



# IADVL

## IADVL SIG Dermatosurgery (IADVL Academy) Newsletter

December 2020



**Dr Chander Grover,**  
Coordinator, SIG Dermatosurgery



**Anup Lahiry**  
Convener, SIG Dermatosurgery



**Dr Nilesh Goyal**  
Guest Editor

### Members

Dr Anirudha Gulanikar

Dr Ankur Talwar

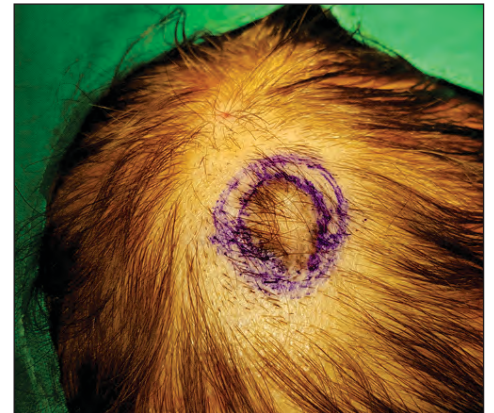
Dr KT Ashique

Dr Madura C

Dr Sanjeev Gupta

Dr Sidhartha Das

Dr Syed Mubashir



### Contents

1. Welcome Note.....Dr Chander Grover, Dr Anup Lahiry
2. From the Editor's desk.....Dr Nilesh Goyal
3. Homage to Prof Lawrence Field.....Dr Nilesh Goyal
4. Report on IADVL Vitiligo National Symposium.....Dr Chander Grover
5. Report on Basic PGPDT workshop.....Dr Chander Grover
6. Report on Advanced PGPDT workshop.....Dr Chander Grover
7. Glomus tumor a not so uncommon nail tumor.....Dr Anup Kumar Lahiry
8. Surgical tumescent anaesthesia.....Dr Nilesh Goyal
9. Complication of dermatosurgery on face.....Dr Syed Mubashir

## Welcome Note!

Happy Sculpting, Happy Suturing and Happy Learning!



**Chander Grover**

Coordinator, SIG Dermatosurgery



**Anup Lahiry**

Covener, SIG Dermatosurgery

Dear IADVL Members,

As they say, “Change is the only constant in life; the only thing we can be sure will happen!”

We welcome to the 4<sup>th</sup> and last issue of the SIG Dermatosurgery Newsletter from our team (2019-2020)!

We are happy and proud to share this issue with you which is a marker of successful completion of our tenure, with us discharging all our responsibilities to the best of our capabilities!

The team has been instrumental in driving the academic agenda for the past two years and now looks forward to pass the baton on to future teams whom we hope will be even more successful in furthering the cause of dermatosurgery in India. We are still in the swing of the COVID pandemic, but the dermatosurgery practices have started resuming, keeping in mind the safety and security of the patients and the surgical teams. During these unprecedented and tough times also, Team SIG left no stone unturned, in contributing towards the cause of dermatosurgery by coming up with **Recommendations for dermatosurgery practice** (Published in **Indian Dermatology Online Journal**) and designing and conducting CME programs online to keep the flag of dermatosurgery education flying high.

In an attempt to raise awareness about common dermatosurgery procedures among the dermatology fraternity, especially the residents, we had proposed to conduct a series of workshops in smaller cities, preferably in the medical college setups. These had earlier been discontinued due to withdrawal of support by Pharma sponsors. Nevertheless, we tried hard and with the help of new sponsors and State IADVL teams, our team organised three workshops viz IADVL SIG Dermatosurgery Workshop with IADVL-Maharashtra and Dermatology Foundation, Karad (7<sup>th</sup> of July, 2019 at Krishna Institute of Medical Sciences at Karad, Maharashtra); IADVL SIG Dermatosurgery Workshop with IADVL-Rajasthan (13<sup>th</sup> of October, 2019 at Ajmer, Rajasthan) and IADVL Dermatosurgery Hands-on Workshop on Basic Suturing Skills with IADVL-Delhi State Branch, and Department of Dermatology and STD, UCMS and GTB Hospital (29<sup>th</sup> of February, 2020 at UCMS, Delhi).

Our team also proposed to conduct longer courses (2-3 days) to serve as a comprehensive resident training program. We proposed these as a flagship program of IADVL furthering dermatosurgery awareness and preparedness in Dermatology

residents nation-wide. We wanted the course to include skill labs, cadaver training, surgical etiquette training, handling emergencies etc. In June 2019, a proposal for **PGPDT (Post Graduate Procedural Dermatology Training Workshops)** was submitted to the IADVL Academy and EC who approved these workshops in principle. In February 2020, these workshops were formally announced during DERMACON 2020, Pune. However, in March 2020, nationwide lockdown was announced which made the physical conduct of these workshops impossible. Hence, we converted them to a virtual format. The first ever **IADVL Basic PGPDT Workshop** was organized on 2<sup>nd</sup> August, 2020 and the **IADVL Advanced PGPDT Workshop** was organized on 6<sup>th</sup> September, 2020. Both were very well received and this issue carries a detailed report on them.

The SIG remained committed to providing academic support to various state branches and IADVL Members organising small sensitization workshops. We coordinated with State Branches and IADVL Academy from time to time. As the Academy pursued Fellowship recognition in dermatosurgery, the SIG offered help in fine tuning the Fellowship program and ways of implementing it. The SIG designed detailed requirements for a dermatosurgery OT for any centre. We also compiled a list of journals and books which can be useful resources for dermatosurgeons. The SIG also designed detailed requirements for recognition of centres for **IADVL Training course in Procedural Dermatology**, which has just been launched. Curriculum for this course was developed by our SIG including formative and summative assessment. We also developed the criteria for recognition of a centre for this training course.

The team was always actively involved in planning of activities to commemorate **Vitiligo Day on 25<sup>th</sup> June every year**. In 2019, activities were organised with active participation by SIG members with various state branches at Calicut, Srinagar, Aurangabad, Rourkela and Delhi. In 2020, owing to the pandemic situation, the SIG Actively participated in online National Vitiligo symposium organised by the IADVL Academy. A detailed report is included in this issue.

The SIG actively participated in the **SIG of the Month Activity** planned for ACAD IADVL group in Sep 2019. It was actively planned and executed, and highly appreciated. A detailed report was compiled and submitted to Dr Bhumesh Katakam, Joint Secretary, IADVL. It was compiled and released during DERMACON, 2020.

In addition, our team worked on the development of **Standardised Consent forms for procedural dermatology**, and **Patient Information Leaflets** for patients likely to undergo procedures. The same have been developed, reviewed by Academy, and made available on our website for free download and use by IADVL Members.

This issue of SIG Dermatosurgery newsletter has been compiled by our **Guest Editor- Dr Nilesh Goyal**, a very active member of our team. It brings to you small pearls from the field of dermatosurgery, including news and nuggets, as it always has had. We hope that our readers will find the topics useful. The SIG Dermatosurgery team is thankful to IADVL-EC and IADVL Academy for their constant support and help in fulfilling the vision of the SIG in disseminating information and know-how about commonly and uncommonly performed dermatosurgeries. Please do share your valuable opinion, suggestions and comments so that it can be improved upon in future.

**Wishing a safe, prosperous, happy and healthy new year 2021 to all our members! We hope that the shadows of the past will lift and the new year will dawn with great possibilities. Stay safe and stay happy!**

## From Editor's Desk



**Dr Nilesh N Goyal**

Dear Derma Colleagues,

Welcome to the last newsletter from the SIG Dermatosurgery this year. Our present group is a very special mix of senior and junior dermatologists from all corners of our country who are experts in their own rights in particular aspects of dermatosurgery. I am very honoured to be a part of this elite group. We have always endeavoured to bring interesting and practical points to our readers. And this edition is not far behind in achieving this. We have successfully conducted virtual workshops on basic and advanced dermatosurgery for post graduates across the country. The national vitiligo symposium was also conducted in Delhi. There are reports on these events. Surgical anaesthesia plays a very important role in determining the success of skin surgery. There are tips on how to accomplish perfect anaesthesia for the dermatosurgeon. Glomus tumor under the nail has often been a bane for many dermatologists. We have a brief report on the technique to remove this. Lastly, there is a report on how to avoid complications arising from dermatosurgery on face and scalp.

This year has been topsy turvy for our speciality given the fact that we are slowly evolving into a surgical based speciality. Still being the frontline worker, we are always at high risk of contracting the virus.

In this year of pandemic I hope you all are safe and are following the safe practice guidelines as prescribed by our society.

*Best wishes*

**Dr Nilesh N Goyal**



## Prof Lawrence M. Field – Father of Modern Dermatosurgery



*Prof Lawrence Field (1929 – 2020)*

**Prof Lawrence Field (1929 – 2020)** has been a living legend amongst us mortals who made the goal of his life to teach dermatosurgery incessantly till his last breath having taken the Hippocratic oath. His clinic in San Luis Obispo, California, USA was rightly called the Dermatologic Plastic Surgery Clinic as his surgical skills bordered on plastic surgery. It was open to all willing students to learn the nuances of dermatosurgery which he had learnt from his mentor Dr Richard Webster and those that he had worked upon himself during his career at University of California, San Francisco (UCSF) and Stanford University Medical Center. Over the years, he had finishing residents from Stanford University and Moh's surgical Fellows from UCSF who would join him as preceptees at his clinic for advanced surgical training frequently unavailable at the universities.

His tryst with surgical skills started when as a young lad he helped his father, a colorectal surgeon. At a tender age of 16 years, he served with the United States Marine Corps where he fought alongside the Allies against the Germans. This hardened him to take up the challenges life would throw at him subsequently. This valiant fighter fought many a war in his dermatosurgical career and also on the health front in his last decade. His attitude of “never say never” rubbed onto many of his students who have now taken up the mantle of teaching others willingly. He set up the International Travelling Mentorship Programme (ITMP) now under the American Society for Dermatologic Surgery (ASDS) since 2010. This is his most valuable gift to the dermatosurgical world, his legacy which we as his students would keep alive forever.

Dermatosurgery was not considered as a distinct part of dermatology practice and training in his formative years. He however had the vision that it would become a very integral aspect of dermatology practice. He regularly conducted surgical clinics in dermatology departments in University where he was a visiting professor. He worked alongside Norman Orentreich in devising early hair transplant techniques. He was the first dermatologic surgeon to travel to Paris and learn Liposuction from Prof Pierre Fournier, originator of syringe liposuction. He worked at modifying the procedure of liposuction and also developed instruments for liposuction along with the experts of his time. He chaired many liposuction surgical workshops and symposia in 1980s and 90s conducted by International Society for Dermatologic Surgery (ISDS). He presented the first ever cases of Liposuction at the American Academy of Dermatology (AAD) in 1982 and was the principal author of the first article on liposuction surgery published in the dermatologic literature. In his later years, he was an integral part of the Dermatologic and Aesthetic Surgeons International League (DASIL) Liposuction workshops guiding us with teaching and successfully conducting them. Today liposuction is practiced by many dermatologists across USA and other countries due to an unrelenting passion with which he used to encourage and teach the procedure. He came up with the concept of Surgical Tumescence Anaesthesia which has been a boon for

dermatosurgeons, helping them go underneath skin lesions especially skin cancers, and excise them with ease. This technique has helped in achieving a blood less surgical field.

