

TANGENTIAL EXCISION OF A LESION OF NEURO FIBROMATOSIS ON ALAE NASI SINISTRA

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Section: General

We report a 29 year old female with multiple lesions of neuro- fibromatosis on her face. At that time, she preferred to removal of a single lesion on the alae nasi sinistra, but declined any visible scar on other parts of her face.

After betadine scrub, we infiltrated Pehacain® (lidocain 2% and ephineprine 1: 80.000) under and around the lesion, resulting in a diffuse and symmetric elevation of the surrounding area. After 5 minutes we performed a tangential excision of this 10x10 mm lesion utilizing the “secret weapon” of dermatologic surgeons, the Gillette® blade (Field L). By placing the forefinger in the nostril to fix the lesion, we also established the proper curvature for an incision across the base of the lesion which was parallel with the final intended surface. We then excised the lesion with the Gillette® blade, the fixed contour of the blade following the fixed contour (convex) of the alae nasi - from one side to the other until the lesion was removed. Aluminum chloride 40% was applied on the excision site to stop the superficial bleeding, followed by an antibiotic.

The tangential excision is simple, requires no expensive instrumentation, and just takes seconds to excise a single lesion (Field). Hemostasis should be by chemical means, without further injury to the tissue. “Razabrasion” (Field) can be applied in some cases to even peripheral surfaces.

