

# Dermatologists Decide Modality to Use for Nevi Removal

**TOKYO**—When should the CO<sub>2</sub> laser be used to remove nevi or when is excisional surgery advisable?

That dilemma can usually be resolved with the use of a simple flow chart that takes into account a number of factors, including patient attitudes and the size and location of the nevus, according to Yuri Okabe, MD, department of esthetic surgery, Jujin Hospital, Tokyo.

**The major advantage of the laser is the limited invisible damage that it produces in the area of the skin adjacent to the treated area.**

With careful patient selection, choice of proper treatment modality can significantly influence the chances of success, reduce the possibility of recurrence, and decrease the risk of postoperative scarring, said Dr. Okabe.

"It is important to know which treatment to employ, because the removal of nevi is not as simple as it might appear. Cells often reach deep into the dermis, and if they are removed completely, deep dermal damage can cause significant scarring," she noted.

"Therefore, although en bloc excision of the nevus with the scalpel can effectively remove large lesions completely, it always leaves a scar. On the other hand, vaporization with the CO<sub>2</sub> laser produces little scarring with smaller lesions, but it is often difficult to predict whether they will be completely removed."

## Limited Invisible Damage

The major advantage of the laser is the limited invisible damage that it produces in the area of the skin adjacent to the treated area. Its other advantages are that it produces a clean wound, is hemostatic, and allows rapid healing, Dr. Okabe pointed out.

In addition, laser treatment can be easily and accurately controlled by varying the energy output of the laser, as well as spot size and pulse duration, she said.

To help select the proper treatment, she and her associates ask patients a series of key questions. First of all, they are asked about the reasons for wanting the nevus removed. Usually, they merely want the nevus to become inconspicuous for cosmetic purposes, but sometimes they want it completely removed in the first place, for example, because of possible

malignancy, Dr. Okabe continued.

The patient should also be asked if there have been any changes in the size or color of the lesion and if such symptoms as itch, pain, or bleeding are present. If there are indications that it is something other than a common nevus, total excision and pathologic examination of the lesion should follow, she recommended.

After examining different aspects of the lesion, including size, location, color, and degree of elevation, the physician is then in a better position to decide which treatment is preferable and likely to be most effective and satisfactory for the patient, Dr. Okabe said.

## Size Determines Laser Tx

If the nevus has a diameter of 3 mm or less, treatment with the laser is recommended because scarring and short-term recurrence will be minimal. For example, the procedure was very effective in a young woman with a large number of facial lesions less than 2 mm in diameter. So far she has had 30 nevi removed and was so happy with the results that she wants another dozen treated, she noted.

In some cases, the wounds will re-epithelialize within 5 days after laser treatment and although deep defects may be visible after treatment of some medium-sized lesions, the defects usually fill themselves in within 2 weeks.

The CO<sub>2</sub> laser is also recommended in areas where surgical excision will produce unsightly scars, including the bridge or wings of the nose, on the margins of the eyelid, or on the border between the red lip and skin, Dr. Okabe said.

For nevi greater than 5 mm in diameter, excision surgery is the treatment of choice unless it is contraindicated by the location of the lesion. Even though the laser can often remove such lesions, there is a considerable chance for recurrence. In addition, when larger nevi are treated with the CO<sub>2</sub> laser, the healing process is considerably slower than it is with smaller lesions, she pointed out.

On the other hand, in cases where the patient refuses surgery for removal of nevi between 3 and 5 mm in diameter and asks specifically for laser treatment, there is no reason why it cannot be tried initially. In older patients with dome-like nevi and where the risk of recurrence is low, laser treatment is also a useful option even when the lesions are greater than 5 mm in diameter, Dr. Okabe said.

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## FLOW CHART FOR CHOOSING BETWEEN EXCISION FOLLOWED BY PRIMARY CLOSURE AND VAPORIZATION WITH THE CO<sub>2</sub> LASER (TENTATIVE)