Prof Lawrence Field has served as a founding co-Chairman of the Association of Surgical Faculty (at the AAD) and has been member of the American Academy of Facial Plastic and Reconstructive Surgery, International Academy of Cosmetic Surgery, The American Society of Liposuction Surgery, the California Society of Specialty Plastic Surgery and the International Society of Aesthetic Surgery. He is the only dermatologic surgeon to be a member of and be appointed by the American Board of Cosmetic Surgery as examiner in aesthetic, reconstructive, cosmetic and liposuction surgery which he served for 8 years (1983-90).

Prof Field encouraged and inspired the institution of dermatosurgical societies in various countries including Indonesia, South Africa, Hungary, Romania, Greece, Cyprus, United Kingdom, Spain, Bavaria, France, Poland and many others. He was the Honorary Founding President of several international dermatologic surgical and liposuction societies.

In 1986 he was appointed as the Travelling Professor of Dermatosurgery for the International Society of Dermatologic Surgery (ISDS) based now in Darmstadt, Germany. This assignment took him across the world (more than 60 countries) which firmly established him as an international teacher of dermatosurgery.

His lifetime of achievements culminated in him being anointed as “the Father of International Dermatologic Surgery” by DASIL in 2012. The same year, ASDS established its first and only named “Lectureship in Perpetuity” bearing the name “The Annual Lawrence M. Field, MD Honorary Lectureship”. This was given in celebration of his generosity and lifelong contribution to dermatologic surgery as an internationally renowned educator, pioneer and the founder of ITMP. Later in 2015 he was honored with DASIL's first Lifetime Achievement Award.

In 2016, his decades long struggle bore fruits with the start of International Fellowship venues under ASDS/DASIL supervision. This has made dermatology the only specialty to offer such training opportunities on a global level. It was his ardent wish to create an international dermatosurgical fellowship in India, a country he visited in 2015 (ACSICON) and 2019 (DASIL). He was highly impressed by the vast numbers of eager dermatologists who wanted to learn and practice dermatosurgery.

The best feather in his cap came in 2017 when he was selected from 100,000 dermatologists worldwide by the World Health Organization's London based International League of Dermatologic Societies. They conferred upon him the International Leadership and Lifetime Achievement Award in Shanghai at DASIL Annual meeting.

Prof Lawrence Field's CV has crossed the humongous length of 600 pages. It includes more than 766 papers/ chapters published over six decades and more than 1600 presentations and demonstrations at meetings across the world. It was my fortune to have met him and been taken under his wing as his protégé and son. He has been a source of inspiration to all and across many specialties. He was always the voice of support in our fight for rights as dermatosurgeons. Alas! the world will not be the same without him.

**Dr Nilesh Goyal**

*Guest Editor*

*Consultant Dermatologist,*

*Juvenis Clinic and Lilavati Hospital, Mumbai*

## IADVL National Vitiligo E-Symposium

21st June, 2020



**Dr Chander Grover**

*MD, DNB, MNAMS, Professor, Dermatology and STD,  
University College of Medical Sciences  
and GTB Hospital, Delhi*

The IADVL Academy in association with IADVL SIG Pigmentary Disorders and SIG Dermatosurgery organised **IADVL National Vitiligo E-symposium** to commemorate **World Vitiligo Day observed on 25<sup>th</sup> June** every year. It was held as a live transmitted event on the Sunday, **21<sup>st</sup> June, 2020**. For this academic venture, IADVL Academy was the driving force for planning and executing this exercise. The program was made possible with an educational grant received from Sun Pharma.

**IADVL**  
1974

**IADVL ACADEMY**

**IADVL NATIONAL  
VITILIGO E-SYMPIUM**

 **21<sup>ST</sup> JUNE 2020**  
**09:00 AM - 05:00 PM (IST)**

**THEME:  
VITILIGO IS TREATABLE!**

IADVL ACADEMY IN ASSOCIATION WITH  
**SIG (PIGMENTARY DISORDERS)** AND  
**SIG (DERMATOSURGERY)** TAKES PRIDE IN  
CONDUCTING THIS NATIONAL E-SYMPIUM TO  
DISCUSS UPDATES IN TREATMENT OF VITILIGO IN  
CELEBRATION OF VITILIGO DAY 2020.



Vitiligo, as we all know is a pigmentary skin disorder with maximum impact on the patients' psyche. It is not just a medical disease but a social disease, hence the importance of observing **World Vitiligo Day** to raise awareness in general population and fight stigma attached with it. We as dermatologists have an important role to play in offering redemption to the patients with vitiligo, both by offering treatment and also offering our hand and support to them in difficult times. The theme of the symposium was “**Vitiligo is treatable**” keeping with this thought only. SIG dermatosurgery was happy to share its efforts to provide repigmentation to patients with low or no response to medical therapy.

SIG Dermatosurgery 2019-2020, planned, designed and conducted the second part of the workshop, containing a comprehensive program covering surgical aspects of vitiligo. A stellar cast of experienced vitiligo surgeons both from India and abroad, with years of work in this field, shared the digital dais. The 3-hour program, started with the **Basics of Vitiligo Surgery** by **Dr Ankur Talwar** who discussed the various mechanisms of repigmentation induced by various surgical approaches. This being the basis for all forms of surgical intervention is a must to understand the complexities of the procedures. Thereafter, **Dr Somesh Gupta**, Professor, AIIMS, Delhi, talked about the concept of **Stability in vitiligo**. He shared his extensive research work in this area to clarify this elusive concept for the audience. He talked about lesional stability, disease stability, and methods to assess them. Stability is the backbone of any successful vitiligo surgery.

Thereafter, different vitiligo surgery procedures were demonstrated with step wise videos, so as to help dermatologists choose the best form of surgery for their patient and to perform it flawlessly. Expert operators renowned in their particular techniques were handpicked to demonstrated their expertise through videos. They also talked about the advantages and disadvantages associated with their respective procedures. **Dr Kaushik Lahiri** showed results with **punch grafting and mini-punch grafting**. **Dr Marwa Abdallah from Egypt**, demonstrated **suction blister grafting** procedure step wise. **Dr Deepti Ghia** showed us the steps of **Non-cultured melanocyte keratinocyte transplantation** technique.

In the second part of the presentation, **Dr KT Ashique** demonstrated a series of **innovative pearls in vitiligo surgery**. He himself was the innovator behind many of these. The innovations were aimed at easing the procedure, making it less resource intensive and improving outcomes. The session finale was a **panel discussion** to take up **management options for difficult cases in vitiligo surgery**. It was moderated by **Dr Chander Grover**, who took up challenges one faces in different types of vitiligo or patient profiles. A stellar panel of experts including **Dr Venkataram Mysore, Dr Somesh Gupta, Dr Niti Khunger, and Dr Anup Lahiry** who provided deft solutions and guidance for these scenarios and issues.

It was an immensely successful e-venture of IADVL with >10000 views and >3000 completed registrations. The SIG dermatosurgery thanks the IADVL EC and IADVL Academy for planning, executing and giving an opportunity to be a part of this momentous event.

**Dr Chander Grover**  
Coordinator, SIG Dermatosurgery



## Basic PGPDT (Post-Graduate Procedural Dermatology Training) Workshop

2nd August, 2020

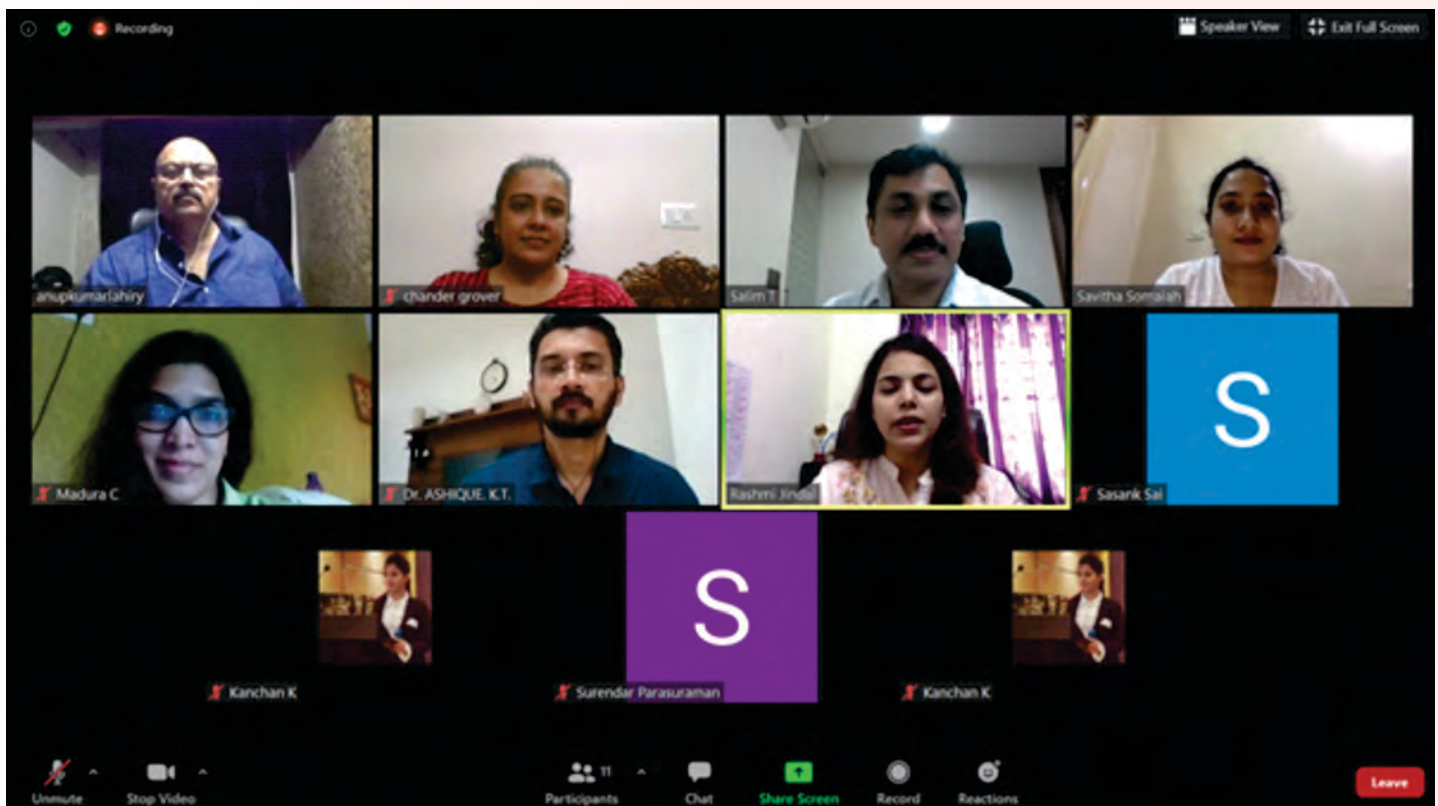
SIG Dermatosurgery harbours as its main goal, the task of spreading awareness about dermatosurgical procedures among IADVL members. With the help of IADVL Academy and IADVL EC, Team SIG fulfilled its responsibility through the first ever **Basic PGPDT Workshop** conducted on the 2<sup>nd</sup> August 2020, virtually.



