

Hugh Greenway superficial anatomy and cutaneous surgery course 2021

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It was with regret that the highly anticipated and meticulously planned American College of Mohs Surgery Annual Meeting and Mohs/Cutaneous Oncology Observership Program, Ashville / Alabama 2020 was cancelled a couple of weeks before embarking because of the pandemic. An alternative educational approach for the fellowship was sought, with far less travel, but some valuable clinical lessons being delivered nonetheless.

I attended the first virtual Hugh Greenway superficial anatomy and cutaneous surgery course in 2021. There was no need for study leave, however, as having come down with Covid I was bedbound for the duration. A cough, pyrexia and shortness of breath did not prevent my involvement in the 0300 workshops (this was a live event from San Diego), albeit with the camera and mic firmly off.

Day 1 saw some of the basics being covered with sessions on haemostasis, wound management, suturing techniques and complications. Gary Lask gave an excellent session on cutaneous surgery and anatomical clinical correlation, providing reminders of the danger zones, with some useful tips I have utilised to teach our trainees. The Z-plasty talk by Peter Simoneaux gave some pearls for scar revision. This is common practice in the US but less so in the UK so it helped to see several examples of common applications of this technique that I have employed in my practice since.

Day 2 was a 13-hour marathon that opened with the enthusiastic Geoffroy Noel using cadaveric examples to discuss head and neck superficial anatomy in great detail. This came in useful after the course for the more advanced tumour cases of the head and neck I have treated with Mohs. I recall deep dissection at stage 5 of an incompletely excised BCC with PNI on the neck where knowing the named sensory nerve you were dissecting around, and the consequences of damage, was essential to consent and outcome. Surgical Dermatopathology led by Benjamin Kelley, ran through some of the rarer tumours treated with Mohs and did highlight the limitations of a single Mohs surgeon removing these tumours without pathology support and immuno, particularly if the tumour was seen infrequently in practice. This did change practice as we currently work in pairs for Mohs of rarer tumours and have pathology support either on site or the ability to scan slides electronically when required. Ear and perioral reconstruction was a strong finish to the day and demonstrated the large reconstructions that can be undertaken under local anaesthetic with appropriate nerve blocks.

Day 3 dealt with nasal reconstruction in addition to an excellent 'Auricular Cartilage Harvest' talk by Deborah Watson. We learned of the different locations to harvest cartilage and the utility of the cartilage once harvested. The Ten Commandments of Facial Reconstruction after Mohs Surgery by Salvatore Pacella gave some useful reminders of surgical principles and innovative tips.

The final day delved into eyelid anatomy and periocular reconstruction led by oculoplastics. Nail Mohs surgery was discussed which was helpful given the infrequency with which this is performed in the UK. Next were sessions on cosmetic dermatology. Although this is not my area of interest, the talks entitled 'Cosmetic Periorbital Surgery', 'Facial Laser Surgery for Pigmented Lesions, Vascular Lesions, Scars & Keloids' and 'Non Invasive Cosmetic Procedures (Fillers & Chemical Peels)' did provide learning as to when these modalities are indicated for patients.

Although clearly inferior to a face-to-face course, particularly the breakaway workshop experience, the virtual attendance did give easy access to excellent material that could only previously be accessed by a jetlagged few with the time, money and inclination to travel to San Diego for the week.