

Extreme Facial Cancer: Challenges & Solutions

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Extreme facial cancer is rare compared to the common clinical presentations of small – moderate basal cell carcinomata, squamous cell carcinomata and even malignant melanoma. This presentation considers the range of extreme facial cancers seen by the author and his colleagues over the last 60 years. Extreme facial cancer results from high risk cancers with perineural or lymphovascular invasion, de-differentiation, direct extension or when they have been neglected. The reasons for patients presenting with extreme facial cancers are considered and include fear of the disease and the treatment as well as initial mis-management. There may be overlap between various anatomical regions of the

face due to the nature of the cancer progression. Practical issues such as applied anatomy and pathology will be considered. The burden of deformity and morbidity as well as untimely death are realities for patients with extreme facial cancer. The importance of a multidisciplinary team approach is emphasized. Connectedness with the patient and their families is a sentinel principle. The surgical aspects of ablation and aesthetic reconstruction are defined against the historical perspective of how we have come to think of plastic surgery of the face. Finally, the principles of functional rehabilitation are touched on.