The "Mohs Appropriate Use Criteria" (MAUC) was developed by a joint effort in 2012 [1]. For the treatment of skin carcinoma, a guideline supported by evidence was to be provided to help in clinical management [2,3]. Mohs surgery relevance was determined using a scoring system based on cancer type, a feature of histology, medical diameter, anatomical site, and patient immunological response [4,5]. The MAUC recommendations were based on accurate evidence available, and circumstances that were not supported by scientific research were instructed by the review panel's expert opinion [6]. In the current edition of the MAUC, most superficial basal cell carcinomas...
M E T H O D S

The study was carried out in Khyber Teaching Hospital Peshawar, from November 2021-March 2022. A total of 100 Mohs surgeries on superficial basal cell carcinoma were performed. Under light microscope slides were examined for any pattern of histology besides superficial basal cell carcinoma for statistical analysis MAU anatomical site healthy individuals and immunocompromised patients were grouped accordingly. During the study period, the hospital pathology search was undertaken to find all biopsies identified as SBCC. Patients with SBCC who could benefit from Mohs surgery were identified by comparing their medical record numbers with those in the Mohs surgery case log. The Mohs and biopsy reports were used to investigate the anatomical location. A dermatologist examined all Moh slides for the presence of distinct histological subtypes. At the time of the slide inspection, we didn’t know the patient’s immunological state or anatomical location. “Superficial basal carcinoma the pattern of histology was assessed by Nodular Basal carcinoma, as the depth of invasion not extending beyond the superficial papillary plexus high-risk BCC (inclusive of morphea form, infiltrative, and micro-nodular patterns) Histologic patterns recorded included superficial BCC” The review of histology of slides was followed by the immune status of patients like pharmacologic immunosuppression/ transplantation of organ/hematological disorders.

The anatomical zones were classified on MAUC criteria “Zone H = central face, eyelids, eyebrows, nose, lips, chin, ear, periauricular sulci, temple, hands, feet, ankles, genitalia, nipples, and nail units” “Zone M = cheeks, forehead, scalp, neck, jawline, and a pretibial leg” “Zone L = trunk and extremities excluding areas included in Zone H” The Chi-Square test, with a significance threshold of p0.05., was used to determine the relative frequency of MH in the study populations and subgroups.

R E S U L T S

The 2015 pathological reports were obtained from the pathology department, while in total 200 patients had undergone Moh surgery. There were 133 patients with characterized tumors on Mohs after the histopathologic examination. As shown in Table 1 the descriptive analysis of the study population, describes tumor characteristics such as the MAUC anatomical area, the immune state of patients, and the histology observed.

<table>
<thead>
<tr>
<th>Cases</th>
<th>Sites involved</th>
<th>Anatomical Zone H</th>
<th>Anatomical Zone M</th>
<th>Anatomical Zone L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases</td>
<td>100</td>
<td>46</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>MH mixed histology</td>
<td>78</td>
<td>32</td>
<td>35</td>
<td>7</td>
</tr>
<tr>
<td>SBCC</td>
<td>57</td>
<td>13</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>Immuno-compromised cases</td>
<td>36</td>
<td>14</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>MH Mixed Histology</td>
<td>34</td>
<td>11</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>SBCC</td>
<td>24</td>
<td>3</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Healthy Cases</td>
<td>100</td>
<td>33</td>
<td>45</td>
<td>28</td>
</tr>
<tr>
<td>MH Mixed Histology</td>
<td>53</td>
<td>21</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>SBCC</td>
<td>47</td>
<td>11</td>
<td>17</td>
<td>21</td>
</tr>
</tbody>
</table>

