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Seminars in Cutaneous Medicine and Surgery

Introduction

ALTHOUGH IT frequently goes unvoiced by the patient, there is almost always some underlying concern with how they will appear following a surgical procedure. This is true for all patients, not just the young attractive ones. It is not uncommon for patients in their 70s and 80s getting a small 3-mm biopsy to ask: "How will it look? Will the scar be noticeable?" A day does not pass that a patient over 60 years of age coming back for a 3-month wound check does not express appreciation for having a scar their friends and family cannot see. Although some patients will say they do not really care how they look, certainly none prefer to look worse.

Therefore, the goal of excisional surgery should not only be to remove the given lesion with appropriate margins, but also to leave the least noticeable scar possible. My parents always told me that if I went somewhere or borrowed something, I should always leave or return it in at least as good (or preferably even better) condition than I had found it in. This same advice can be given for excisional and reconstructive surgery. We should strive to produce scars that only we can find, and if we are able to make some minor cosmetic improvements along the way, we should.

This issue of *Seminars in Cutaneous Medicine and Surgery* looks at many aspects of basic reconstruction after surgical excision. The first article by Dr David P. Clark, an artist and dermatologic surgeon, discusses the importance of seeing the face as a painter or sculptor might. By following a few simple principles, the dermatologic surgeon may create a more disciplined method of visualization and take a very important step towards developing an aesthetic eye. The next article examines many of the basic principles that go into planning out an excision that will consistently achieve aesthetically desirable results. The importance of skin tension lines, cosmetic unit junctions, and free margins are discussed. Several ensuing articles proceed to break down the various cosmetic units of the face and present regional considerations in surgical excision and reconstruction of a given area. There is also an article on demystifying skin grafting as well as another on suturing options and techniques. This issue is not meant to be a comprehensive guide to facial reconstruction. Rather, it has been designed to give very practical tips and techniques to the practicing dermatologic surgeon.

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