to incomplete excision and potential recurrence. Preliminary studies have used reflectance confocal microscopy (RCM) to assess LM margins. Knowing the margin prior to surgery allows for forward planning and enables the doctor to discuss the plan with the patient. The objectives of this study were (i) to evaluate the correlation of subclinical extension of LM defined by RCM compared with the gold standard of histopathology, and (ii) to assess the impact of multiple surgical excisions on a patient’s mental health and quality of life. This was a prospective study of patients with LM referred for surgery. RCM was performed at the clinically defined initial surgical scar, followed by staged RCM imaging of the ‘normal’ skin to define the exact margin of the lesion. Punch biopsies were then completed along the negative margin to ensure the accuracy of the results. Patients then completed a questionnaire detailing their knowledge of LM and the impact that multiple surgeries had on their life. Ten patients were included: five male and five female. All patients had undergone multiple surgeries without obtaining a negative margin. Ninety per cent had a facial lesion and 10% had a chest lesion. The mean largest diameter was 2.8 cm (range 0.8–5). Diagnostic accuracy for detection of residual LM using RCM was 97%. Histopathology correlation revealed that 96% of biopsies matched the RCM findings. All participants reported a negative impact on their quality of life. Eighty per cent of patients thought LM was melanoma. Fifty per cent of patients were not informed of the nonsurgical options. Twenty-five per cent of patients would not have opted for surgical excision if they had understood the extent of the surgery. In conclusion, providing optimal care for patients with LM requires a multidisciplinary approach. RCM is an useful tool to aid surgical planning and for managing patient expectations in LM.

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DS15 Lentigo maligna: mapping using confocal microscopy and the impact of multiple facial surgeries on patient quality of life
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Lentigo maligna (LM) can present with subclinical extension that may be difficult to define preoperatively and lead