

## Cryosurgery:

This is not a procedure we make use of often but in some cases of squamous cell carcinoma the mass has been left too late and then cryo becomes a very good option as a treatment. When focal masses are present along the eyelids they usually are removed as a wedge resection but when extensive or even involving the medial canthus region or up the bridge of the nose then surgical options and sliding grafting techniques become less promising.

The cryopen is very useful in cases where one requires a more focal application of the cryogen versus trying to freeze a very large area.

A recent case was presented with a very ulcerated and invasive SCC at the medial canthus as well as an ulcerated lesion on the nose. Cryo was used. Two freeze – thaw cycles were performed and on re-evaluation there had been a significant improvement. The medial canthus lesion showed no ulcerated tissue at all and just some scarring which was quite acceptable and the globe was still functional. The nose had improved a lot, leaving a small scabbed area that was to be monitored before further cryo was going to be considered.

When performing cryo around the globe it is very important to try and ensure that cryogen does not come into contact with the cornea. I make use of small pieces of a polystyrene drinking cup placed under the conjunctiva to protect the cornea. It works very well.

Before:





After:

