AGE, SOCIOECONOMIC STATUS, RACE, AND CONGENITAL NEVUS EXCISION

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NOTHING TO DISCLOSE
INTRODUCTION

• Excision of congenital nevi is recommended for aesthetic reasons as well as for malignancy prophylaxis.

• As the lesions grow with children, excisions at a younger age may be technically easier.
The authors aimed to examine patterns in congenital nevus excision.
The Healthcare Cost and Utilization Project Kids’ Inpatient Database (HCUP KID) is the largest all-payer pediatric inpatient database.

- Diagnosis codes used:
  - ICD-9 216-216.9 and 757.33
- Procedure codes for local and radical excision, grafts, flaps, and tissue expanders used.
METHODS

• Dollar values converted to 2015 amounts.
• Independent t tests and Mann Whitney U tests used for univariate analysis.
• Multivariate regressions constructed with variables significant (p<0.05) on univariate analysis.
RESULTS
RESULTS - DEMOGRAPHICS

1,306 discharges

Average age: 5.2 years

- Male: 48%
- Female: 52%

- White: 42%
- Not White: 58%

- Public insurance: 39%
- Private insurance: 61%
RESULTS – AGE OF SURGERY

Age at congenital nevus excision

- Female
- White
- Private insurance
- Highest income quartile
- Northeast
- Midwest
- South

* Significant
Patients with radical excisions more likely to require flaps (p=0.0003).

Additional procedures with radical excisions
- Grafts: 27.3%
- Flaps: 35.3%

Additional procedures with local excisions
- Grafting: 22.9%
- Flaps: 24.2%
- Tissue expander: 10.7%
RESULTS – ASSOCIATIONS WITH RADICAL EXCISION

Associated with radical excision:

• **Older age** (p=0.015).
• **Northeastern location**: 0.60 (0.40-0.91).
• **Household income below highest quartile**: 0.60 (0.40-0.91).
RESULTS – ASSOCIATIONS WITH COMPLICATIONS

3.4% of patients had a complication

UNIVARIATE ANALYSIS:
Complications less common:
- White patients
- Private insurance
- Northeastern location

Complications more common:
- Southern locations

Only southern location associated with complications on multivariate analysis
RESULTS – LENGTH OF STAY AND CHARGES

<table>
<thead>
<tr>
<th></th>
<th>Hospital days</th>
<th>Hospital charges ($)</th>
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</thead>
<tbody>
<tr>
<td>With complications</td>
<td>6.2 (P&lt;0.0001)</td>
<td>43,662 (P&lt;0.0001)</td>
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<tr>
<td>Without complications</td>
<td>1.9</td>
<td>19,777</td>
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CONCLUSIONS

Patient age at presentation is associated with excision type for congenital nevi.

Certain excision types are higher risk.

Certain patient populations are more likely to present later.

Non-white and poorer patients may be at increased risk for complications.
REFERENCES


