Intra-operative real-time confocal imaging-guided Mohs surgery

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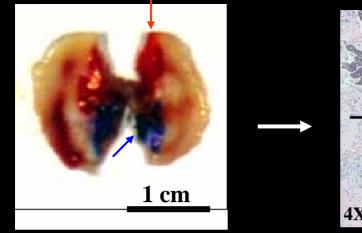
Northeastern University (Boston) & Memorial Sloan-Kettering Cancer Center (New York)

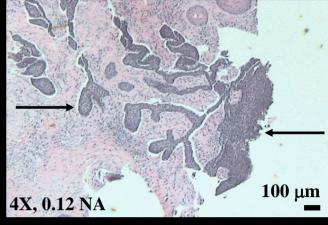
Basal cell carcinomas (BCC):

> 1.2 million new cases/yr not fatal but highly morbid associated with subclinical extension treatment costs > \$500 million/yr

Mohs micrographic surgery:

precise mapping and excision of cancer minimal damage to surrounding normal skin face (high risk areas: eyes, nose, ears, lips)





Sequential skin excisions
Preparation of histology
Total # excisions
Total patient waiting time

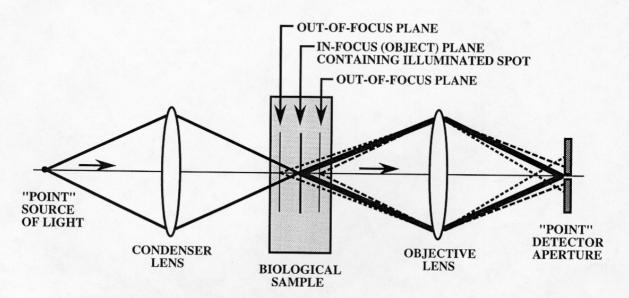
Frozen histology

~ 20-60 minutes / excision

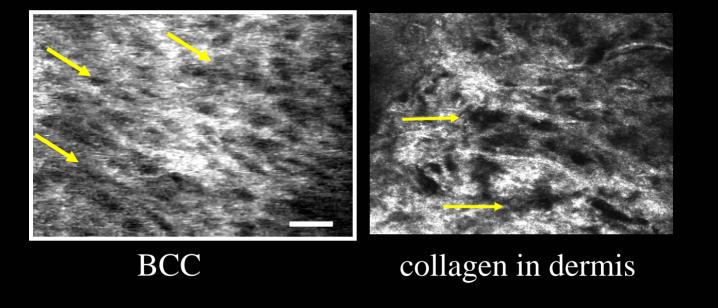
~ 2-4 (typical)

~ one to several hours

? Confocal imaging detect BCC intraoperatively, on patient, real-time ?



"OPTICAL SECTIONING" WITH A CONFOCAL MICROSCOPE



Nuclei in BCCs lack contrast relative to dermis

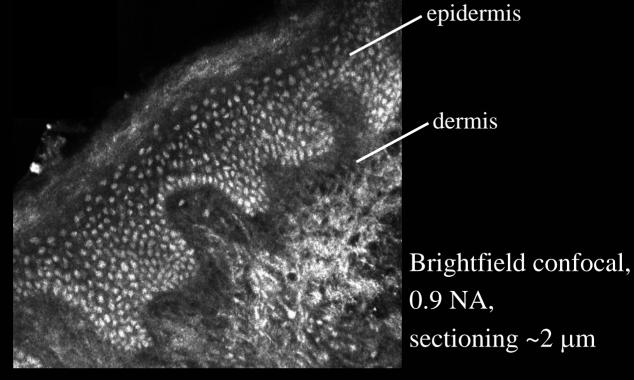
BCCs are not detectable within dermis in reflectance

