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Research Paper

Therapeutic management of facial skin tumours during humanitarian missions:epidemiological profile and limitation

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SUMMARY : *Plastic surgery in a precarious situation or humanitarian plastic surgery is an important part of a fascinating discipline since it expresses its humanitarian dimension. Among all the pathologies likely to be treated during these misions, the cutaneous tumors of the face constitute important component in relation with the particular localization of the lesion, the therapeutic and esthetic requirements and in the end with the environment which encompasses this taking into account. charge.*
We present, through a retrospective study, the results of our therapeutic strategy during two humanitarian missions carried out in the GAZA band and in Bamako in Mali in order to draw lessons that we think are useful for surgeons who want to go to such places.
Keywords : *Skin tumor of the face, humanitarian mission, plastic and reconstructive surgery*

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I. INTRODUCTION

Like other nations, Morocco has long been committed through the royal armed forces health service to help populations in precarious situations following armed conflicts or natural or accidental disasters; it is with this in mind that several companion hospitals have been deployed all over the world mainly in Africa. The scope of action is wide allowing multidisciplinary management of patients including plastic surgery which by its technical requirements and its practical importance adapts perfectly to this kind of mission. This humanitarian plastic surgery or even

"Plastic surgery in a precarious situation" is aimed at soft tissue pathologies: burning, loss of substance, tumor... etc. The greatest interest of this discipline consists in the management of tumor pathology in all its states, especially facial localization. This management has a double interest: therapeutic and formative[1]. The histological diversity and topographical variability of the lesions do not make it possible to establish a unique and standardized procedure[2].

II. MATERIAL AND METHOD

This is a retrospective study conducted between two humanitarian missions of the Royal Armed Forces Health Service, one deployed in the GAZA Band in 2012 and the other having served in Mali in 2013. The common point of the two missions was the duration of 3 months and the provision of care by the same plastic surgeon. Patient care took place in the premises of a rural hospital, which is a temporary care facility set up in the event of a disaster, near a combat zone or during major public demonstrations. The care activity in these facilities meets the same health standards and protocols as a traditional hard structure. The technical platform consisted of an operating room, a sterilization department, a radiology and digital medical imaging department, a triage and reception unit, an emergency department, a dental office, a delivery room, examination rooms, a biology laboratory and a central pharmacy.operating method was based on the concept of autonomy, in fact, The hospital had 25 medical and surgical beds with medical supplies and its own facilities for power generation, lighting, telecommunications, as well as utility vehicles and a base camp for staff. In addition to other logistical equipment: kitchen, laundry, water treatment, toilets and showers.
The technical and administrative staff that manages this structure consisted of 120 people, 75% of whom are medical and paramedical staff with 15 medical specialities and a support team.
Several parameters were analyzed: age, sex, histological nature, topography and therapeutic attitude.

Faced with the impossibility of carrying out a histological examination in this structure, we opted for a clinical examination based much more on the surgeon's experience to differentiate between benign and malignant tumour pathology, thus, the ulcerated or vegetative aspect of the lesion, its hard to palpate nature, its fixity in different planes, the bleeding on contact, the absence of healing, the discovery of other locations and a clear impact on the general plan, namely weight loss, strongly suggested that the lesion was malignant[3].

III. RESULTS:

We had carried out 725 consultations, tumour pathology represented 32% of the reasons for consultation (237 cases), localization on the face was seen in 40.5% (96 cases).
68 were operated (70.8%). Local anesthesia has been widely used
The Simple Suites were simple, including a low infection rate.
The reasons for consultations (Table 1) were dominated by burns mainly in their sequential phase followed by tumour pathology.

