis, tumour, MMS. **Inclusion criteria:** cases or case series with ≥5 patients of tumours of the NU (squamous cell carcinoma (SCC), Bowen's disease (BD), and onicholemal carcinoma (OC)) treated with either MMS or other modalities. **Exclusion criteria:** acral melanoma, duplicated studies, tumours arising in other locations, letters to the editor, reviews or editorials.



- **Mean number of Mohs stages:** 2,4. **Mean number of Mohs sections:** 4
- **Most common location:** Subungueal: 87,5%; Periungueal (12,5%). First finger= the most affected finger in the hands and the feet (47,9% and 77,7% respectively).
- **Complications:** dystrophia: 62,8%

Conclusions: MMS is a useful technique to treat tumours of the NU when no bone involvement is present as it preserves as much healthy tissue as possible, leading to less impairment of life.