

**Questioning the work "Does an incomplete excision of the eyelid basal cell carcinoma mean tumor recurrence?" / Questionamentos a respeito do trabalho "Does an incomplete excision of the eyelid basal cell carcinoma mean tumor recurrence?"**

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Dear Dr. Jankovic,

your paper "Does incomplete excision of basal cell carcinoma of the eyelid mean tumor recurrence?" published last December was very interesting, but I have some questions about it.

"1) Frozen sections where not used in any case/any topography. Why? According to literature, 4 mm around tumor would be enough to get free margins in basal cell carcinomas with low risk of recurrence, while tumors larger than 6mm in the eyelid should have wider margins. This difference according tumor size was not mentioned in the paper: 1mm basal cell treated with the same surgical margins as a 2,0 cm one.

2) there were only primary tumors or also recurrent ones?

3) I think the most important criticism is that the authors didn't mention anything according tumor

sub-types, i.e., how many/which were solid basal cell carcinomas, morphealike, micronodular, cystic, etc. The biological behavior of some sub-types of BCC is completely different and so might be the surgical margins. The same thing happens on primary versus recurrent BCCs.

4) as adjuvant therapy, radiotherapy could be used in BCC with positive margins. Wasn't it a option to avoid wait and see?"

*ENDEREÇO P/ CORRESPONDÊNCIA:*

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