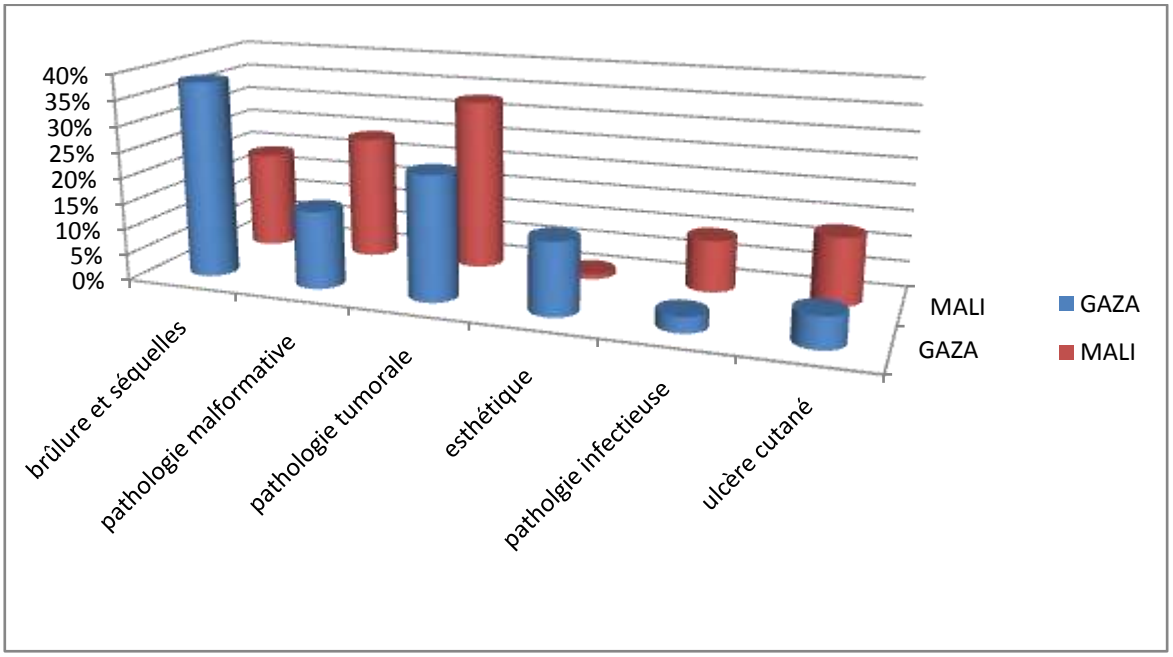

Table 1: Reason for consultation

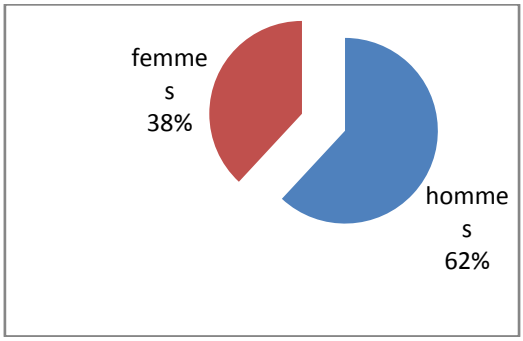

Table 2: Gender distribution

62% of the patients were male, which can be explained by the patriarchy that dominated these communities.