Table 1: Shows the descriptive study involved

Table 2 shows the frequency of Mixed Histology documented in several MAUC anatomical locations and then categorized by patient immunological condition. As a result, the facial/ head and neck tumor had an increased significance level of mixed histology, unlike tumor extremities and trunk. "When Zone H as compared to Zone L, all patients had a significantly higher risk of Mixed Histology" (p = .0001), Immunocompromised individuals (p = .48), as well as healthy patients (p = .001). Similarly, for all patients (p = .003) and healthy was (p = .003). Zone M had a considerably greater risk of Mixed Histology than Zone L.
The researchers found a 58% MH ratio across all index biopsy of any type of Basal Cell Carcinoma. The MH results for SBCC particularly, hence these trials were 32% to 40% [20-22]. The authors wanted to get identical Histology in Basal Cell carcinoma at scales ranging from Bartos V et al., and Ghanadan A et al., studied Mixed (best outcome, 65%; worst-case scenario, 85%). In 2016, surgery because of their nodular/high-risk characteristics classified by the MAUC system as "suitable" for Mohs Zone to M Zone. Most SBCCs of Zones H and M are now incredibly significant statistically was one that compared L immunocompromised patients that could be considered 45% vs 18%, p-value: 0.89). This difference is statistically significant in a larger sample population. Even though the patient's immunological condition has little influence on whether a given SBCC is Mohs-appropriate in Zones L under the existing MAUC, this information is nevertheless useful in determining therapy decisions. According to the findings of the researchers, over half of the SBCCs found inside Zone M in immunocompromised persons had a nodular feature or worse. Mohs surgery is regarded as "suitable" for these patients. The patient's immunological status may have an impact on the present grade of Zone L SBCC lesions, hence a thorough study is necessary.

### DISCUSSION

The researcher investigated the incidence of Mixed Histology in SBCC among various MAUC anatomic zones and adjusted for changes in patient immunological status in order to give scientific data directly applied to the MAUC. The data collected in this study indicate that there is a distinct anatomical component to tumor activity. The incidence of Mixed Histology SBCC on the head is higher than on the extremities or trunk. There was a considerably greater rate of MIXED Histology in tumors found in Zones H/M than in Zone I across the total study population (74% and 66% vs 25%) accordingly. When separating healthy (55% and 70% vs 18%) or immunocompromised patients (71% and 86% vs 74%), the only analysis of subgroup among immunocompromised patients that could be considered incredibly significant statistically was one that compared L Zone to M Zone. Most SBCCs of Zones H and M are now classified by the MAUC system as "suitable" for Mohs surgery because of their nodular/high-risk characteristics (best outcome, 65%; worst-case scenario, 85%). In 2016, Bartos V et al., and Ghanadan A et al., studied Mixed Histology in Basal Cell carcinoma at scales ranging from 32% to 40% [20-22]. The authors wanted to get identical results for SBCC particularly, hence these trials were conducted on index biopsy of any type of Basal carcinoma. The researchers found a 58% MH ratio across all index SBCC biopsies in their study cohort. This figure is about 20% to 30% higher than any previous report’s value for BCC in general in the literature. According to this research, SBCC has a larger likelihood of mixed histology (MHC) than an arbitrary Basal Carcinoma of any category, and about 60% of all cases might likely get poor therapy if Mohs surgery is usually seen as “inappropriate” [23-25]. All anatomical locations were shown to have a higher prevalence of mixed histology in immunosuppressed individuals, with an overall rate of 70% and as high as 86% in the most at-risk area. The frequency of mixed histology tumors in Zone L is nearly three times higher in immunosuppressed patients than in healthy ones, even though no subgroup correlations were statistically significant (45% vs. 18%, p-value: 0.89). This difference is statistically significant in a larger sample population. Even though the patient's immunological status has little influence on whether a given SBCC is Mohs-appropriate in Zones L under the existing MAUC, this information is nevertheless useful in determining therapy decisions. According to the findings of the researchers, over half of the SBCCs found inside Zone L in immunocompromised persons had a nodular feature or worse. Mohs surgery is regarded as "suitable" for these patients. The patient's immunological status may have an impact on the present grade of Zone L SBCC lesions, hence a thorough study is necessary.

### CONCLUSION

The findings indicate that SBCC in the head and neck area has a greater rate of Mixed Histology, providing good evidence for the standard MAUC scoring. In light of these findings, modifying the MAUC in a way that prevents patients from undergoing SBCC surgery on high-risk anatomical locations would be erroneous.

### REFERENCES


Khan ZS et al.
doi.org/10.1155/2022/7611733.


