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MOHS MICROGRAPHIC SURGERY
DERMATOLOGIC SURGERY

*Perfect Follow-Up
Letter.*

November 1, 2012

Robert Kotler, M.D.
436 N. Bedford, Suite 201
Beverly Hills, CA 90210

Re: Greene, Kelly

Dear Bob:

Thank you so much for referring Kelly Greene to us for a recurrent squamous cell carcinoma in-situ. At the time of our physical examination on 9/24/12, the patient had a 7 x 7 mm pink scaly patch on the nasal dorsum. After some discussion with the patient about the various treatment options, we felt Mohs micrographic surgery (fresh tissue technique) would be an ideal form of treatment due to the location and pathology of the tumor. Therefore we proceeded with the surgery.

Pre-Op

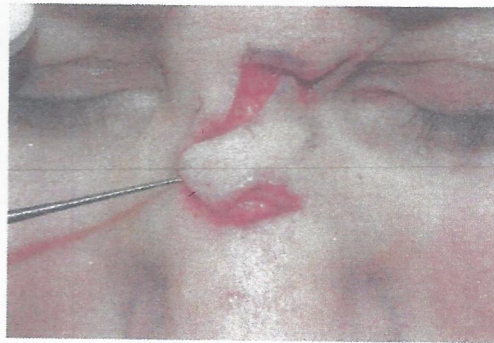


Post-Op

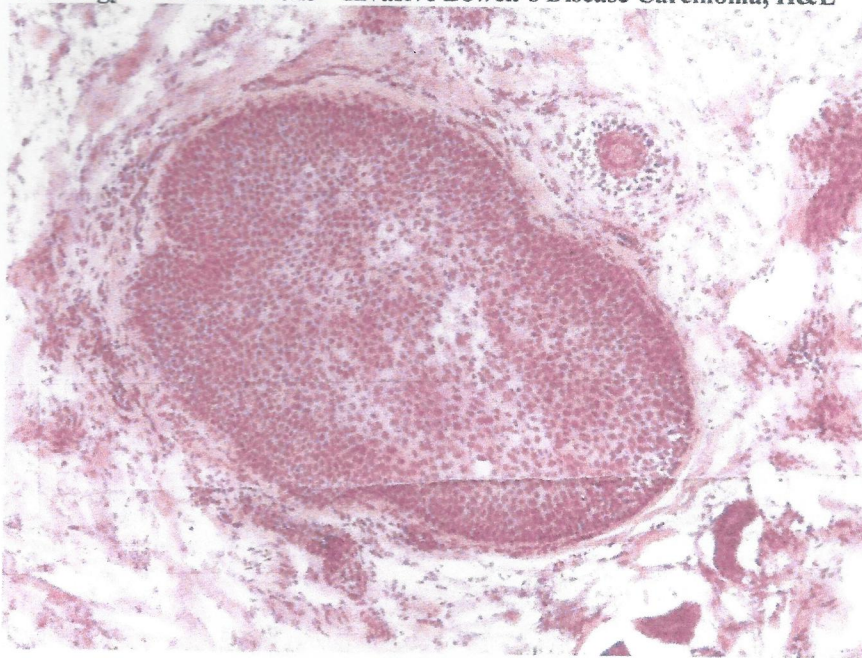


On 9/24/12 Mohs micrographic surgery (fresh tissue technique) was performed on the above-mentioned lesion. The tumor was completely removed in four stages under microscopic control leaving a final surgical defect that measured 12 x 12 mm. The pathology of the tumor at the time of our surgery was that of an invasive Bowen's disease carcinoma. On 9/25/12 a rhombic transposition flap with Z-plasty was performed to close the surgical defect. We will see the patient in approximately one week for suture removal.

Repair



Pathology at Time of Mohs – Invasive Bowen's Disease Carcinoma, H&E



Thank you so much for allowing us to help manage this patient with you.

Sincerely yours,

Dick

Richard G. Bennett, M.D.