Preliminary Results

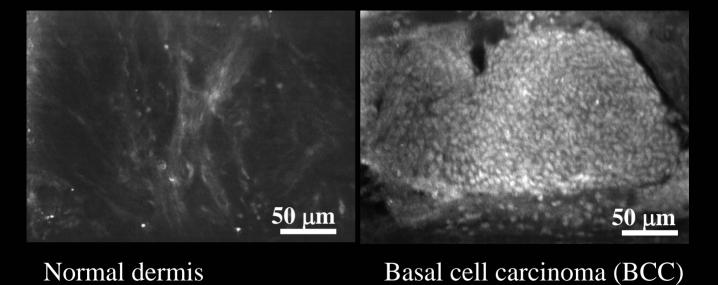
BCC may be detected using:

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acetic acid (acetowhitening) increases chromatin back-scatter, brightens nuclei
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cross-polarized confocal imaging enhances nuclei-to-dermis contrast, makes nuclei detectable

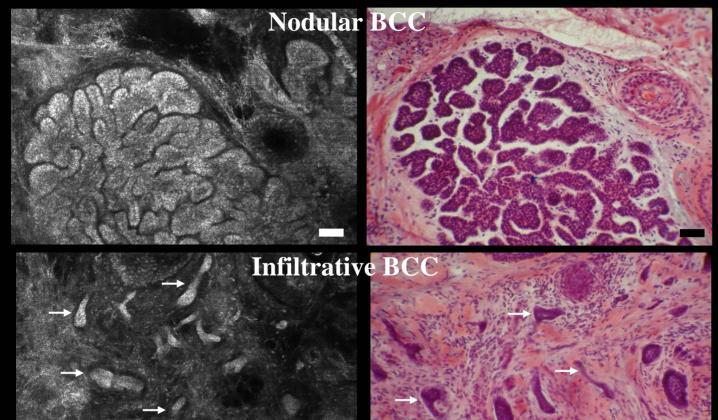


5% acetic acid compacts chromatin, brightens nuclei in epidermis



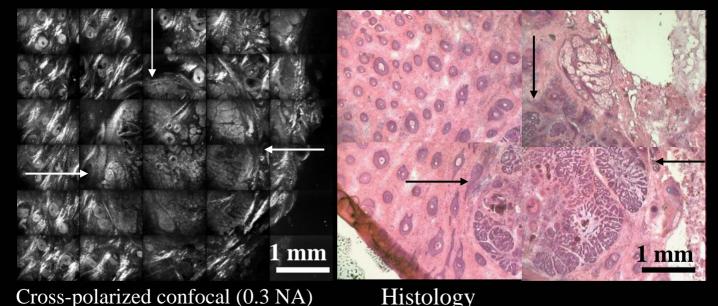
Compacted chromatin depolarizes the illumination

Crossed polarization darkens surrounding normal dermis



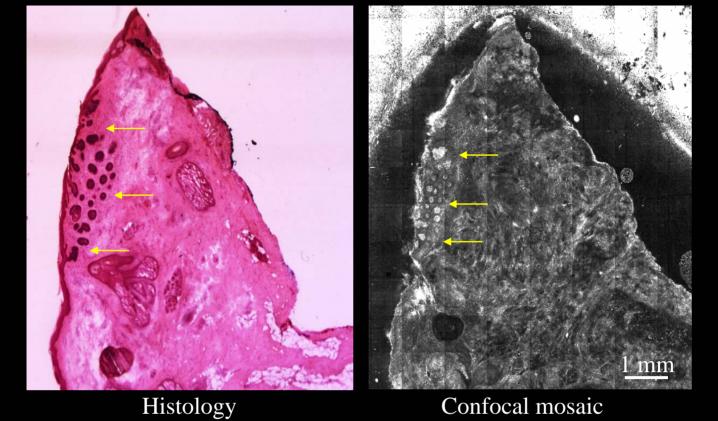
Histology

Cross-polarized confocal



4X (field of view ~ 5 mm)

Mosaic of confocal images to examine large excisions



Nodular BCC

Specific study aims

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Ex vivo study

Develop acetowhitening and crossed polarization methods on excised specimens from Mohs surgery

Intra-operative study

Develop articulated confocal microscope and image BCC on patients during Mohs surgery