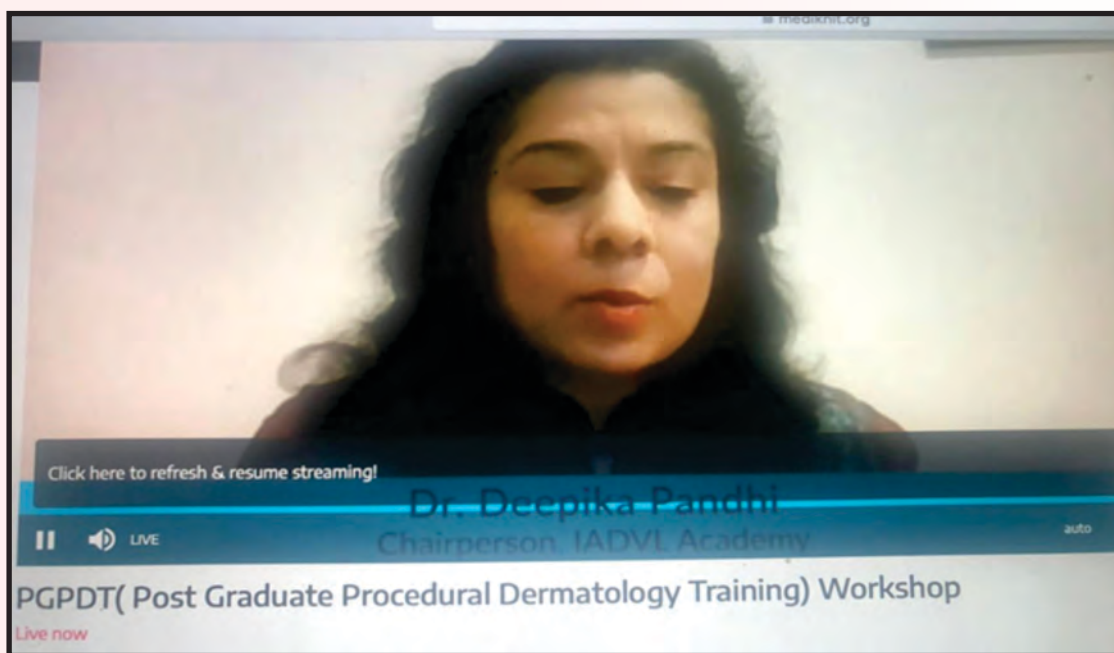
The **Post Graduate Procedural Dermatology Training Workshops (PGPDT)** were designed with resident doctors in mind. The concept and practice of dermatosurgery is not uniform across our teaching institutions all over India. Hence, to provide a uniform level of exposure and training, Team SIG floated this idea in June, 2019 during the annual Academy meeting. We were very happy that the idea was welcomed by the then President, Dr P Narasimha Rao, who asked us to submit a concrete proposal for the same. This we did with the support of the whole team especially Dr Madura, Dr Ashique and Dr Nilesh. Our proposal was then discussed in various fora and we thank our current President, Dr Kiran Godse and Academy Chair, Dr Deepika Pandhi for finally giving shape to our dreams by arranging educational grant from IPCA Laboratories for this program.

As originally envisaged, the workshops were to be held as 4 zonal events focussing on the youngest level of our provisional life members. Alas! Then COVID came and our best laid plans were sent haywire. However, with the sheer commitment and grit of IADVL Academy (Dr Deepika Pandhi and Dr Dipankar De) the hopes were rekindled to host the workshops on the IADVL digital platform. These PGPDT workshops were then redesigned by our team with a complete rejig of the scientific program keeping in mind the pros and cons of online interaction.

In its original format, PGPDT was supposed to be a 2-day, zonal, in-house training workshop with the first day being devoted to hands-on training on basic suturing and handling dermatosurgical emergencies. Both these hands-on sessions were supposed to utilise skin models, knotting board, human mannequins etc. The second day had been planned to be a video demo workshop of various dermatosurgeries. However, in the E-Avatar, we had to give up the hands-on training aspect due to limitations of a social gathering. Hence, we divided these two days into Basic PGPDT and Advanced PGPDT Courses. Nevertheless, hands-on component was still incorporated to some extent through the basic suturing course of one-hour duration for which we circulated a list of basic supplies which the residents could procure and attempt step by step suturing themselves on a sponge.



The sessions started with Presidential address with Dr Kiran Godse providing encouragement to the efforts in promoting Dermatosurgery. Following this, Dr Deepika Pandhi, Chairperson IADVL Academy provided an overview of the efforts being made by the Academy in promoting this subspecialty. Dr Chander Grover, Coordinator, SIG Dermatosurgery then spoke about the concept on which these workshops were based.





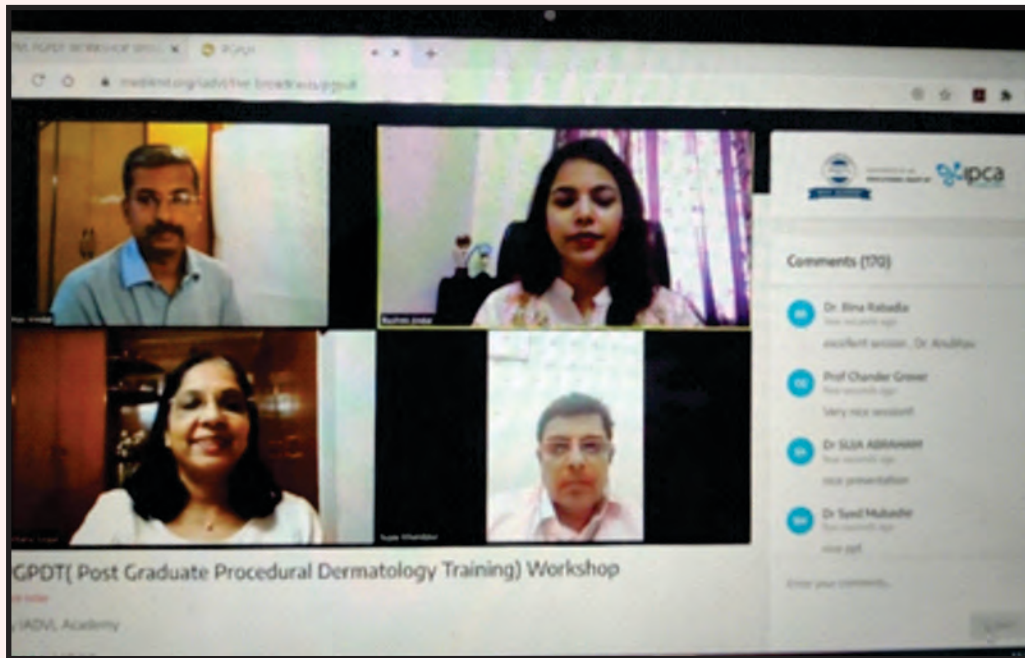


The first hour on Basics of Dermatosurgery was chaired by Dr Venkatram Mysore and Dr Chander Grover. Dr Ankur Talwar talked about the points to be kept in mind while setting up a dermatosurgery OT and Dr Anirudha Gualnikar deliberated on the instruments required by a dermatosurgeon. Dr Sanjeev Gupta detailed about various techniques for anesthesia which are useful in dermatosurgery. Dr Syed Mubashir talked about the precautions to be taken while practicing dermatosurgery in the current pandemic era.

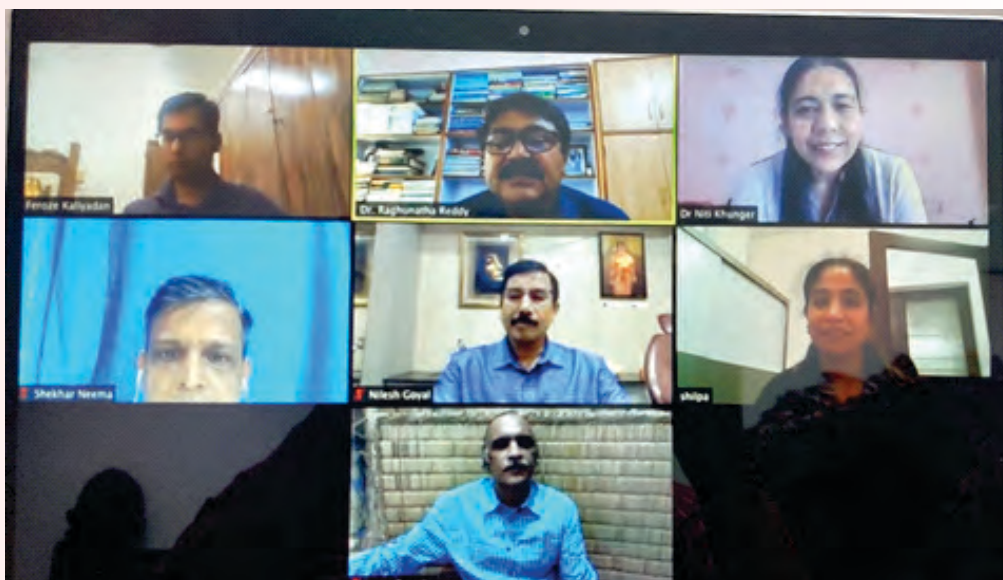


The next session was the first of its kind live basic suturing workshop where our expert surgeon Dr Anubahv Vindal demonstrated suturing techniques using a chalk-board teaching and skin model so that the delegates could visualise the steps. The session was chaired by Dr Archana Singal and Dr Sujay Khandpur who took up live audience questions simultaneously to clear all doubts.





Subsequent sessions were all video demonstrations of individual surgeries with ample time being kept for live audience questions as well. The pre-lunch session included day-to-day surgeries with Dr Shilpa K showing steps of simple office surgeries like chemical cautery, extirpation, corn enucleation and paring etc. These are the commonly done procedures which all postgraduates should be amply trained on. Dr Shekhar Neema showed steps of biopsy. He demonstrated both skin and nerve biopsy techniques. Dr Nilesh Goyal demonstrated efficient administration of intralesionals in various indications. Intralesional therapy forms the bulk of procedural dermatology practices. Dr Somesh Gupta familiarised the postgraduates with the basics of electrosurgery and what all can be achieved with various settings of the same. Dr Feroz Kaliyadan demonstrated basics of cryosurgery and its results in common indications. The audience questions were deftly handled by the moderators, Dr Niti Khunger and Dr Raghunatha Reddy who provided deeper insights into the topics discussed.



