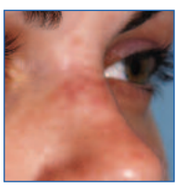
Face value

Advanced skin-cancer surgery reduces scarring, increases cures

It started out as a little bump on Anna Davis' nose. Hardly noticeable except to her, the small, sometimes-itchy spot sat on the bridge of her nose for about seven months before she brought it to the attention of her primary care physician.

After being sent to a dermatologist to have it biopsied, Davis, 27, received news she didn't expect to hear at her age. It was basal cell carcinoma, the most common form of skin cancer. For years, Davis had enjoyed spending summers in the sun without using sunscreen. It had quickly caught up to her.



"I was in shock," says Davis. "I didn't realize I could get skin cancer at such a young age. I'm a cosmetologist, so when customers come in with something suspicious-looking, I tell them to get it checked out. I never expected it to happen to me."

The Madison, Fla., resident was referred to Dr. Ali Hendi, a dermatologist who specializes in Mohs micrographic surgery at Mayo Clinic in Jacksonville. Hendi, who has performed the surgery on about 2,500 patients, said Mohs surgery has a 99 percent cure rate and leaves the patient with the smallest possible scar.

"He went through the process with me, which put me at ease," says Davis. "It sounded like a good option."

To perform the procedure, a dermatologist with special training that includes reconstructive surgery and pathology, begins by marking and anesthetizing the site. After scraping away all the visible cancer, the surgeon then takes thin layers of tissue, 1 to 2 millimeters deep, at precise locations around the site where the cancer was removed. The tissue is immediately processed and examined under a microscope. If cancerous cells are detected, the surgeon takes another layer of tissue. The process is continued until there's no sign of cancer in the samplings. The entire surgery can take several hours, including 40 minutes to prepare and examine each tissue sample.

"The Mohs procedure was developed in the 1930s, but over the years it's been refined with more state-of-the-art techniques," says Hendi. "When it was first developed, the emphasis was on looking at 100 percent of the margin to chase down tumors that had asymmetrical or irregular growth patterns to get them out by the roots. But improvements in processing tissue samples as well as being able to put stitches in right away have allowed us to give patients better cosmetic outcomes. I tell my patients that my two goals are to cure them and keep their good looks."

Thanks to Mohs surgery, Anna Davis is skin-cancer-free and able to enjoy evenings out with her husband.

For Davis, who had the surgery in July 2006, both outcomes were achieved. "You can only see where the spot was if you're very close and know it was there. But basically, there's no scar," she says.

Davis said she felt little pain, recovery was easy and fast, and she was back to work 48 hours after surgery. Under her bandaged nose, self-dissolving stitches took care of themselves.

Davis is now an avid user and promoter of sunscreen, and she's committed to having a skin check every six months.

"Follow-up is extremely important if you've had skin cancer," says Hendi. "A person who's had one has a 40-percent chance of getting another one within five years, and someone who's had two has an 80-percent chance in five years' time."

As a cosmetologist, Davis uses her experience with skin-cancer to educate and motivate others. "I tell all my clients to wear their sunscreen," Davis says. "They saw me with a big Band-Aid on my face, so I'm a good example." ■

About skin-cancer

Skin-cancer is the most common cancer in the United States. There are three major types: basal cell carcinoma, squamous cell carcinoma and melanoma.

Symptoms of basal cell carcinoma can include a pearly or waxy bump on your face, ears or neck; or a flat, flesh-colored or brown scar-like lesion on your chest or back. Squamous cell carcinoma often appears on the face, lips, ears, neck, hands or arms as a firm, red nodule or a flat lesion with a scaly, crusted surface.

Melanoma can occur anywhere on the body. Warning signs include:

- **A new mole larger than about 1/4 inch (6 millimeters).**
- **A mole with irregular borders or that is unusually-shaped.**
- **A growth that changes color, size, feel or bleeds.**

Info

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