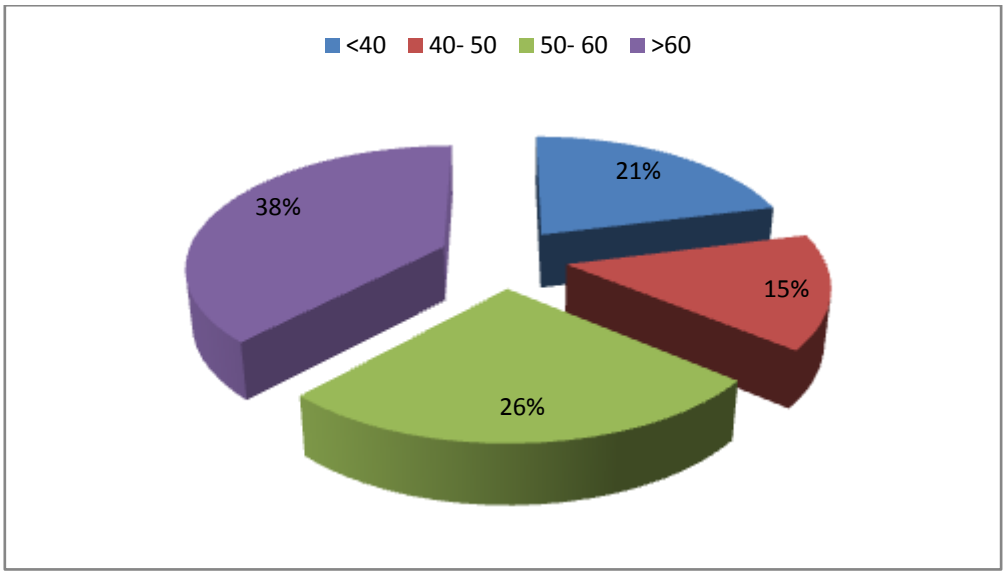

Table 3: Age distribution

It was mainly the age groups over the age of 50 who were affected by the skin tumour pathology, This could be explained by the climatic conditions favourable to the development of this type of pathology and by the low standard of living that prevented people from affording themselves sun filters and clothing for protection; also, the lack of information and awareness could play a role.

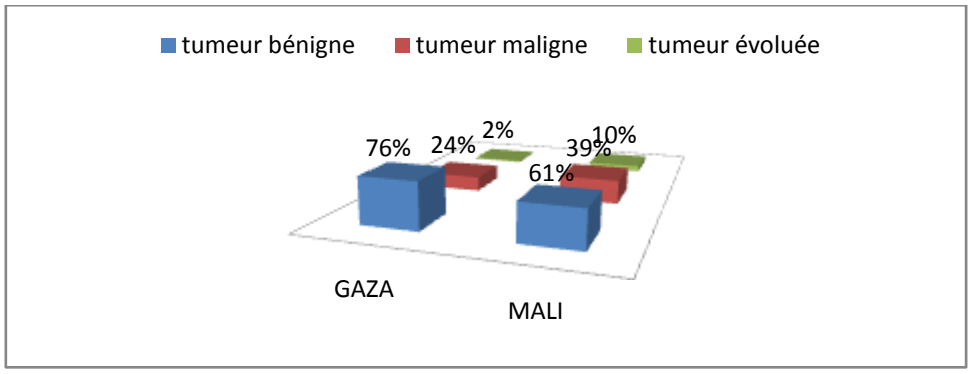

Table 4: Distribution by histological type

The prevalence of malignant lesions is approximately the same in both samples. However, the number of tumours seen at an advanced stage is greater in Mali; this observation could be explained by the early therapeutic management of facial tumours in the GAZA band by the various humanitarian missions that followed one another in this territory.

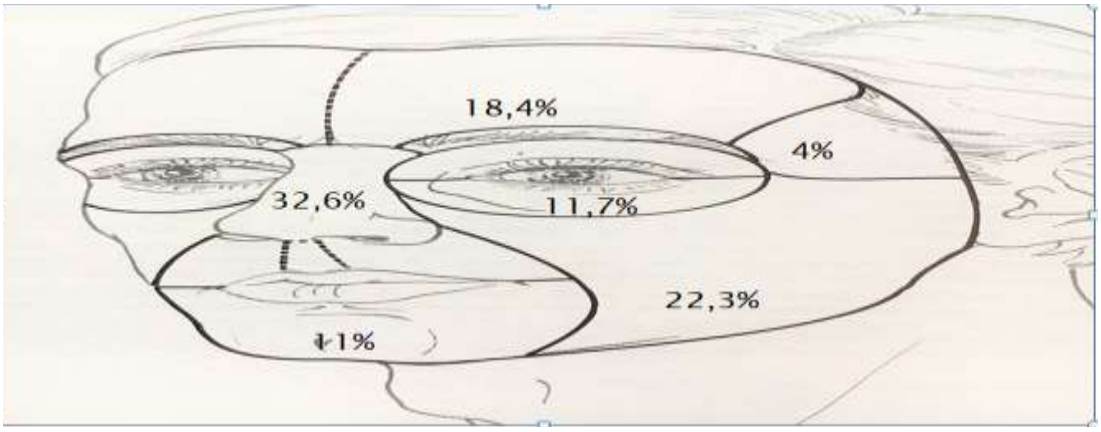

Table 5: Topography of lesions

Lesions predominated on the nose in 32.6% and therefore presented a challenge for both excision and reconstruction,
In 22.3% of cases, skin tumours were found in the parotid and jugal region and in 18.4% in the frontal region.