The post lunch session focussed on slightly more complex surgeries including basic excision surgery, nail surgery, vitiligo surgery and acne surgery. Dr Madura demonstrated steps to achieve a complete yet cosmetically acceptable excision of common skin lesions. Dr Chander Grover talked about the basic concepts to be clarified before operating on the nail. She demonstrated nail injection techniques, nail avulsion techniques, nail plate biopsy and nail bed biopsy through stepwise videos. Dr Ashique KT demonstrated mini-punch grafting, suction blister grafting and tattooing in cases with vitiligo. These form the basic vitiligo surgeries which can be done even in resource poor settings. Dr Anup Lahiry demonstrated TCA CROSS techniques, subcision techniques, punch surgery and dermabrasion surgery through meticulous videos. Such simple steps can help improve a substantial number of acne scars. This session was moderated by Dr T Salim and Dr Savitha AS who took up live audience questions and discussed out points which needed further clarification.



The meeting ended with a vote of thanks by Academy convener, Dr Dipankar De. We hope that our members, even senior members, and stalwarts, found the effort worthy and enjoyed the sessions as much as we enjoyed preparing them. The recorded version of the workshop is available on the IADVL Website for viewing by members.

**Dr Chander Grover**  
*Coordinator, SIG Dermatosurgery*

## Advanced PGPDT (Post-Graduate Procedural Dermatology Training) Workshop

*6th September 2020*

The 2<sup>nd</sup> online full day workshop of SIG Dermatosurgery, the Advanced PGPDT (Post Graduate Procedural Dermatology Training) Workshop was held virtually on 6<sup>th</sup> September with the help of IADVL Academy and IADVL EC.

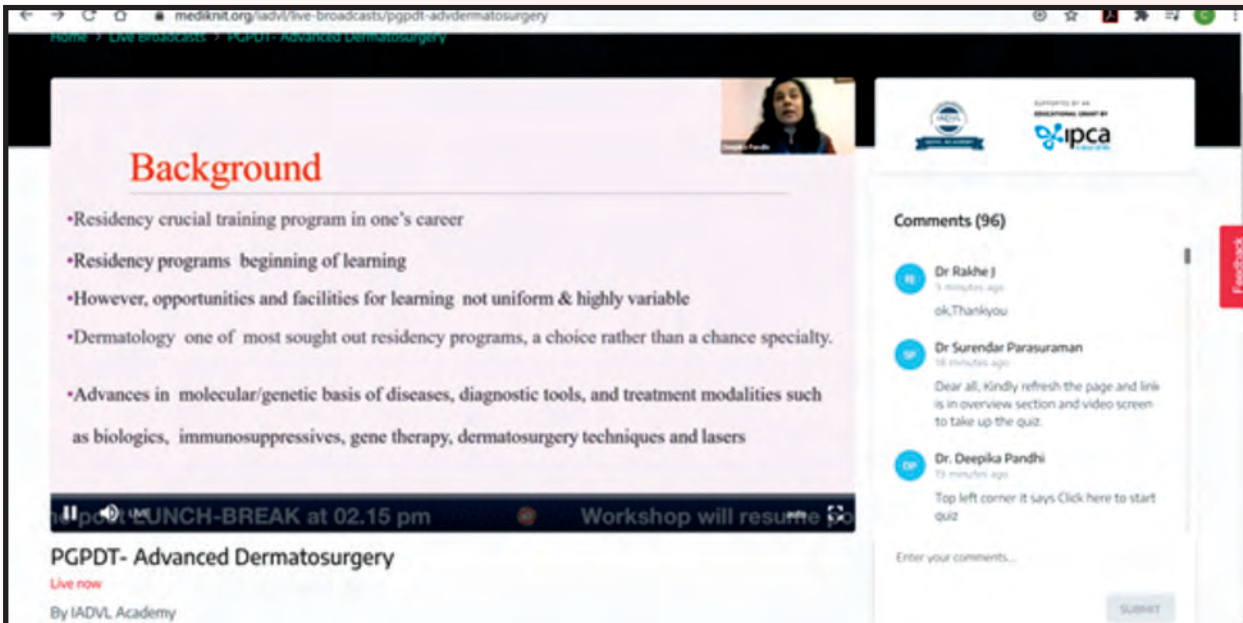
PGPDT Workshops were the brainchild of SIG Dermatosurgery 2019-2020 team. It was to fulfil our vision and mandate to raise awareness about dermatosurgery and familiarity with various dermatosurgical techniques, we thought that it would be best to frame programs for resident doctors across the country, as they are the torch-bearers for further advances in this field. The SIG Dermatosurgery Team had been conducting such workshops in collaboration with various state branches across the country, preferably in Tier II Cities. Through these workshops we learnt that it was the young residents who were the keenest audience, willing to learn and practice dermatosurgical techniques, especially because dermatosurgery is yet not an integral part of post-graduate dermatology curriculum across India. The level of exposure and hands-on training received by a postgraduate is largely dependent on the institution chosen or the faculty available. Most residents look for post PG opportunities to train in dermatosurgery techniques. Thus, to provide a level playing field, we envisaged this program and mooted the idea to IADVL Academy and IADVL EC 2019 and 2020. It was endorsed by them whole-heartedly and only with their active support, the program could see the light of the day.

- The plan was to develop this as a certification program: we shall work further on this now that the structure is in place.
- The plan was to conduct this as 4 zonal workshops in the physical realm: we shall hope that the same will be possible in 2021 after we defeat COVID. God willing! Till then we march on in the virtual realm.
- The plan was to conduct hands-on training. We recognised that this could be conducted with physical workshops with proper supervision by the faculty and step by step guidance. We shall hope for that to happen soon. Nevertheless, we did incorporate a hands-on session with participants practicing suturing at their homes while a conventional classroom, chalk and board type of teaching was done online.

The Basic PGPDT workshop covered the absolute basics of dermatosurgery from adequate Dermatosurgery OT facilities, to OT Etiquettes, to suturing techniques, to basic skin biopsy, cryo and radio-frequency surgery, on the 2<sup>nd</sup> of August, 2020. The Advanced PGPDT Workshop was held on 6<sup>th</sup> September, which tried to build upon the basic techniques discussed previously. Many of the sessions banked upon the knowledge discussed in Basic Workshop, attempting to go to a level higher to showcase the diaspora of dermatosurgical techniques. The techniques demonstrated in advanced workshop were the ones where we may not expect the PG's to start off straightaway, but they were showcased to help build a perspective in them, a glimpse of what this awesome field holds.

The program started with Welcome address by Dr Deepika Pandhi (Chairperson, IADVL Academy), Dr Kiran Godse (President, IADVL), Dr Chander Grover (Coordinator, SIG Dermatosurgery) and Dr Rashmi Jindal (Master of Ceremonies).



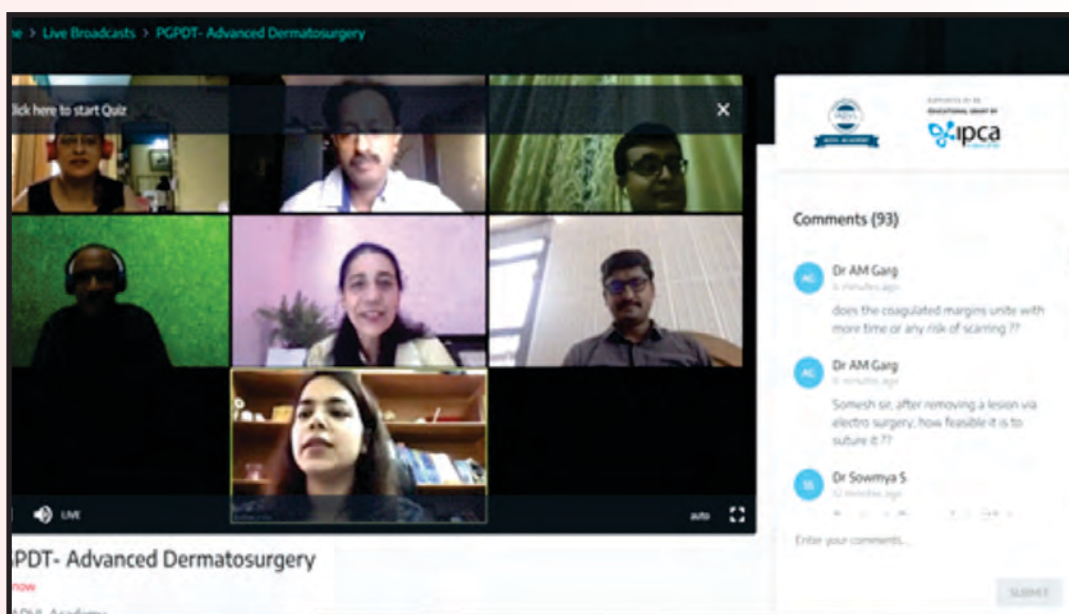
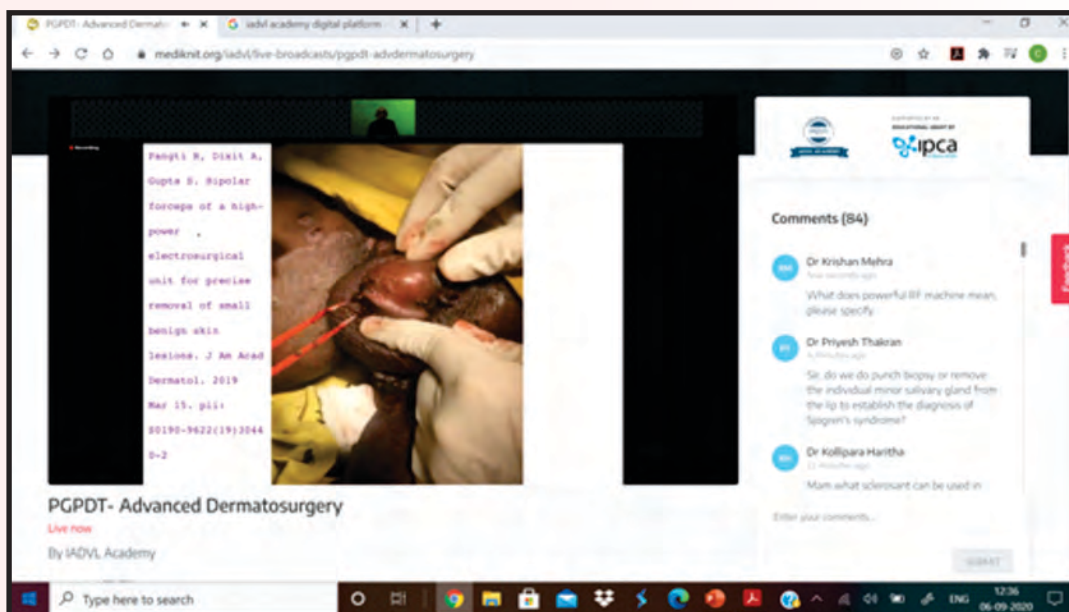


The very first session, Basics of Dermatosurgery, was moderated by Dr Shyamanta Barua and Dr Dhanashree Bhide. It started with Dr Aniruddha Gulanikar talking about the various suture materials and needles useful in dermatosurgery. He detailed the calibration scheme and sutures suitable for different areas of skin. Dr Shyamanta Barua gave brief overview of various training opportunities available in different centres and how to apply for them. It was an insightful session showing the work being done by IADVL and other associations in furthering this field. Dr Ankur Talwar talked in detail emphasising the importance and outlining the appropriate means of taking informed written consent before performing any procedures.

