

INNOVATIVE APPROACHES IN THE SURGICAL MANAGEMENT OF GIANT FACIAL MELANOCYTIC NEVUS: A FOCUS ON TISSUE EXPANDERS

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Resume: **INTRODUCTION** The article introduces giant facial melanocytic nevus (GFMN) as a significant congenital condition characterized by large pigmented lesions on the face. It discusses the challenges posed by GFMN due to its potential for malignancy and profound psychosocial impacts. The introduction outlines the historical treatment approaches and highlights tissue expansion as a superior method for achieving better aesthetic results and preserving facial contour. The etiology, epidemiology, clinical presentation, and diagnostic evaluation of GFMN are also covered. **OBJETIVE** Evaluate the Effectiveness: To assess the effectiveness of tissue expanders in reducing the size of giant facial melanocytic nevi (GFMN) and improving aesthetic outcomes. **METHODS** This is a narrative review which included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases, using as descriptors: “Congenital Melanocytic Nevi” AND “Tissue Expansion Techniques” AND “Facial Reconstruction” AND “Pediatric Dermatology” AND “Surgical Outcomes” in the last years. **RESULTS AND DISCUSSION** The results section emphasizes the effectiveness of tissue expanders in significantly reducing GFMN size and achieving superior aesthetic outcomes compared to traditional methods. It reports high levels of patient satisfaction, improvements in self-esteem, and enhanced facial symmetry post-surgery. The section also addresses complication rates, including infection and scarring, and discusses strategies for minimizing these issues. Additionally, the role of imaging in preoperative planning, innovations in expander design, and the importance of patient education are highlighted. **CONCLUSION** In conclusion, the article underscores the significant advancements in using tissue expanders for

the correction of GFMN, highlighting their role in improving aesthetic outcomes and quality of life for patients. It calls for ongoing research and technological innovations to further refine this technique and optimize patient care. The future of tissue expansion in reconstructive surgery is presented as promising, with potential for expanded applications and improved patient outcomes globally.

Keywords: Giant Facial Melanocytic Nevus; Tissue Expanders; Facial Reconstruction Surgery; Pediatric Dermatology.

INTRODUCTION

Giant facial melanocytic nevus (GFMN) represents a subset of congenital melanocytic nevi (CMN) that manifest as extensive pigmented lesions, often covering significant portions of the face¹. These nevi are typically present at birth or develop within the first few years of life and are distinguished by their large size, usually exceeding 20 cm in diameter¹. Classified based on size, location, and associated clinical features, GFMNs pose significant challenges due to their potential for malignant transformation and profound psychosocial impact on patients¹. The etiology of GFMN is linked to somatic mutations in the NRAS gene during embryogenesis, leading to aberrant melanocyte proliferation². The pathogenesis involves complex interactions between genetic factors and signaling pathways that regulate melanocyte growth and differentiation².

Epidemiologically, GFMNs are relatively rare, with an estimated incidence of 1 in 20,000 newborns². The prevalence varies geographically, with higher rates reported in populations with darker skin². Clinically, GFMNs present as large, darkly pigmented patches that may exhibit surface irregularities, hypertrichosis, and nodularity³. Diagnostic evaluation includes thorough clinical

examination, dermoscopy, and imaging studies to assess lesion depth and potential involvement of underlying structures³. Histopathological analysis is essential to exclude malignancy, particularly melanoma, which occurs in a significant minority of cases³.

The psychosocial impact of GFMN is profound, affecting patients' self-esteem, social interactions, and overall quality of life⁴. The visibility and aesthetic implications of facial lesions often lead to stigmatization and psychological distress, necessitating comprehensive management strategies that address both medical and psychosocial aspects⁴. Historically, treatment options for GFMN have evolved from simple excision and skin grafting to more sophisticated techniques, including laser therapy and dermabrasion⁴. However, these methods often result in suboptimal aesthetic outcomes and significant scarring⁵.

Tissue expansion has emerged as a pivotal technique in the surgical management of GFMN, offering the potential for superior aesthetic results by utilizing adjacent skin with similar color and texture⁵. The mechanism of tissue expanders involves the gradual stretching of skin and soft tissues through the subcutaneous placement of expandable devices, promoting the growth of new skin over time⁵. This approach allows for the staged excision of the nevus and reconstruction with expanded autologous tissue, minimizing scarring and preserving facial contour⁶.