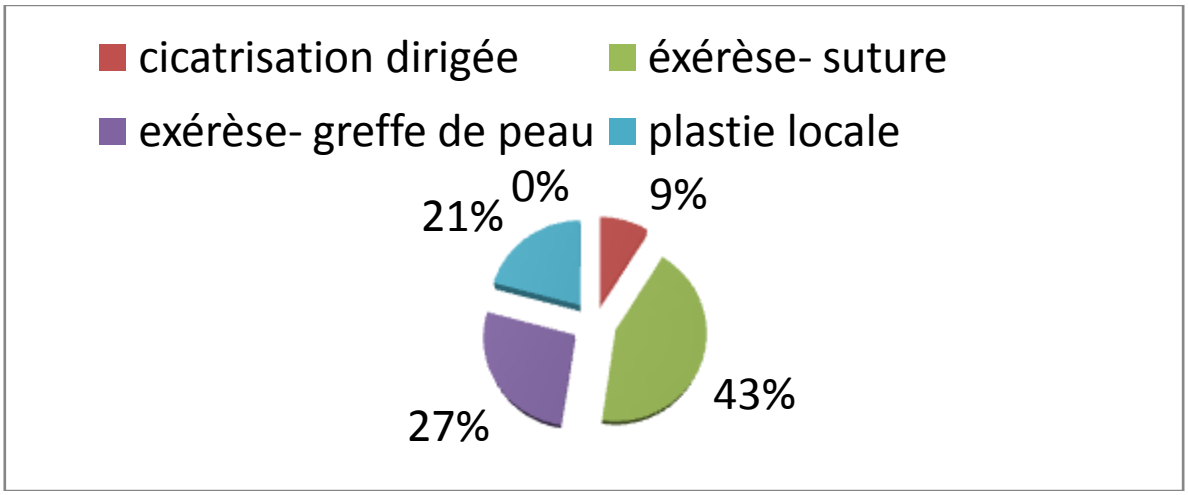

Table 6: Therapeutic attitude

43% of facial skin tumours had undergone extensive excision followed by direct suturing, sometimes, and in front of large tumours, an often total skin graft was used; and in 21% of cases a local flap had to be mobilized.

figure3 : nasal tumor treated by suture removal

Figure 4: Advanced tumors, therapeutic abstention

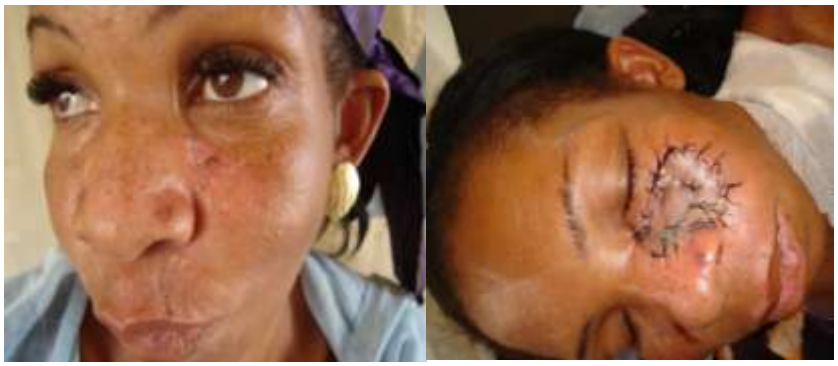

Figure 6: Basal cell carcinoma scleroderma (suspected on its macroscopic aspect) excision followed by total skin graft.

