

Lateral Surgical Margins in RCM in Preoperative BCC †

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Abstract: Basal cell carcinoma (BCC) is the most prevalent subtype of nonmelanoma skin cancers (NMSC), with a rising worldwide incidence rate reported in recent decades, mainly in the Caucasian population. Surgical excision represents the gold standard for treating BCC, with Mohs micrographic surgery (MMS) gaining popularity in front of the traditional version. MMS is a tissue preserving surgical technique and thus is considered more fitted for BCCs developing in the cervical region. Also, BCCs developing in the head and neck region are more aggressive histopathological subtypes such as infiltrative, sclerosing, or micronodular. The recurrence rate is higher in incompletely excised lesions; thus, surgical margins for BCC excision represent a key point in dermatologic surgery. Lateral margins can be assessed before the surgery using *in vivo* RCM and dermoscopy due to its better assessment and more in-depth cellular view. In addition, margins also need to be reevaluated intraoperatively to ensure that they are tumor-free. *In vivo* RCM can be done during the surgical excision thus resulting in a lower rate of re-excision compared to histopathology. Intraoperative imaging with RCM may improve the speed and efficiency of MMS, leading to shorter waiting times in the operating room and reduced costs, all while maintaining the main purpose of the technique: tissue preservation.

Keywords: basal cell carcinoma; surgical margins; *in vivo* RCM.

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Conflicts of Interest

The authors declare no conflict of interest.