Video demonstration of Advanced surgical procedures started from the next session onwards. In Advanced Dermatosurgeries-1, moderated by Dr Sanjeev Gupta and Dr Sunil Menon, advanced procedure details pertaining to topics demonstrated last time were covered. Dr Anup Lahiry showed advanced acne surgery including the use of dermal grafts, PRP and Micro-needling Radiofrequency. Dr Ashique KT showed steps of Non-Cultured epidermal cell suspension technique for vitiligo. Dr Shilpa showed various flap designs and procedures to cover skin loss in larger excisions.

Advanced Dermatosurgeries-2 was moderated by Dr Shashi Kumar BM and Dr Vineet Relhan. In this session, Dr Somesh Gupta talked about advanced radiofrequency surgery where he further discussed settings of various machines and more advanced indications served by this form of surgery. Dr Niti Khunger demonstrated sclerotherapy agents and techniques useful in various indications. Dr Manas Chatterjee talked about dealing with the mucosa and special precautions to be used. He demonstrated mucosal biopsies and surgery for mucocele. The session highlight was a detailed talk by Dr Madhavi Goyal, Consultant Anesthesiologist, Hinduja Hospital, Mumbai, who shared points about Handling emergencies in a dermatosurgery OT, teaching us the basics of managing emergencies. This is one aspect which has not received its due, and we don't want any of our dermatosurgeons to be caught off-guard. We should be prepared all the time!





An interesting Dermatosurgery Quiz for the residents was hosted by Dr Debdeep Mitra during lunchtime. It drew many responses. The post lunch video demos included sessions on Nail and Hair Surgeries and Specialised Surgeries.

The moderators for Nail and Hair surgeries included Dr Narendra Patwardhan and Dr Imran Majid. Dr Kavish Chauhan first talked about the basics of hair transplantation surgeries, especially the ones done for androgenetic alopecia. This was followed by Dr Syed Mubashir demonstrating the techniques and nuances for hair transplantation done for cicatricial alopecia. Subsequently, Dr Chander Grover talked about advanced nail surgeries including Nail matrix biopsy, and ingrown nail management. She discussed principles and practice of operating on nail unit tumors in detail.

Click here to start Quiz

↑

**Click link above to participate in ONLINE RAPID FIRE QUIZ**

PGPDT- Advanced Dermatosurgery  
 Live now  
 By IADVL Academy

ADVL INSTITUTE OF ADVANCED DERMATOSURGERY Presents

PGPDT (Post Graduate Procedural Dermatology Training) Workshop

ONE OF IT'S KIND ONLINE RAPID FIRE QUIZ BY DR. DEEPA PATELA

1:25 PM - 1:42 PM IST

All delegates are welcome to participate

Dr. AM Gang

Incorrect URL !!

Admin

Doctor please refresh the page and click on the link in Overview section

Dr Surender Paraturaman

Dear all, kindly refresh the page and link is in overview section and video screen to take up the quiz

Dr Akshay Farsal

Enter your comments...

Feedback



Recording

Dr Harsh & Patwardhan

Chander Grover

Dr Imran Majid

Syed Mubashir

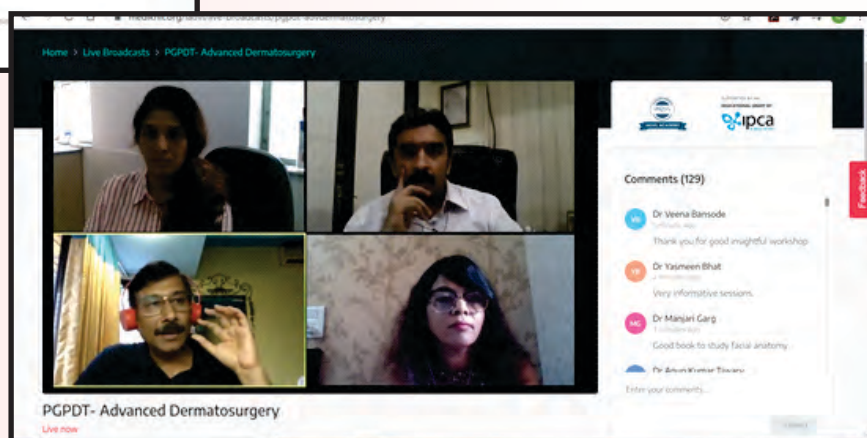
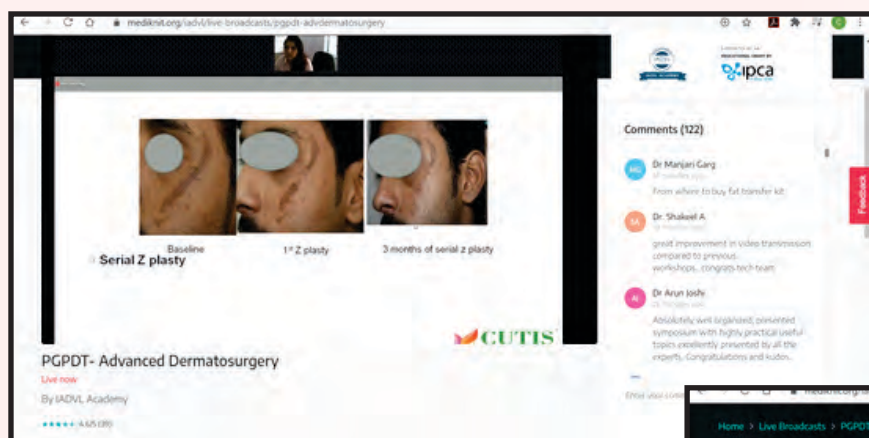
Dr Kavish Chouhan

Kavish Jindal

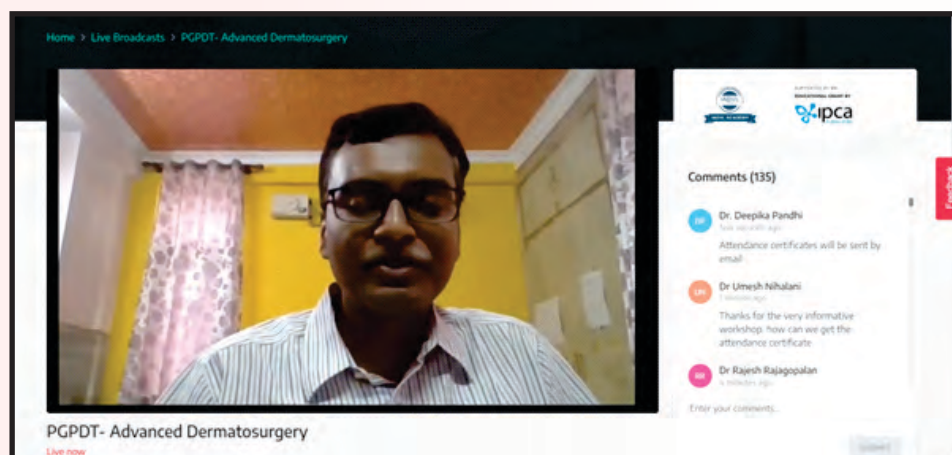
Kanchan K

Medkhi (Stream 1)

The last session focussed on specialised surgeries like fat grafting and scar revision. Dr Nilesh Goyal highlighted the step wise procedure for harvesting fat and grafting it in specific areas, highlighting the numerous uses this can be put to as an efficient and cost-effective filler material. Dr Madura showed scar revision techniques available and most suitable for different types of scars and different areas of the body, especially the face. This very important session was moderated by Dr Pradyumna Vaidya and Dr Shehnaz Arsiwala who collaborated to answer doubts of the audience.



The program closed with a vote of thanks by Academy Convener, Dr Dipankar De. The valuable feedback from the audience was also collected as their views help us mould the program to suit their tastes and needs better, this being a dynamic program. We hope and wish for the program to evolve and mould as per member requirements to serve IADVLites better.



**Dr Chander Grover**  
Coordinator, SIG Dermatosurgery



## Glomus Tumor A Not So Uncommon Nail Tumor



**Dr Anup Kumar Lahiry, MD,DD**  
*Consultant Dermatologist, Apollo Hospital, Secunderabad  
Skin and Laser Clinic*

A tumor of Myoarterial glomus composed of vascular channels lined by proliferating glomus cells and smooth muscle cells. Its a benign hamartoma with an incidence of 1.5% to 5%. Its classified into Solid glomus tumor, Glomangioma and Glomangiomyoma depending upon the density of glomus cells, vascular channels and smooth muscle cells. The incidence increases from preschool age, multiple tumors are common in children. In adult's occurrence in 3<sup>rd</sup> and 4<sup>th</sup> decade is common. It has a genetic predisposition with autonomous dominant inheritance.

The Tumor is well circumscribed and situated in dermis arising from glomus body at the arterial end. It contains vascular channels lined by glomus cells and the proportion of glomus cells to vascular channels vary. The glomus cells are cuboidal with a central round nucleus lining the vascular channels, more than 50% are angiomas which are painless have more vascular channels then glomus cells. Pain full lesions have more glomus cells. Glomangiosarcoma is a very rare malignant glomus tumor which rarely metastasize but have a potential of local recurrence.

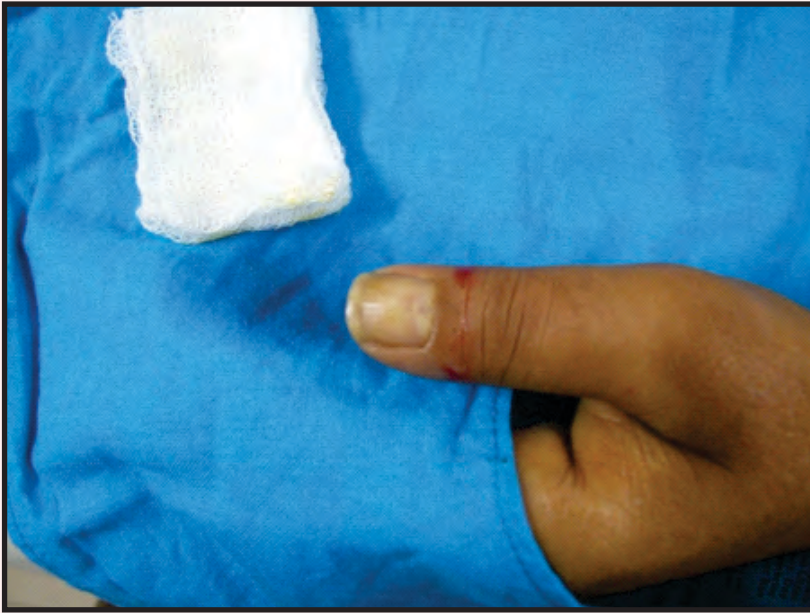
It presents as a painful reddish or bluish spot or as a cluster of soft bluish papulo nodules. Pain is precipitated by pressure, change of temperature or can occur spontaneously. Common site is the hand particularly subungual followed by other sites on extremities, head, neck and penis. The classical presentation of diagnostic triad of limb pain out of proportion to the size of lesion, exquisite tenderness to touch-LOVE'S sign and exacerbation of symptoms on exposure to temperature changes usually gives a clue to diagnosis.