IV. DISCUSSION :

The practice of humanitarian or precarious plastic surgery is a way for the plastic surgeon to export his knowledge, expertise and know-how to a part of the world where there was a shortage of specialists in this field but also the difficulty of accessing care.

This discipline whose great advantage is its ease of use in all corners of the world because of its field of action which affects almost all soft tissue pathologies, but also, the necessary equipment is simple[3].

Certainly, there are constraints that can hinder the proper functioning of these humanitarian missions and therefore make it difficult to manage these facial skin tumours; citing, for example, climatic and living conditions, the precarious place of exercise does not allow for extensive excision and very advanced reconstruction, but it is above all the absence of histological studies that represents the real obstacle to this management; Indeed, the uncertainty about the quality of tumour removal does not allow the mobilisation of flaps except for frankly benign tumours, which lengthens the time required for healing and post-operative follow-up. Nor can the aesthetic dimension of this reconstruction be respected. Another negative point is the specificity of the pathologies encountered, which are often infrequent in this case noma or cancrum oris, which requires the surgeon to have a broad knowledge of all fields of plastic and reconstructive surgery[2,3].

Figure7: Variable climatic conditions

P. Knipper insists on the concept of the 5 Fs, so that the surgical technique chosen must be feasible whatever the conditions, reliable, familiar to the surgeon, easy to transmit to the natives and aims to cure the patient "finality"[3].

In addition, the aesthetic dimension was present in our therapeutic projects since the treatment of these skin tumours of the face was visible and, as Dr. Knipper said, obeyed the law of all or nothing[1,3].

The cultural context of patients greatly influences patients' adherence to the therapeutic plan, which depends on their choice.

In our study, we were obliged to respect certain rules, in particular the conservative nature of the families and to provide ample information on the various aspects of the planned surgical intervention, this is due to the fact that the GAZA band is the fiefdom of humanitarian missions and consequently the patients were better informed as opposed to Bamako or were suffering from poverty and illiteracy making any attempt at information unnecessary; what was important for them was to remove a nodule that hindered vision or fill a stinking ulceration.

All this leads us to stress the need to adapt our discipline to environmental conditions during these humanitarian missions: climatic and cultural; to adopt therapeutic strategies that take into consideration the

available technical platform and the modalities of implementation but also the type of pathology encountered[2,3]. In our experience, the therapeutic arsenal to be considered should focus mainly on the basic methods in plastic surgery, namely directed healing, direct suturing and skin grafting, which will allow, in addition to their simplicity, better clinical monitoring.

Of course and to combine the useful with the pleasant, the transfer of knowledge and know-how was the leitmotif during humanitarian missions allowing health workers to better manage long-term consequences but also to be able to make the postive diagnosis of a skin lesion on the face, the diagnosis of gravity and possibly an appropriate surgical management

V. CONCLUSION :

The management of facial skin tumours during humanitarian missions is a challenge for the plastic surgeon in all its aspects :diagnostic and therapeutic. Their surgical treatment in the absence of a histological study should remain simple and prefer direct suture or skin graft if the loss of substance caused by the surgical procedure is great. This repair should be aesthetic as much as possible. It is a discipline in its own right that needs to be taught and valued.

Conflits d'intérêt :

The authors do not declare any conflict of interest

REFERENCES :

[1]. Nathan T. L'influence qui guérit. Paris: Poches Odile Jacob; 2001 Nathan T.
[2]. PKnipper : Chirurgie esthétique humanitaire Annales de chirurgie plastique esthétique 48 (2003) 288–294
[3]. PKnipper : Chirurgie plastique en situation précaire : concept cinq F Annales de chirurgie plastique esthétique 49 (2004) 306–313

'**Insensibilité congénitale à la douleur**, first described by George Van Ness Dearborn in 1932, is a rare and very serious disease, most often due to a genetic cause. It is characterized by the loss of the sense of pain in all its forms and over the whole body, with the preservation of other tactile sensations

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