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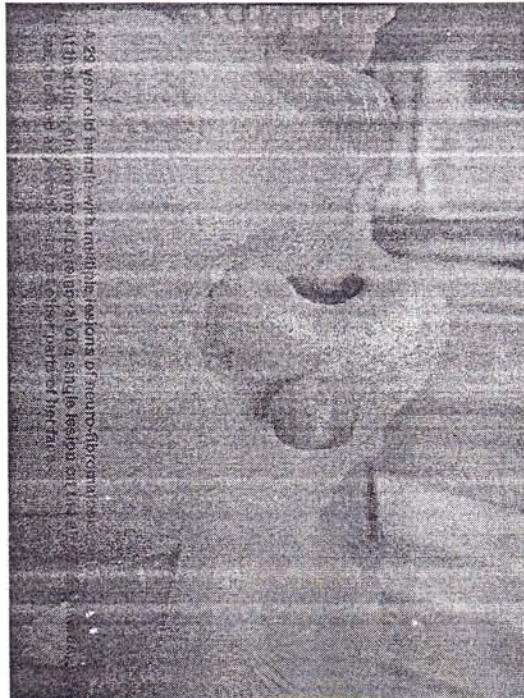
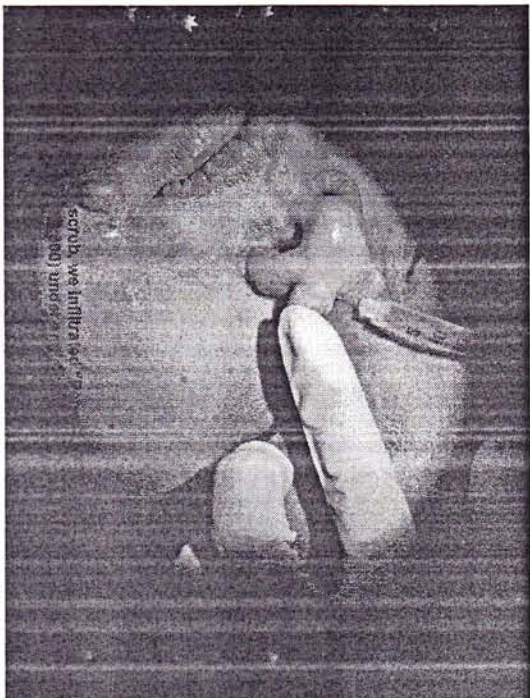
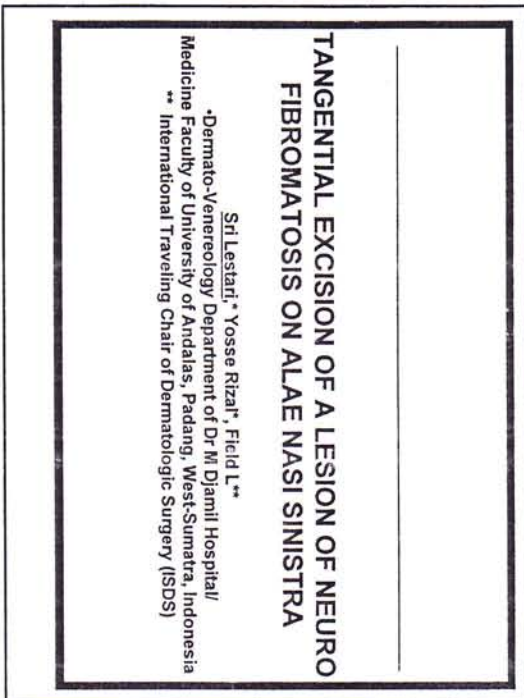
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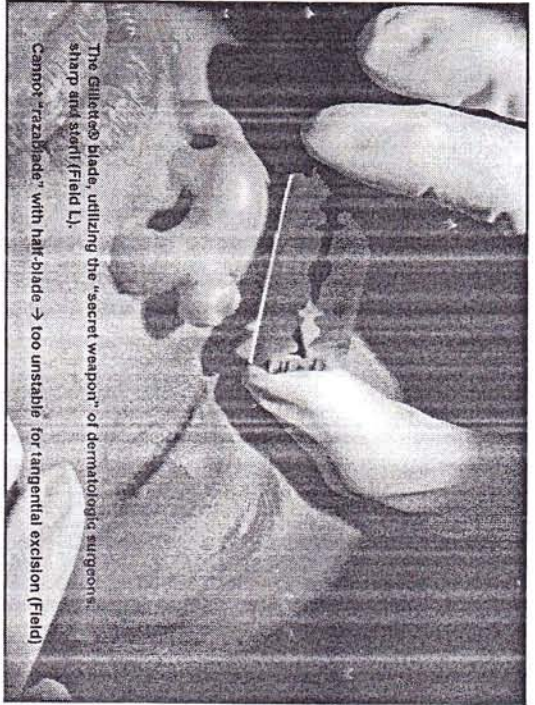
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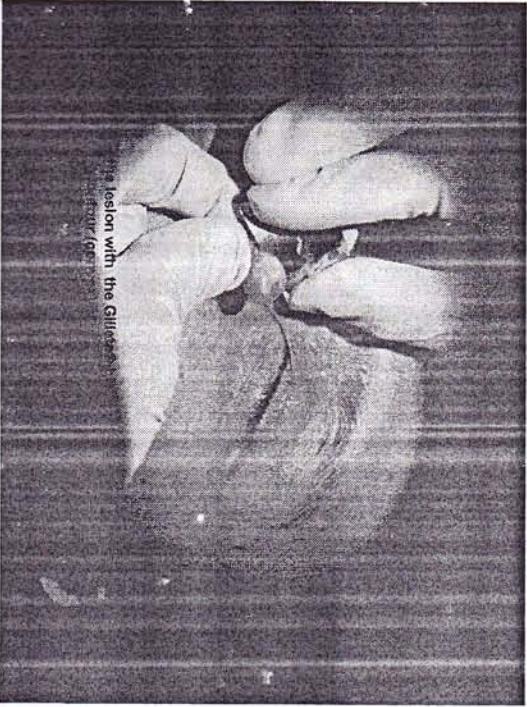
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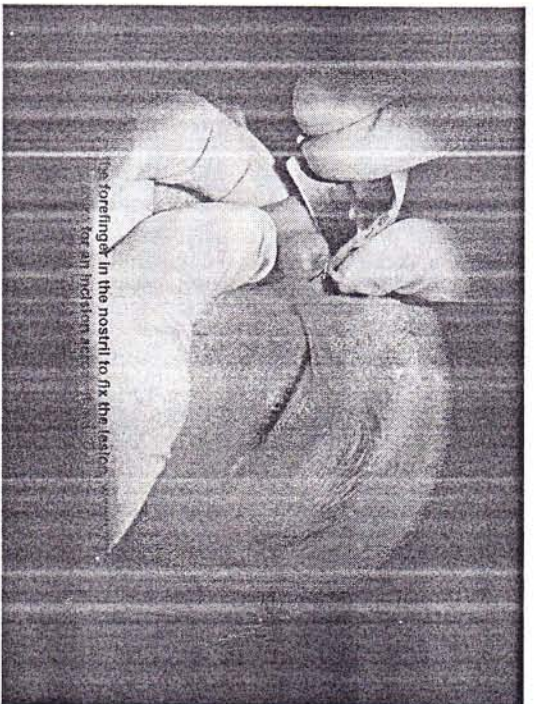




