Comment on: 'Periocular basal cell carcinoma in under 40s—is more aggressive treatment warranted?'

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To the Editor:

We read with interest Saxby et al.'s correspondence regarding their experience of managing periocular basal cell carcinoma (BCC) in the under 40s cohort [1]. Currently our periocular cancer service employs a dermatologist Mohs surgeon for excision followed by reconstruction under the Oculoplastic team. Auditing our own under 40s cohort of patients, we found 11 patients with biopsy proven BCC over a 4-year period with an average age of 32 and mean follow up of 8.5 months. We found 91% (10/11) excisions to be of nodular histological subtype with only one Infiltrative BCC and unlike Saxby et al. found no patients to have morphoeic tumours. A study of 134 patients with <1 cm well demarcated facial BCCs found that 24% required further excision when excised with 2 mm margins [2]. However, it has been shown that 21.8% of all BCCs have a morphoeic or partly morphoeic histology [3]. This may explain why seemingly nodular BCCs may have asymmetric subclinical extensions that result in incomplete excision when 2 mm margins are used. We strongly support their recommendation that Mohs surgery be considered for periocular BCC in the

under 40s, especially with the need for complete tumour extirpation and to minimise tissue loss in a cohort with a paucity of skin elasticity where defect repairs can often be challenging.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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