

The importance of the actinic keratosis treatment in the management of cutaneous carcinoma

Actinic keratoses (AK) are the most common precancerous skin lesion with the risk of progression to skin carcinoma (basal cell or squamous cell carcinoma). AK and cutaneous carcinoma (CC) are keratotic lesions or tumors, most commonly localised on photoexposed areas in which excessive ultraviolet radiation (UV) exposure plays a major etiopathogenic role. Knowledge and combating etiopathogenic factors involved in the emergence and development of KA and CC, early diagnosis and treatment are essential in decreasing the morbidity of these pathologies. In light of these data, we started two prospective studies in which we analyzed the sociodemographic, clinical, histopathological, etiopathogenic, therapeutic management and prevention data, in patients with AK, respectively CC from our clinic.

Preliminary results showed that in both groups there are deficiencies related to photoprotective behavior of patients (lack of photoprotection methods or inappropriate methods of photoprotection, aggressive UV exposure, lack of regular self-examination or presentation of a routine skin examination). The most common period for CC debut – diagnosis was 1-5 years (62% for SCC and 100% for BCC), which once more underlines the fact that currently, the information gaps on the subject have repercussions on the evolution (increased risk of malignant transformation of KA and development of invasive forms for CC).

By implementing programs of continuing medical education with the theme AK and CC, with easy access for the general population, we may ameliorate these diseases morbidity through early diagnosis and treatment with decreased incidence for severe forms.

Key words: actinic keratosis, cutaneous carcinoma, management.

Tumorile local-avansate ale pielii părții anterioare a labei piciorului versus tratamentul chirurgical

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Generalități. Sunt cunoscute multiple metode de tratament chirurgical ale tumorilor pielii, care nu întotdeauna pot fi aplicate în tumorile local-avansate (TLA), cu păstrarea funcției regiunii operate.

Scopul lucrării. Elaborarea unei metode de tratament chirurgical al TLA ale pielii părții anterioare a labei piciorului, cu păstrarea funcției de sprijin a membrului inferior.

Material și metode. În studiu au fost incluși 15 pacienți cu TLA ale pielii părții anterioare a labei piciorului, cărora, pentru păstrarea funcției de sprijin, le-a fost aplicată o metodă economică de amputație a labei piciorului, care constă în croirea lamboului dorsal suficient după lungime și lățime, pentru suplinirea posibilului defect prin tăierea pielii, țesuturilor moi la nivelul treimeii distale a oaselor tarsiene, cu păstrarea *a. dorsalis pedis*, *n. peroneus profundus* et *arcus venosus dorsalis pedia*, tăierea oaselor la nivelul 1/3 medii a oaselor tarsiene, cu înlăturarea tumorii și formarea bontului.

Rezultate obținute. Conform acestei metode, au fost tratați 15 bolnavi: 7 bolnavi cu carcinom cheratinizat cu ulceratie, 5 bolnavi cu melanom malign, 3 bolnavi cu carcinom necheratinizat. Perioada postoperatorie la toți pacienții a evoluat fără complicații.

Concluzie. Metoda propusă poate fi aplicată cu succes în tratamentul chirurgical al bolnavilor cu TLA ale pielii părții anterioare a labei piciorului pentru ameliorarea calității vieții lor.

Cuvinte-cheie: tumori local-avansate, laba piciorului, tratament chirurgical.

Locally advanced skin tumors situated on the anterior part of the feet versus surgical approach

Introduction. A big number of surgical methods for skin tumors treatment is known, but not all of them can be used in locally advanced skin tumors (LAST) therapy with preservation of function of the operated region.

Aim of the study. Elaboration of the surgical approach for LAST situated on the anterior part of the feet, which will permit to preserve pedestal function of the lower limb.

Material and methods. 15 patients with LAST on the anterior part of the feet were admitted to the research, to preserve pedestal function of the lower limb an economic surgical approach with amputation of the feet was applied, this included cutting of the dorsal skin patch sufficient in length and width for plastic supply, removal of the skin, moist tissues at the 1/3 inferior part of the leg and of metatarsal bones with saving of *a. dorsalis pedis*, *n. peroneus profundus* et *arcus venosus dorsalis pedia*, cutting of the bones at 1/3 mid part of tarsal bones with removing of the tumor and formation of the stump.

Results. 15 patients among who 7 with ulcerated keratinized carcinoma, 5 with malignant melanoma and 3 with non-keratinized carcinoma were treated using surgical approach described above. All patients showed no complications in postoperative period.

Conclusion. Described surgical approach may be successfully applied in patients with LAST on the anterior part of the feet to increase their quality of life.

Key words: locally advanced skin tumors, feet, surgical approach.