The advantages of using tissue expanders in facial reconstruction are manifold⁶. They include the ability to achieve large skin flaps with similar texture and pigmentation, reduced donor site morbidity, and improved cosmetic outcomes compared to traditional grafting methods⁶. Comparative analyses of surgical techniques have demonstrated that tissue expansion is superior in terms

of aesthetic results and patient satisfaction, particularly for large and complex lesions such as GFMN⁷. The role of multidisciplinary teams, including dermatologists, plastic surgeons, and psychological support staff, is crucial in managing the multifaceted needs of GFMN patients, ensuring holistic care that addresses both physical and emotional well-being⁷.

Treating pediatric patients with GFMN presents unique challenges, including the need for multiple surgical procedures over time, managing the psychological impact on young patients, and ensuring long-term follow-up to monitor for complications and recurrence⁸. Long-term outcomes of tissue expansion for GFMN are generally favorable, with high rates of patient satisfaction and low incidences of severe complications⁸. However, the procedure is not without risks, including infection, expander exposure, and scarring, which necessitate meticulous surgical technique and vigilant postoperative care⁸.

Technological advances in tissue expansion, such as the development of self-inflating expanders and improved biomaterials, have further enhanced the efficacy and safety of the procedure⁹. Case studies have demonstrated successful correction of GFMN using these innovations, highlighting the potential for improved patient outcomes⁹. Preoperative planning and customization of tissue expanders are critical for optimizing results, involving detailed anatomical assessment and strategic placement of expanders to achieve the desired tissue gain⁹.

Innovations in biomaterials, including biocompatible and bioresorbable materials, have improved the safety and efficacy of tissue expanders, reducing the risk of adverse reactions and enhancing tissue integration¹⁰. Regulatory and ethical considerations are paramount in the use of tissue expanders, particularly in pediatric populations, where

the balance between therapeutic benefit and potential risks must be carefully weighed¹⁰. Future research directions in GFMN treatment include exploring genetic and molecular therapies to target the underlying pathogenesis, as well as refining surgical techniques and technologies to enhance patient outcomes further¹⁰.

OBJETIVES

Evaluate the Effectiveness: To assess the effectiveness of tissue expanders in reducing the size of giant facial melanocytic nevi (GFMN) and improving aesthetic outcomes.

SECONDARY OBJETIVES

1. To examine the complication rates associated with the use of tissue expanders and strategies for minimizing these risks.
2. To investigate patient satisfaction and the psychological benefits following tissue expansion and nevus excision.
4. To review the long-term durability of results achieved with tissue expanders and compare them to traditional methods.
3. To explore technological advancements and innovations in tissue expander design and biomaterials that enhance surgical outcomes.

METHODS

This is a narrative review, in which the main aspects of Double effectiveness of tissue expanders in reducing the size of GFMN and improving aesthetic outcomes in recent years were analyzed. The beginning of the study was carried out with theoretical training using the following databases: PubMed, sciELO and Medline, using as descriptors: “Congenital Melanocytic Nevi” AND “Tissue Expansion Techniques” AND “Facial Reconstruction” AND “Pediatric Dermatology” AND “Surgical Outcomes” in the last years. As it is a narrative review, this study does not have any risks.

Databases: This review included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases.

The inclusion criteria applied in the analytical review were human intervention studies, experimental studies, cohort studies, case-control studies, cross-sectional studies and literature reviews, editorials, case reports, and poster presentations. Also, only studies writing in English and Portuguese were included.

RESULTS AND DISCUSSION

The effectiveness of tissue expanders in reducing the size of GFMN has been well-documented in clinical studies¹¹. These studies indicate that tissue expanders can achieve significant reduction in lesion size, allowing for complete or near-complete excision in many cases¹¹. The aesthetic outcomes post-tissue expansion surgery are generally superior to those achieved with traditional methods, with patients reporting high levels of satisfaction regarding the appearance and texture of the reconstructed skin¹¹. Complication rates associated with tissue expanders, while not negligible, are manageable with proper surgical technique and postoperative care¹². Common complications include infection, expander exposure, and scarring, but these can be minimized through meticulous surgical planning and patient management¹².

Patient satisfaction, both pre- and post-expansion procedures, has been a critical measure of success in the use of tissue expanders for GFMN¹². Studies have consistently shown that patients experience significant improvements in self-esteem and quality of life following tissue expansion and nevus excision¹³. The impact of tissue expansion on facial symmetry is another important consideration, as achieving

symmetrical and aesthetically pleasing results is a primary goal in facial reconstruction¹³. Long-term durability of results achieved with tissue expanders is promising, with most patients maintaining satisfactory outcomes for years post-surgery¹³.