Investigation like high resolution ultra sound, color doppler, plain x-ray and MRI adds to clinical features for confirmation.

Treatment of choice is surgical excision of the lesion, which is usually well defined or Co2 laser ablation. Even sclerotherapy had been tried. Incomplete excision usually leads to recurrence. Patient relief from pain post operatively is dramatic.



Figures



◀ Pinkish macule seen through nail plate, in Lunula area.

▶ Reddish papule near proximal nail fold



▶ Excised glomus tumor

## Surgical Tumescent Anaesthesia – Concept by Prof Lawrence Field



**Dr Nilesh Goyal**

*MRCP UK, DNB, DVD, SCS Dip*

*Consultant Dermatologist, Juvenis Clinic and Lilavati Hospital, Mumbai*

Today we are expanding our horizons of dermatosurgical skills, searching for newer surgical techniques and going into deeper territories. Our surgical techniques can be refined by reviewing what our masters have done many decades ago. Prof Lawrence Field who has rightly been conferred upon as Father of Modern Dermatosurgery, has written about many techniques in Dermatosurgery which we follow today. With his passing on 2<sup>nd</sup> October 2020, we have lost a phenomenal teacher who lived and travelled to teach Dermatosurgery across the world over the last three decades. He was a true inspiration for the coming generations to teach and learn from each other the principles of Dermatosurgery. He firmly believed that “to teach is to touch a life forever”. Today there are dermatologists in more than 60 countries who have learnt from him and are mourning his passing.

His concept of Surgical Tumescent Anaesthesia gave many a dermatologist the confidence to enter the subcutaneous plane boldly. [Fig 1.] This is by far the safest surgical technique for any cutaneous surgery including skin cancer surgery, liposuction and hair transplant.<sup>1</sup> The technique can also be used in modern day procedures like deep chemical peeling, dermabrasion, laser resurfacing, excisions of large moles and scar revisions. It involves injecting a solution of tumescent anaesthesia prepared prior to surgery into the subcutaneous plane via a puncture wound. The entry point is anaesthetized with a mix of Lidocaine 2% with Adrenaline 1:200,000. This entry can be made using a round punch upto 3mm or a 11 no. stab knife. The Tumescent anaesthesia solution is based upon **Klein's formula** (Normal saline 1000cc + Lidocaine 2% 10mls – 75mls + Adrenaline 1:1000 0.5 – 1ml + sodium bicarbonate 8.4meq/L 10mls).<sup>2</sup> This solution is slowly injected using a blunt multiport infiltrator (1 – 2mm). The solution is placed under the entire surgical area. The fluid is injected while withdrawing the infiltrator. Hydrodissection occurs under the skin lesion with separation of the deeper vital structures. Often the entire surgical area can be anaesthetized from a single port of entry. A good estimate of the depth of the skin lesion can be got while infiltration by palpating the spread of fluid. A uniform rise in the skin lesion would rule out a deeper tissue involvement. Once the area is anaesthetized, the epidermis of the incision can be further anaesthetized with Lidocaine 2% without adrenaline. This would not be felt by patient due the underlying tumescent anaesthesia. A clean incision using a 15No. surgical blade on as BP handle no.3 can allow entry into the deeper plane. The surgeon has to incise upto lower dermis. A blunt dissecting scissors can be used for separating the skin lesion from the underlying structures. Very less resistance is encountered if tumescent anaesthesia is employed correctly. Blunt dissection using blunt scissors or a blunt tipped cannula prevents any surgical damage to underlying structures with minimal disruption of fat compartment which promotes faster healing and less scarring.

A very big advantage of this technique ( also known as Bi level anaesthesia technique) is that it causes a tamponade of the deeper large blood vessels which makes the surgical field blood less and hence surgeon friendly. It also

separates the operative skin from the underlying nerves. Tumescent anaesthesia gives very long lasting anaesthesia due to the high affinity of adipocytes for lidocaine and its slow release into the systemic circulation thereby slowing its metabolic degradation. This prolonged anaesthesia helps the surgeon to perform smoothly and rapidly as the patient is completely relaxed and at the same time is awake and cooperative. A personal communication from Dr Klein is that tumescent lidocaine solution probably has an antimicrobial effect as none of his 8000 plus patients who underwent tumescent anaesthesia for liposuction encountered any infections post operatively.<sup>2</sup>

I have benefitted very much from adopting this approach for excising lesions on scalp and neck.<sup>3,4</sup> [ Fig 2,3 & 4] It has proven invaluable while performing an ablative CO2 laser procedure for multiple angiokeratomas involving entire scrotum and for dermabrasion of cheeks for acne scars. It has definitely made Hair transplant surgery very comfortable for the patients as the level of anaesthesia is optimum for them to be relaxed and pain free. The tumescence helps in making the hair stand so extraction becomes easy with less transections.<sup>5</sup> Another surgery where this technique is put to maximum use is Liposuction. Here the entire fat compartment is anaesthetized with a tumescent anesthetic solution which has lidocaine upto 55mg/kg.[ Fig 5 & 6] This leads to anaesthesia of the fat compartment with separation of the overlying skin and underlying muscle layer both of which are not numb. The presence of sensation in these areas helps in restricting the surgeon to the fat compartment preventing intraoperative injury to the under surface of skin or the upper surface of muscle.

#### Points to learn and adopt

1. Bi-level anaesthesia helps in separating the operating skin from the deeper vital structures making the surgeon safe.
2. Blunt dissection with blunt tipped scissors or cannula in deeper planes causes less damage to fat compartment resulting in better and faster healing.
3. Tamponade effect of tumescent anaesthesia results in blood less surgical field.
4. Long lasting anaesthesia with tumescent technique avoids overuse of pain killers and anxiolytics.
5. Most dermatological and cosmetic procedures can be done with ease by using the Bi-level technique of anaesthesia.

#### **References:**

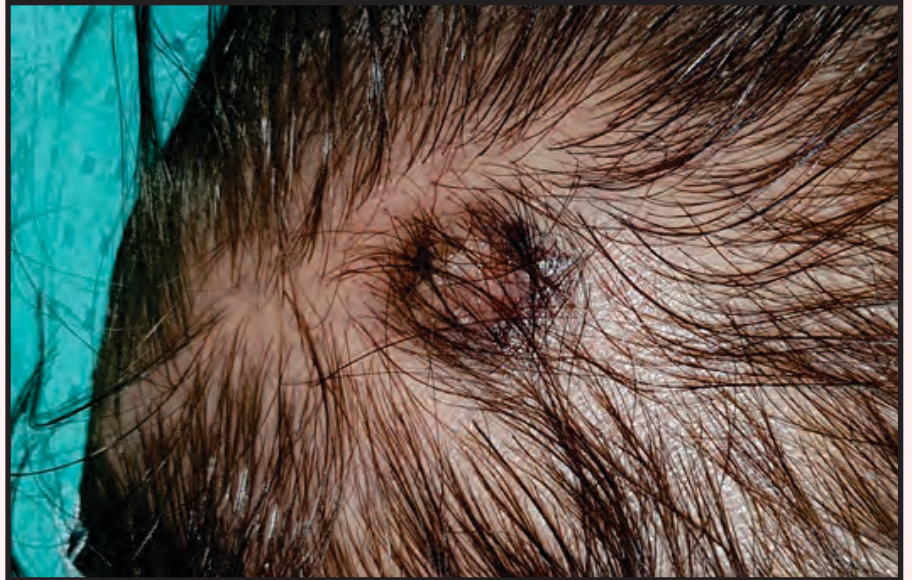
1. Field L, Ho HP, et al. Tumescent anesthesia combined with blunt dissection: fulfillment of the safe surgeon's dream. *Cosmet Surg* 1995;8:43–5.
2. Klein J. The tumescent technique for liposuction surgery. *Am J Cosmet Surg* 1987;4:263–7.
3. Coleman W, Klein J. Use of the tumescent technique for scalp surgery, dermabrasion, and soft tissue reconstruction. *J Dermatol Surg Oncol* 1992;18:130–35.
4. Field L, Hrabovszky T. Harvesting split thickness grafts with tumescent anesthesia. *Dermatol Surg* 1997;23:62.
5. Field L, Namias A. Bilevel tumescent anesthetic infiltration for hair transplantation. *Dermatol Surg* 1997;23:289–90.



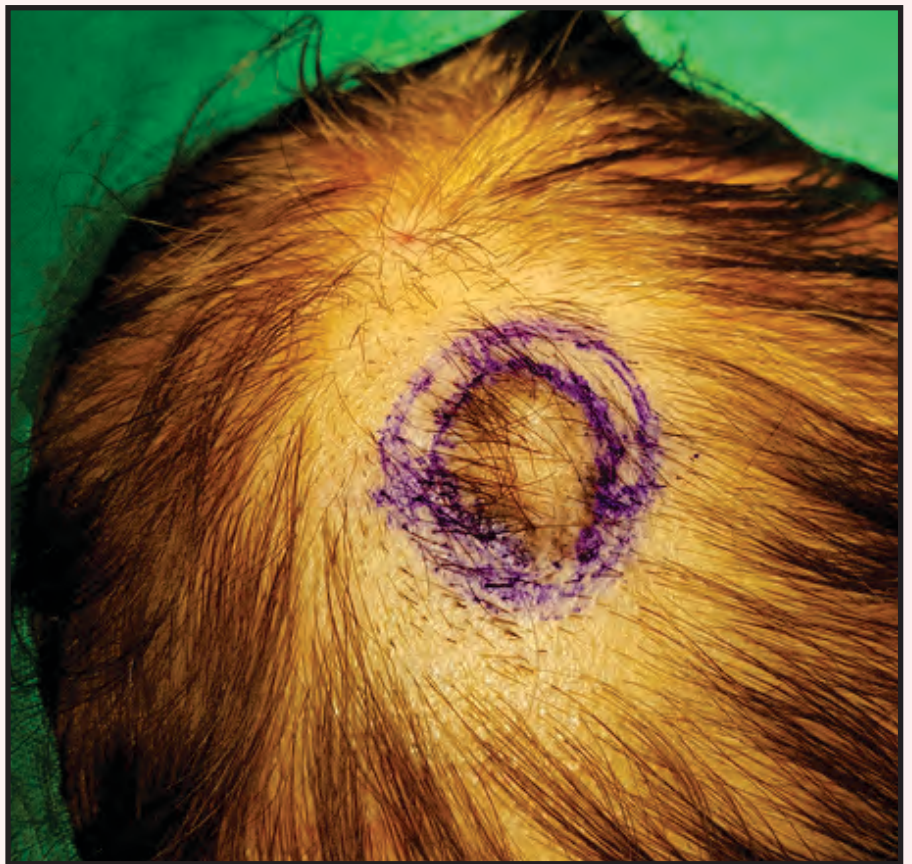
**Figures:**



*Prof Lawrence Field (1929–2020) explaining the concept of bi level tumescent anaesthesia and blunt dissection*

