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LETTER TO THE EDITOR

Response to the Article: "Efficacy of Curettage-Electrodesiccation for Basal Cell Carcinoma in Medium- and High-Risk Areas"☆

Respuesta al artículo: «Eficacia de la técnica de curetaje y electrodesecación en el carcinoma basocelular en zonas de riesgo medio y alto»

To the Editor:

We sincerely appreciate the response to our article¹ precisely because it was published in the Controversies in Dermatology section of this journal. At the beginning of our article we expressly mention the difficulty of choosing a particular treatment in basal cell carcinoma because of the variability of the tumors, the different characteristics of each patient, and the different experience and skills of the treating physician.

As Rodríguez-Vigil et al. rightly point out in their letter, the outcome of a given procedure depends on the physician who uses it. The results obtained by Rodríguez-Vigil et al. with their 30-year experience performing curettage-electrodesiccation for the treatment of basal cell carcinomas in a specialized unit cannot be compared with those of a dermatologist with limited experience. The literature on this subject suggests as much. A very interesting article on the importance of physicians' experience in deciding which treatment to apply reported that if the physician performing curettage-electrodesiccation was a resident, the 5-year recurrence rate of basal cell was 18.8%.² In response to this high recurrence rate, a resident supervision program managed to reduce the recurrence rate to 9.6%. The lowest recurrence rate (5.7%) was achieved by dermatologists fully trained in the technique in private clinics.

In our article we include the treatment guidelines of the National Comprehensive Cancer Network for 2009,³ which

are based on exhaustive reviews of the literature. In these guidelines, treatment with curettage-electrodesiccation is indicated in low-risk primary basal cell carcinoma. The 2006 edition of the European Dermatology Forum Guidelines edited by Wolfram Sterry explicitly states that curettage and cautery is best used for selected low-risk lesions.⁴ In the 2008 edition of the evidence-based guidelines of the British Association of Dermatologists, Telfer et al.⁵ also state that the technique of curettage-electrodesiccation is an appropriate choice for low-risk basal cell carcinoma but not for high-risk or recurrent cases.

Though we were aware of the article by Rodríguez-Vigil et al.,⁶ and consider it to be excellent, we did not include it in our review because of the limited number of citations allowed by the publisher.

Finally, we concluded our article by stating that surgical treatment (conventional surgery and Mohs surgery) has lower recurrence rates than nonsurgical treatments (we included existing data on recurrence rates after cryotherapy, curettage-electrodesiccation, photodynamic therapy, radiation therapy, imiquimod, laser therapy, 5-fluorouracil, interferon, and new nonsurgical therapies). This conclusion seems to be well-supported and is based on a thorough review of the literature.^{7,8}

References

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