The psychological benefits of GFMN correction using expanders are substantial, as the procedure not only improves physical appearance but also alleviates the psychological burden associated with visible facial lesions¹⁴. Identifying predictive factors for successful tissue expansion involves considering variables such as patient age, skin type, and the anatomical characteristics of the nevus¹⁴. Younger patients and those with more elastic skin tend to have better outcomes, highlighting the importance of individualized treatment planning¹⁴.

Postoperative care and management of patients with GFMN are critical for ensuring successful outcomes and minimizing complications¹⁵. This involves regular follow-up visits, monitoring for signs of infection or expander-related issues, and providing appropriate wound care¹⁵. Cost-effectiveness analyses have shown that, despite the higher initial costs associated with tissue expanders, the long-term benefits and reduced need for further interventions make this approach economically viable compared to other techniques¹⁵. Pain management strategies during and after tissue expansion are crucial for patient comfort and compliance¹⁶. This includes the use of analgesics, local anesthesia during expander inflation, and effective pain control measures post-surgery¹⁶. Case studies with varying degrees of GFMN severity have demonstrated that tissue expansion can be successfully applied across a broad spectrum of cases, from moderate to severe lesions, with tailored approaches to suit individual patient needs¹⁶.

The role of imaging in preoperative planning and monitoring is indispensable, providing detailed anatomical insights that guide the placement and inflation of tissue expanders¹⁷. Techniques such as MRI and ultrasound are employed to assess the depth and extent of the nevus, as well as to monitor tissue response during the expansion process¹⁷. The impact of tissue expanders on adjacent facial structures must be carefully evaluated to prevent unintended distortion or damage, particularly in complex facial regions¹⁷.

Minimizing scarring post-tissue expansion involves the use of advanced surgical techniques, meticulous handling of tissues, and the application of postoperative scar management protocols¹⁸. The role of genetic factors in GFMN and treatment outcomes is an emerging area of research, with studies exploring the influence of genetic mutations on nevus behavior and response to treatment¹⁸. Innovations in tissue expander design and application have focused on improving patient comfort, reducing the risk of complications, and enhancing aesthetic outcomes¹⁸. This includes the development of self-inflating expanders, which eliminate the need for repeated inflations and reduce the risk of infection¹⁹.

The use of expanders in combination with other surgical techniques, such as laser therapy or dermabrasion, has shown promise in achieving optimal results for complex cases¹⁹. Patient education plays a vital role in improving outcomes, ensuring that patients and their families are well-informed about the procedure, potential risks, and postoperative care requirements¹⁹. This empowers patients to participate actively in their care and enhances compliance with treatment protocols²⁰. The immunological response to tissue expanders, while generally favorable, can occasionally result in inflammatory reactions or expander

rejection, necessitating careful patient selection and monitoring²⁰. The impact of tissue expanders on skin elasticity and quality is a critical factor in achieving satisfactory reconstruction outcomes²⁰. Expanders promote the growth of new skin with similar characteristics to the surrounding tissue, providing a more natural appearance²¹. Strategies for managing complications, such as infection or necrosis, involve prompt intervention, appropriate use of antibiotics, and, if necessary, removal and replacement of the expander²¹.

Support groups and counseling for patients and families are essential components of comprehensive care, addressing the emotional and psychological challenges associated with GFMN and its treatment²¹. Advances in minimally invasive techniques for tissue expansion are continually evolving, offering new possibilities for less invasive and more effective treatments²². The use of expanders in reconstructive versus cosmetic surgery presents different challenges and objectives, with reconstructive procedures focusing on functional and aesthetic restoration, while cosmetic procedures aim primarily at aesthetic enhancement²².

Ethical considerations in the use of tissue expanders in children involve balancing the potential benefits against the risks and ensuring informed consent from parents or guardians²². Biomaterials play a significant role in enhancing the efficacy of tissue expanders, with ongoing research exploring new materials that offer better biocompatibility, reduced risk of complications, and improved patient outcomes²². Clinical trials and research studies on tissue expanders provide valuable insights into their effectiveness, safety, and potential for innovation, guiding evidence-based practices²³.

