PATIENTS AND METHODS
We present 111 surgically treated BCC of the orbital region during the period of 3 years (2001–2003) Minimal follow up was 3 years.
Tumour site was defined as upper lid, lower lid, medial canthal and lateral canthal area.
The BCCs were classified according to TNM system into the three groups: T1 - less than 2 cm, T2 - larger of 2 cm (2–5 cm), and T4 – aggressive tumors.
After history and clinical examination all patients underwent computer tomography (CT) if indicated, and surgical strategy was determined.

Surgical technique
All tumours were excised with a 5 mm margin of clinically healthy tissue. Aggressive tumors were excised with larger margins (1 cm). All wounds were primary closed. For larger skin defects we used skin grafts and local flaps.

In full thickness lid defects we performed complex reconstructive procedures according to McGregor, Mustarde or Hughes. After orbital exenteration defect was reconstructed by skin flap and forehead was grafted.

RESULTS
BCC was found in 51 female and 60 male patients. The gender ratio female: male was 1:1.18.

Tumor site No of patients %
--- --- ---
T1 71 64.05
T2 8 7.21
T3 6 5.41
Total 111 100.00
The operation was performed under local anaesthesia in 70 cases and general anaesthesia was used in 41 cases because of the extent of the tumour.

Direct closure was performed in 35 cases. In 20 cases the defect was covered with skin graft. In 14 we performed full thickness skin graft harvested from retroauricular area and in 6 patients with partial thickness skin graft from arm region. Larger skin defects were closed with local flaps in 38 cases (figures 1, 2). In 10 cases we observed full thickness lid defects up to 1/3 width and they were reconstructed by different techniques: McGregor's, Mustarde's or Hughes' (figures 3, 4, 5).

In 70 cases and general anaesthesia was used in 41 cases because of the extent of the tumour.

The size of BCC in the orbital region.

Tumor site No of patients %
--- --- ---
T1 71 64.05
T2 8 7.21
T3 6 5.41
Total 111 100.00

Surgical strategy
The tumour site was defined as upper lid, lower lid, medial canthus, and lateral canthus.

In full thickness lid defects we performed complex reconstructive procedures according to McGregor, Mustarde or Hughes. After orbital exenteration defect was reconstructed by skin flap and forehead was grafted.

In 38 cases (12.61%) on the upper lid, and 2 cases (1.80%) on the lateral canthus.

The distribution by tumour site.

Tumor site No of patients %
--- --- ---
Lower lid 57 51.35
Medial canthus 38 34.24
Upper lid 14 12.61
Lateral canthus 2 1.80
Total 111 100.00

In 57 cases (51.35%) the tumour site was on the lower lid, in 38 cases (34.24%) on the medial canthus, in 14 cases (12.61%) on the upper lid, and 2 cases (1.80%) on the lateral canthus.

The tumour size was distributed as follows: T1 (less than 2 cm) in 97 patients, T2 (2–5 cm) in 6 patients and T4 in 8 patients.

In 70 cases (63.64%) on the upper lid, and 2 cases (1.80%) on the lateral canthus.

Figure 1. Basal cell carcinoma of lower lid.

Figure 2. Active tumour excision using total extirpation flap performed.