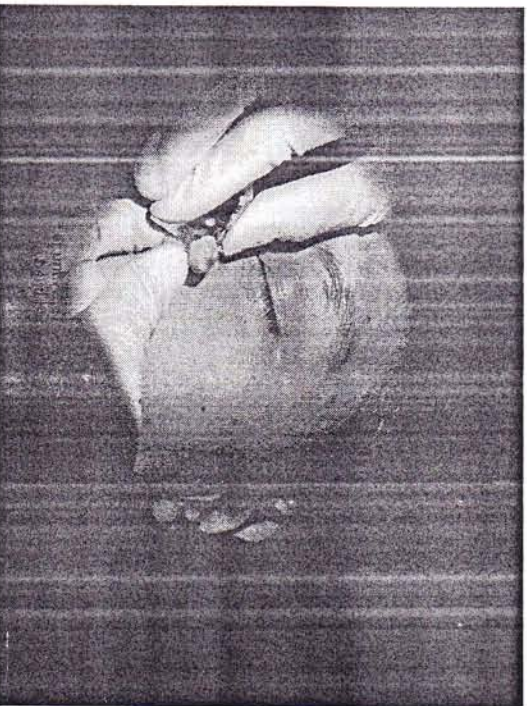
The Gillette blade, utilizing the "secret weapon" of dermatologic surgeons: sharp and swift (Field L). Cannot "razorblade" with hair-blade -> too unstable for tangential excision (Field)