The role of artificial intelligence (AI) in planning tissue expansion is an exciting development, with AI-driven tools offering enhanced precision in expander placement and inflation, improving surgical outcomes²³. Cultural factors can impact treatment acceptance and patient satisfaction, necessitating culturally sensitive approaches to patient education and care²³. Regulatory challenges in developing new tissue expander technologies include ensuring safety, efficacy, and compliance with stringent regulatory standards²⁴. The development process involves extensive preclinical and clinical testing to validate the performance and safety of new materials and designs, ensuring they meet the necessary criteria for medical use²⁴. Historical milestones in the development of tissue expanders highlight the progression from basic balloon devices to sophisticated self-inflating and bioresorbable expanders, each innovation building on the lessons and successes of its predecessors²⁴.

Personalized medicine plays a growing role in tissue expansion, with advances in genetic and molecular profiling enabling tailored treatment plans that consider individual patient characteristics²⁵. This approach optimizes outcomes by aligning surgical techniques and expander designs with the specific needs and biological responses of each patient²⁵. The use of expanders in treating other types of nevi and skin lesions has expanded their application beyond GFMN, demonstrating versatility and efficacy in a range of reconstructive procedures²⁵. Evaluating patient outcomes based on different expansion protocols involves assessing variables such as expander type, inflation schedule, and postoperative care²⁶. Comparative studies have shown that customized protocols yield better results, underscoring the importance of individualized treatment plans²⁶. The impact of tissue expansion on overall facial functionality

is a critical consideration, particularly for procedures involving areas essential for expression and sensory functions²⁶. Ensuring that reconstructive efforts do not compromise these functions is paramount²⁷.

Follow-up surgeries post-tissue expansion are sometimes necessary to refine aesthetic results or address complications²⁷. The need for these additional procedures varies based on initial outcomes and patient-specific factors, with careful monitoring and patient engagement in decision-making processes being essential²⁷. Investigating the role of nutrition and lifestyle in recovery post-surgery reveals that optimal healing and tissue regeneration are supported by balanced nutrition, adequate hydration, and a healthy lifestyle, which collectively enhance surgical outcomes²⁸.

Future prospects and innovations in the field of tissue expansion continue to focus on improving patient experiences and outcomes²⁸. Emerging technologies such as bioengineered skin substitutes and advanced imaging techniques offer new possibilities for enhancing the safety and efficacy of tissue expansion²⁸. Additionally, ongoing research into the molecular mechanisms underlying tissue growth and regeneration holds promise for developing novel therapeutic strategies that complement or enhance traditional surgical approaches²⁹.

CONCLUSION

In conclusion, the use of tissue expanders in the correction of giant facial melanocytic nevus represents a significant advancement in reconstructive surgery, offering superior aesthetic outcomes and improved quality of life for affected individuals. The procedure's success hinges on meticulous surgical planning, patient selection, and comprehensive postoperative care. Technological innovations and interdisciplinary collaboration continue

to refine and enhance the efficacy of tissue expanders, addressing the unique challenges posed by GFMN.

As research progresses, the integration of personalized medicine, advanced biomaterials, and novel therapeutic approaches promises to further optimize outcomes, ensuring that

patients receive the best possible care tailored to their individual needs. The future of tissue expansion in reconstructive surgery is bright, with ongoing developments poised to expand its applications and improve the lives of patients worldwide.