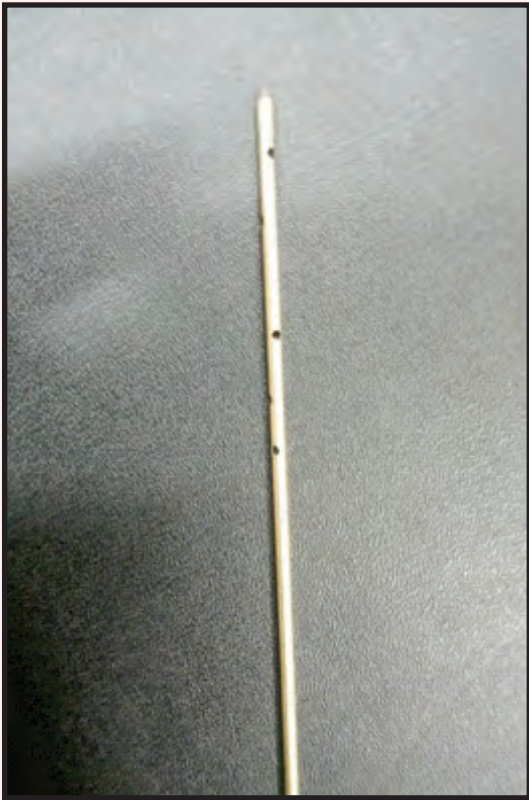


*BCC on temporal scalp pre infiltration*



*Bi level tumescent anaesthesia showing pale skin around the lesion with lifting of the lesion*





*Blunt tipped 2 mm infiltration cannula with multiple ports*



*Pre tumescent abdomen*



*After infiltration of 3 litres of tumescent anaesthetic solution. Look at the pale skin colour indicating the effect of adrenaline*

## Complications of Dermatosurgery on Face



**Dr Syed Mubashir**

Head & Associate Professor, Dept Of Dermatology  
GMC Baramullah

The Surgical procedures in dermatology have been gaining importance and evolved enormously within dermatologic practice and the range of conditions being surgically treated has also been broadened. Continuous rise in the dermatosurgical procedures by dermatologists has led to lot of evolution of this speciality and there is considerable growth in demand for dermatologic surgery. Dermatosurgery also uses lot of methods and is evolving as it can be used for cosmetic procedures & outcome is excellent

Dermatologists offer complete dermatologic care for their patients, including surgery. However, one should be aware of the possible complications. *Complications in operative dermatology may arise not only through problems during the surgery but also because of inadequate preoperative evaluation and planning or because of less than ideal postoperative care.* In addition, underlying diseases such as *diabetes mellitus or collagen vascular disorder* may contribute to inadequate healing, bleeding or wound infections

**Complications in dermatosurgery most frequent were hemorrhagic complications (3%), which occurred significantly more frequently in males, when anticoagulant, antiplatelet or immunosuppressant agents were used and, in cases of prolonged procedures, skin flaps or full skin grafts. Infectious complications occurred in 2% and vasovagal syncope in 1% of patients. Anesthetic complications occurred more frequently when the patient's age was less than 50 years.**

### **BLEEDING:**

Bleeding represents one of the most common complications in surgery. Control of bleeding process is crucial for achieving an optimal surgical outcome. Bleeding from the smaller caliber vessels encountered in cutaneous operations is unlikely to result in a life-threatening immediate risk; however, it is alarming to the patient and may also disturb the healing process. Excessive bleeding, either intraoperative or postoperative, is often associated with unfavorable outcomes. For example, **increased postoperative bleeding under the suture can result in edema or hematoma formation** presenting with sudden pain and a tender, often bluish area of the swelling at the wound site. There are certain anatomic sites where the formation of **postoperative hematoma** is almost inevitable, such as periorbital region. Hematoma can in some cases have severe consequences due to the pressure it exerts on the wound edges.

This can cause **necrosis**, leading to **wound dehiscence** and formation of cosmetically unacceptable **scar**. In most cases, bleeding caused by cutaneous surgical procedure can be controlled with electrocautery, electrocoagulation, or electrodesiccation. On the other hand, electrosurgical operations (such as electro-dissection of the excessive

hypertrophic tissue in patients with rhinophyma) may sometimes be complicated with bleeding when a larger blood vessel is injured. In such cases, **an additional suture** may be the solution to stop the bleeding. Even with careful hemostasis, postoperative bleeding does occur in a small number of patients.

**Pressure dressings are recommended for the first 24 hours postoperatively** in most cases and patients should be given instructions about postoperative care and limited activity after the surgery.

A normal hemostatic response to vascular injury involves the initial formation of a platelet plug followed by a fibrin-platelet clot, and it depends on the adequate quantity and function of coagulation factors and platelets. A medication or a certain disease that affects the coagulation cascade may potentially cause prolonged bleeding. Inadequate hemostasis and mechanical factors such as hypertension and trauma can cause bleeding complications too.

Taking **careful history** preoperatively will identify patients at risk of bleeding. Information on previous surgeries, dental procedures, cuts and menstruation can be very helpful in identifying patients at a higher risk. **Also, a list of medications (warfarin, aspirin, other nonsteroidal anti-inflammatory drugs (NSAIDs), heparin, thiazide diuretics, oral contraceptives) should be taken into account**

Aspirin and warfarin increase intraoperative bleeding, but have not been clearly demonstrated to increase postoperative bleeding. There are also various over-the-counter (OTC) preparations that may be important for the recognition of high-risk patients.

Garlic, for example, inhibits platelet aggregation in a dose-dependent manner. Garlic contains adenosine, allicin, and paraffinic polysulfides, which exhibit antiplatelet effects believed to be irreversible in nature, lasting for platelet lifetime. Ginkgo biloba has been implicated in cases of postoperative and intracranial bleeding. The half-life of 3 to 10 hours determines the level of antiplatelet activity. Many patients do not consider OTC supplements when reporting medication use, and they should be specifically asked about them.

**Vitamin E** is an antioxidant which can also exhibit anticoagulant activity through the inhibition of the vitamin K-dependent coagulation cascade. Alcohol is a known potent vasodilator and it is strongly recommended to avoid its use in the perioperative period. **Information on diseases like systemic lupus erythematosus, leukemia, viral infections, anemia, alcohol abuse, etc. are very important, and so is the family history of a bleeding abnormality (von Willebrand's disease, hemophilia, other inherited coagulation disorders).**

Physical examination should reveal other physical signs of increased bleeding (ecchymoses, petechiae). When necessary, the best way to identify bleeding abnormalities is with laboratory studies (platelet count, bleeding time, prothrombin time, partial thromboplastin time)



CLOSED SUCTION DRAIN

JACKSON PRATT

OPEN DRAINS Penrose



### Infections

Infections are relatively rare in uncomplicated dermatologic surgery. Preparation before the operation plays an important role in the prevention of wound infection. In case of *minor procedures such as biopsy and electrodesiccation, skin cleansing with isopropyl alcohol and barrier protection with nonsterile gloves are sufficient*. In excisional surgical procedures with skin closure, skin should be prepared with povidone-iodine (Betadine) or chlorhexidine scrub followed by draping the surgical field with sterile towels

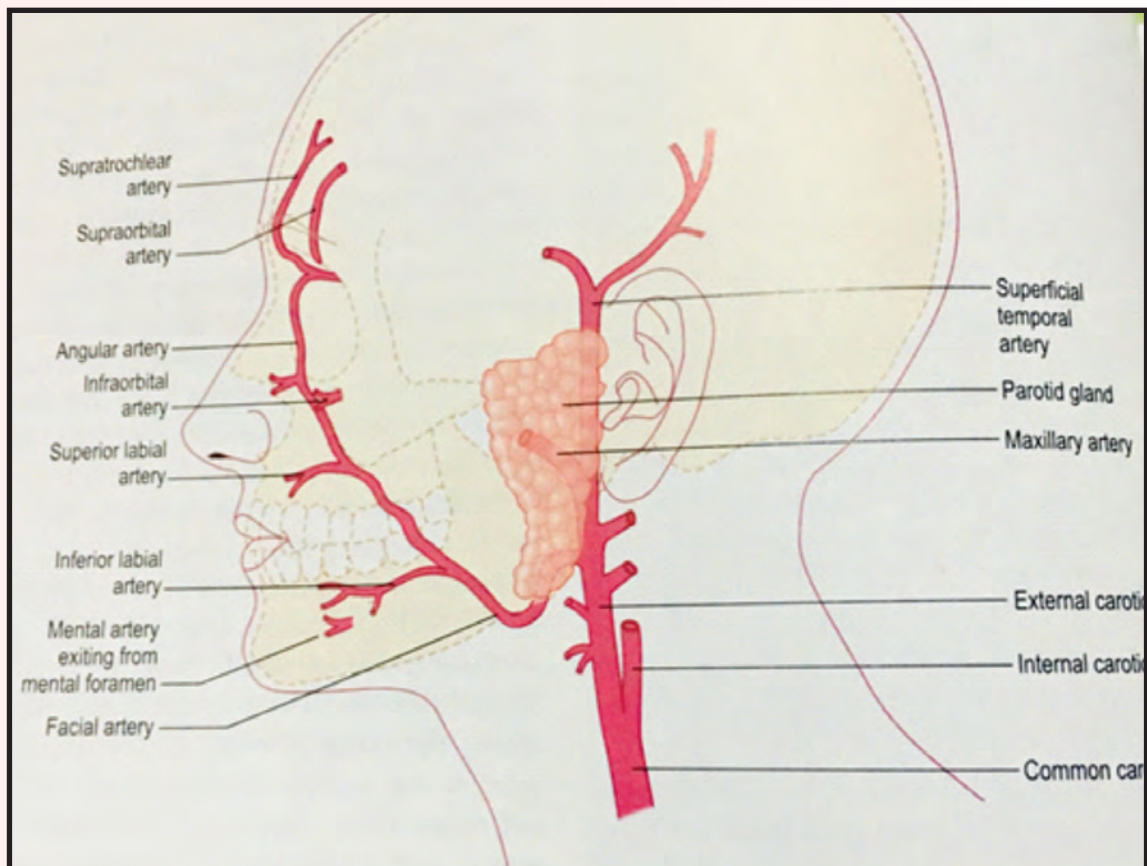
Hair in the surgical field should be removed (shaved or clipped with scissors) since it is well known that preoperative hair removal decreases the frequency of wound infections. Prevention and early recognition and treatment of wound infection is important to minimize the possible wound dehiscence and increased scarring, as well as more serious complications such as toxic shock, sepsis and osteomyelitis.

The most common cause of cutaneous wound infections are bacterial organisms (*Staphylococcus (S.) aureus*, *S. epidermidis* and  $\beta$ -hemolytic streptococci). Sometimes, the trauma caused by dermatosurgery can activate latent herpes virus infections. Also, patients with other skin disorders (such as atopic dermatitis) are at a higher risk of cutaneous wound infections, and so are immunocompromised patients and patients with diabetes mellitus.