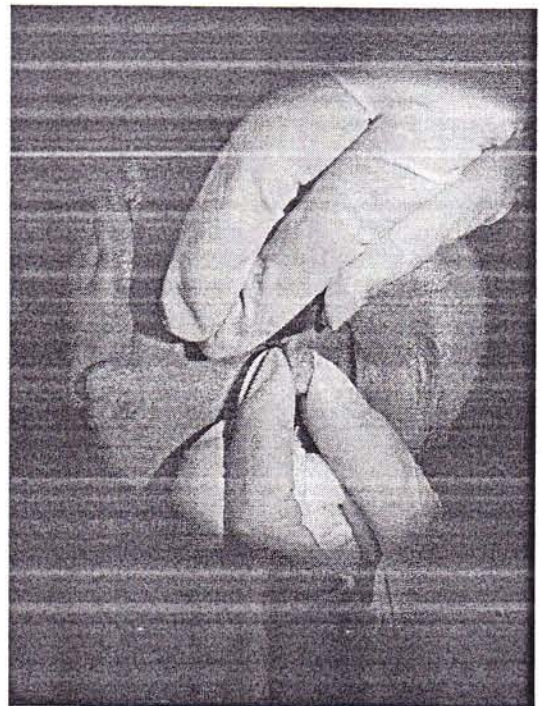
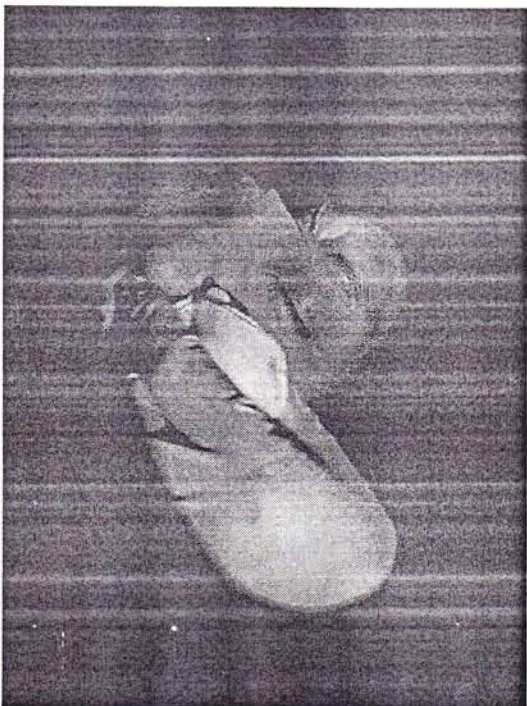
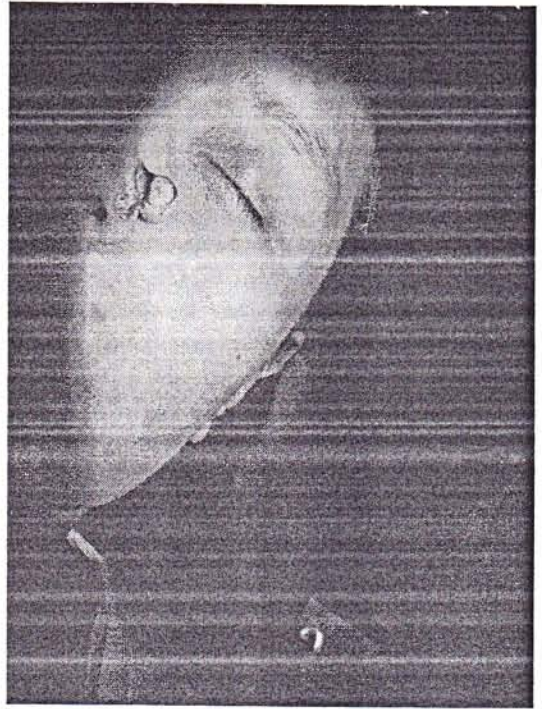
His lesion with the Gillette

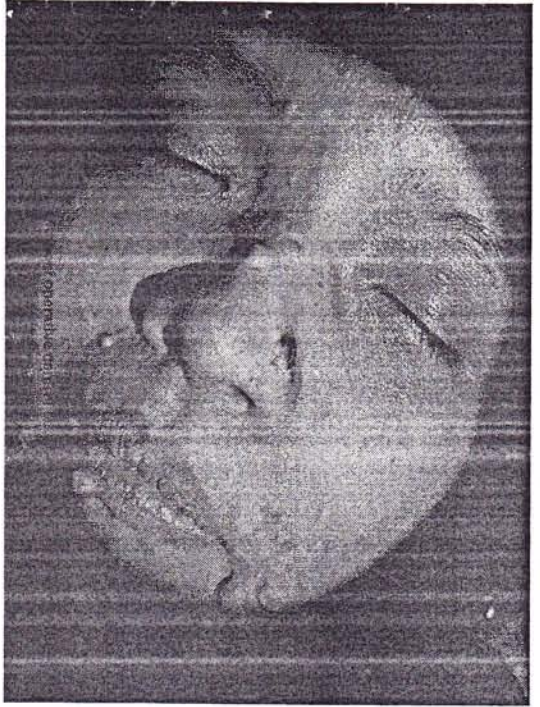


Use forefinger in the nostril to fix the lesion



Use index finger





She didn't come for post op control because of distance and cost prevented return post-op photo