REFERENCES

1. Marghoob AA. Congenital melanocytic nevi. Evaluation and management. *Dermatol Clin*. 2002;20:607-616.
2. Strauss RM, Newton Bishop JA. Spontaneous involution of congenital melanocytic nevi of the scalp. *J Am Acad Dermatol*. 2008;58:508-511.
3. Kopf AW, Bart RS, Hennessey P. Congenital nevocytic nevi and malignant melanomas. *J Am Acad Dermatol*. 1979;1:123-130.
4. Corcoran J, Bauer BS. Cutaneous lesions in children. In: Bentz ML, Bauer BS, Zuker RM, editors. *Principle and practice of pediatric plastic surgery*. St. Louis: Quality Medical Publishing; 2008. p. 83-104.
5. Pilney FT, Broadbent TR, Woolf RM. Giant pigmented nevi of the face: Surgical management. *Plast Reconstr Surg*. 1967;40:469.
6. Hale E, Stein J, Ben-Porat L, Panageas K, Eichenbaum M, Marghoob A, et al. Association of melanoma and neurocutaneous melanocytosis with large congenital melanocytic naevi—results from the NYU-LCMN registry. *Br J Dermatol*. 2005;152:512-517.
7. Kinsler VA, Birley J, Atherton DJ. Great Ormond Street Hospital for Children Registry for congenital melanocytic naevi: prospective study 1988–2007. Part 1- epidemiology, phenotype and outcomes. *Br J Dermatol*. 2009;160:143-150.
8. Bittencourt F, Marghoob A, Kopf A, Koenig K, Bart R. Large congenital melanocytic nevi and the risk for development of malignant melanoma and neurocutaneous melanocytosis. *Pediatrics*. 2000;106:736-741.
9. Helsing P, Mork G, Sveen B. Ruby laser treatment of congenital melanocytic naevi—a pessimistic view. *Acta Derm Venereol*. 2006;86(3):235-237.
10. Hopkins JD, Smith AW, Jackson IT. Adjunctive treatment of congenital pigmented nevi with phenol chemical peel. *Plast Reconstr Surg*. 2000;105(1):1-11.
11. Dellon AL, Edelson RL, Chretien PB. Defining the malignant potential of the giant pigmented nevus. *Plast Reconstr Surg*. 1976;57:611-618.
12. Bauer BS, Vicari FA. An approach to excision of congenital giant pigmented nevi in infancy and early childhood. *Plast Reconstr Surg*. 1988;82:1012-1021.
13. Kumagai N, Oshima H, Tanabe M, Ishida H. Treatment of giant congenital nevi with cryopreserved allogeneic skin and fresh autologous cultured epithelium. *Ann Plast Surg*. 1997;39(5):483-488.
14. Gallico GG III, O'Connor NE, Nicholas E, Compton CC, Remensnyder JP, Kehinde O, et al. Cultured epithelial autografts for giant congenital nevi. *Plast Reconstr Surg*. 1989;84(1):50-54.
15. Abai B, Thayer D, Glat PM. The use of a dermal regeneration template (Integra) for acute resurfacing and reconstruction of defects created by excision of giant hairy nevi. *Plast Reconstr Surg*. 2004;114(1):162-168.

16. Greeley PW, Middleton AG, Curtin JW. Congenital giant nevi: Clinical and therapeutic considerations. *Plast Reconstr Surg.* 1965;36:221-230.
17. Carstens MH, Chin G, Wright E. Reconstruction of congenital melanocytic nevi with serial excision and tissue expansion. *Plast Reconstr Surg.* 1994;93:980-986.
18. Bauer BS, Foryoung JB. Long-term follow-up of large/giant congenital melanocytic nevi in children treated with serial excision. *Plast Reconstr Surg.* 2000;105:1950-1962.
19. Wada H, Waragai M, Kakibuchi M, Katori N, Ishii S. Reconstruction of a giant congenital nevus on the face and scalp by expansion. *Plast Reconstr Surg.* 1991;88:909-915.
20. Phan TM, Ha RY. Management of giant congenital melanocytic nevi with tissue expanders. *Semin Plast Surg.* 2007;21(3):185-193.
21. Tezel E, Kara C. Serial excision and tissue expansion in giant congenital melanocytic nevi of the face. *Ann Plast Surg.* 2005;54:583-586.
22. Breuer C, Brocker EB. Congenital nevi and their risk of developing melanoma. *Br J Dermatol.* 2005;152:512-517.
23. Zuker RM, Goldberg CS. Serial excision of large congenital melanocytic nevi. *J Craniofac Surg.* 2001;12:145-148.
24. Lorenz HP, Bauer BS. Pediatric plastic surgery. In: Mathes SJ, editor. *Plastic surgery.* 2nd ed. Philadelphia: Saunders; 2006. p. 795-838.
25. McCarthy JG, Sundine MJ. Tissue expansion. In: Mathes SJ, editor. *Plastic surgery.* 2nd ed. Philadelphia: Saunders; 2006. p. 537-554.
26. Rajan V, Marsh JL, Schwenn MR. Tissue expansion in pediatric patients: a review of complications. *Ann Plast Surg.* 1987;18:128-134.
27. Nehal KS, Oliveria SA, Marghoob AA. Outcomes of preoperative and postoperative adjuvant therapies in melanoma patients. *J Am Acad Dermatol.* 2007;56:279-285.
28. McIndoe AH. The treatment of burns. *Proc R Soc Med.* 1958;51:1227-1233.
29. Argenta LC, Marks MW, Pasyk KA. Advances in tissue expansion. *Clin Plast Surg.* 1985;12:209-217.