There is still *no consensus regarding recommendations for antibiotic prophylaxis* in dermatologic surgery both to prevent wound infections and to treat patients at risk of endocarditis or those with prosthetic devices. In the majority of dermatologic surgery procedures, prophylaxis is not needed because the overall incidence of infection is low.

Class	Example	Infection risk
I – Clean	Sterile technique Non-contaminated, non-inflamed skin	<5%
II – Clean-contaminated	Minor breaks in sterile technique Wounds in oral cavity, axillae or perineum	5–10%
III – Contaminated	Major breaks in sterile technique Trauma Inflammation without purulent discharge Intact cysts	20–30%
IV – Infected	Purulent discharge Ruptured cysts Necrotic tumors Foreign bodies present	>30%

There is still no consensus regarding recommendations for antibiotic prophylaxis in dermatologic surgery both to prevent wound infections and to treat patients at risk of endocarditis or those with prosthetic devices. In the majority of dermatologic surgery procedures, prophylaxis is not needed because the overall incidence of infection is low.



### **Allergic reactions and reactions to local anesthetic agents**

Allergic reactions to local anesthesia are rare with an incidence of less than 1%. Almost any substance applied to the skin can cause irritant or allergic reactions. In dermatosurgery, reactions to topical anesthetics (most common ester anesthetics), preparation agents such as antiseptics (betadine, chlorhexidine, povidone-iodine, etc.), topical antibiotics and latex products are most commonly seen. They are almost always caused by ester anesthetics, sometimes by amide anesthetics. All local anesthetic agents have the potential to be toxic to the central nervous system and cardiac system if the plasma concentration is high enough.

The most common cause of elevated plasma levels of an anesthetic agent is inadvertent arterial injection. Therefore, repeated aspiration during anesthetic application is extremely important.

Necrosis is a rare complication; however, it is also one of the most dangerous complications connected to local anesthesia. It is usually caused by epinephrine in the local anesthetic agent. Cutaneous necrosis develops due to prolonged vasoconstrictive effect of epinephrine. Therefore, when operating in the areas with poor collateral circulation, such as digits, epinephrine should be avoided. Patients with pre-existing peripheral vascular disease (diabetes, connective tissue diseases, atherosclerotic disease) have a higher risk of cutaneous necrosis.

Epinephrine should also be used with caution in patients taking beta-blocking agents, tricyclic antidepressants, thyroid hormones, and monoamine oxidase inhibitors because of the risk of severe hypertension. However, in routine dermatosurgery, where small amounts of local anesthetic it can be used. In pt having history consistent with epinephrine sensitivity dilution 1 in 250 000 or more will be helpful.

### **Electrosurgical procedures**

It can sometimes cause excessive tissue damage, resulting in charred tissue that can be a nidus for postoperative inflammation and delayed healing.

This technique should be used with extreme caution in patients who have implanted pacemakers and defibrillators even though they are designed to resist outside electrical stimulation. To minimize this risk, multiple short bursts should be used. It is important to dry the operative field with gauze before using the electrosurgical device, to avoid the spread of current over a larger area.

### **Vasovagal syncope**

It is one of more common complications in patients undergoing minor surgical procedures. Anxious and very nervous patients are more likely to have vasovagal syncope.



It is important to make sure that the patient cannot see the operation, and after the procedure should be instructed to sit and stand slowly

### **Psychological aspect**

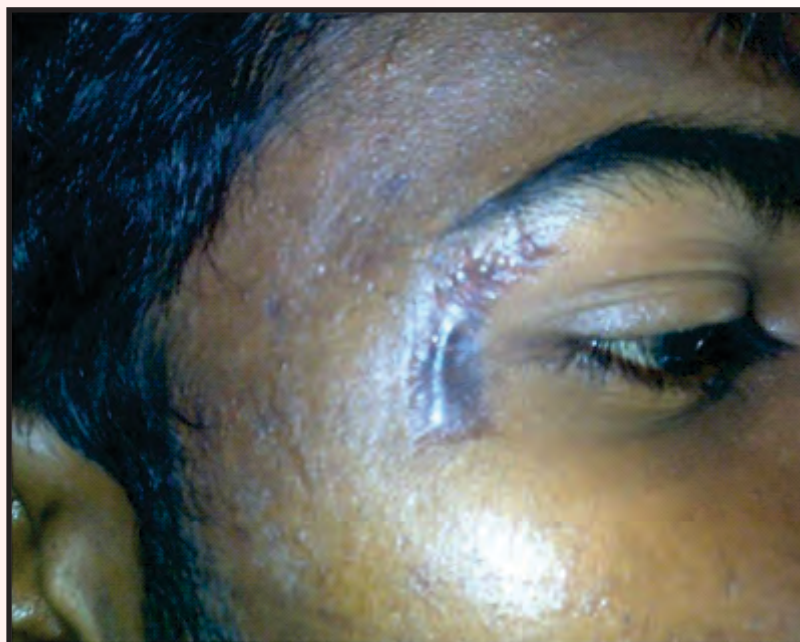
The psychological aspect of the surgical procedure should not be forgotten. Some patients are worried or scared because of the operation and because of this anxiety and there are reported cases of who manifested urticarial rash as a result of psychological stress from the surgical removal of a skin change.

### **Wound separation (dehiscence)**

Failure to consider the skin tension lines can lead to wider scar or to a distortion of normal structures. When planning operations that are entirely cosmetic, patients should be thoroughly informed on all possible complications, scarring in particular

It occurs when a wound fails to heal in apposition. It can be caused by delayed wound healing due to systemic disease or steroid medication, excessive wound tension, hematoma, wound infection or premature suture removal. The most common cause of wound separation is excessive tension

Wide scars after surgical excision are usually the result of tension on the area that exceeds the wound strength. Areas such as back, chest and shoulders are more often affected by the formation of wide scars because the wounds are here usually closed under tension.



### **Seroma**

It is a collection of serous fluid under the suture line which may develop in the areas of extensive undermining or dead space. Seromas can be drained by using a large-bore needle and syringe in order to reduce pain and wound tension.

In dermatological procedures, seromas are most often seen as a side effect occurring after sentinel lymph node biopsy in patients with malignant melanoma. One must also have thorough knowledge of the vascular and nerve supply of the operative field. Especially the facial nerve can be easily damaged during a procedure in the preauricular region.

### **Necrosis**

It occurs secondary to tissue ischemia when the blood supply of the healing wound is inadequate.

Wounds that are under tension and the conditions like hematoma in the postoperative wound, infection, contact dermatitis or peripheral vascular disease imply a higher risk of necrosis.

Smoking is also a risk factor for the development of necrosis since it causes vasoconstriction, trauma.



### **Keloids and hypertrophic scars**

Keloids that appear after surgery, trauma or 'spontaneously' as a consequence of microtrauma in predisposed patients. Keloids are distinguished from hypertrophic scars because keloids extend beyond the margins of the original wound and do not tend to regress spontaneously. Moreover, hypertrophic scars arise early (4 weeks postoperatively), they often regress spontaneously, and they do not recur.

Keloids can be due to surgeries and can arise after months of surgery and they frequently recur. its often associated with pruritus and pain, and can lead to functional and cosmetic deformities and even have psychological impact.

Some patients have a family tendency or personal history of hypertrophic scar or keloid formation. Infection, hematoma, suturing of wound under tension and dehiscence increase the risk of forming a hypertrophic scar or keloid. Treatment of keloids present a challenge as there are multiple treatment options are available, and approach towards the treatment with least side affects should be devised for better outcome.

However, radiotherapy for keloids represents a safe and most effective option for postoperative keloid therapy, especially for patients with bulky or recurrent disease.

Recent studies have shown that silicone elastomer sheeting might be effective in the prevention of scars and keloids. The use of sheets are having less side affects and results are better as compared to such as surgical excision, intralesional corticosteroid injections, pressure therapy, radiation, laser treatment, and cryotherapy.

The best results in the treatment of large keloids have been achieved with a combination of the above mentioned modalities.







### **Granulation tissue**

It develops in the presence of a certain barrier to complete wound healing.

Trapdoor deformities occur when a part of a flap or a graft becomes elevated by thickened tissue. The operative scar may be more disturbing than the preoperative problem, especially if a hypertrophic scar or keloid develops. Certain areas such as pectoral, deltoid and dorsal areas are particularly prone to keloid formation.

### **Hypopigmentation and hyperpigmentation**

It can appear as a result of inflammation caused by any surgical procedure, the most common procedures like cryosurgeries, dermaabrasions, phenol application. Hyperpigmentation and hypopigmentation are frequent complications of CO<sub>2</sub> lasers and Er:YAG laser resurfacing. Long pulse duration-induced thermal damage seems to be the most important factor in terms of the induction of pigmentary disorders<sup>10</sup>.

### **CONCLUSION**

Surgical complications are not frequent but can be both worrisome and disturbing. In order to prevent or reduce complications it is necessary to take complete history and physical examination before performing dermatosurgical operations.

## IADVL Office Bearers

### IADVL ACADEMY - 2020

**Chairperson (2020-21):** Dr. Deepika Pandhi **Convener (2020-21):** Dr. Dipankar De

#### EX-OFFICIO MEMBERS

Dr. Kiran Godse ( President )	Dr P. Narasimha Rao (Imm.Past President)
Dr Jayadev Betkerur (President Elect)	Dr Feroz K (Hon. Secretary General)
Dr Rakesh SV (Hon. Treasurer)	Dr Umashankar Nagaraju (Imm. Past Hon. Secretary General)
Dr Seetharam KA (Imm. Past Academy Chairperson)	Dr Shashikumar BM ((Imm. Past Hon. Treasurer)
Dr. Sunil Dogra (Editor, IDOJ)	Dr. Saumya Panda (Editor, IJDVL)

#### MEMBERS

Dr Ananta Khurana	Dr G. Manmohan	Dr Kanthraj GR	Dr Krishna Talukdar
Dr Meghana M Phiske	Dr Nilay Kanti Das	Dr Renu George	Dr Raghunatha S
Dr Rashmi Jindal	Dr Santoshdev P. Rathod	Dr Sumit Sen	Dr Usha Khemani

### IADVL

**PRESIDENT**  
Dr. Kiran Godse

**IMM. PAST PRESIDENT**  
Dr. P. Narasimha Rao

**PRESIDENT ELECT**  
Dr Jayadev Betkerur

#### VICE PRESIDENTS

Dr. Manjunath Shenoy

Dr. Rashmikant Shah

**HON GEN SECRETARY**  
Dr. Feroze K.

**HON. TREASURER**  
Dr. Rakesh SV

**HON JOINT SECRETARY**  
Dr. Konakanchi Venkatachalam

Dr. Anuradha K Babu

Design & Layout by :



# CBS Publishers & Distributors Pvt. Ltd.

*Dedicated to Education*

**Branches :** New Delhi • Bengaluru • Chennai • Kochi • Kolkata • Mumbai

**Resident Rep. :** • Bhubaneswar • Dehradun (UttaraKhand) • Giridih (Jharkhand) • Hyderabad • Nagpur • Patna • Pune • Vijayawada

[www.cbspd.com](http://www.cbspd.com)