

Surgical Pearl: Dissecting Forceps Wrapped with Adhesive Tape for Atraumatic Periorbital Senile Comedone Extraction

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CHALLENGE

Senile comedone of variable size is common in the periorbital region and on the eyelids of old people. There are various instruments used to extract out its content.^[1,2] However, these metallic and nonmetallic punching comedone extractors (conventional and non-conventional) could not be applied effectively and safely in the loose periorbital region and particularly over the eyelids [Figure 1A]. Moreover, a set of punching comedone extractors is required during the procedure due to the variability of micro-comedone size (1 mm to 5 mm). Over this area, squeezing of the lesions is a better option. In addition to this, direct squeezing out of the comedone with nails and naked dissecting forceps can cause more tissue injury and subcutaneous bleeding in old people. Here, micropore (which is readily available) wrapped tips of a dissecting forceps is used as an alternative to refill polytube insulated tips.^[3]

SOLUTION

To alleviate the tissue injury at the site, I used readily available angular metallic dissecting (of 5 inch) and micropore tape in the clinic [Figure 1B]. For making the procedure atraumatic, the tips of the metallic forceps are wrapped with a small piece of micropore adhesive tape [Figure 1C]. After this, asepsis is done over the site with lotion povidone iodine and medicated alcohol [Figure 2A]. Opened senile comedone is gently directly compressed with the forceps to extract out the keratinous contents [Figure 2B-E]. In case of closed comedone; a tiny intrafollicular prick incision is given with a hypodermic needle before the extraction. Tissue injury and subcutaneous bleeding are not obviously observed at the site [Figure 1F]. Thus, dissecting

forceps wrapped with adhesive tape could be a good and safe option as compared with a conventional punching comedone extractor for extracting out senile comedone of the periorbital region and eyelids [Figure 3A, B]. As an

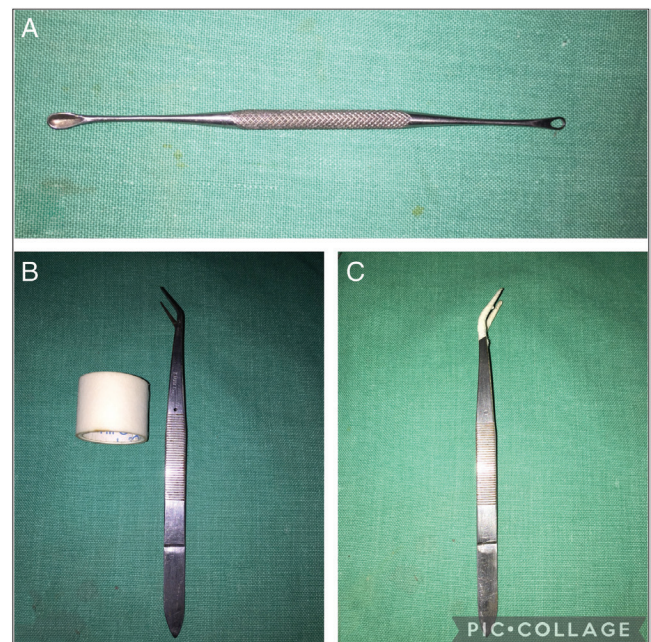


Figure 1: Conventional comedone extractor (A), angular dissecting forceps and micropore adhesive tape (B), and wrapped tips of forceps with tape (C)

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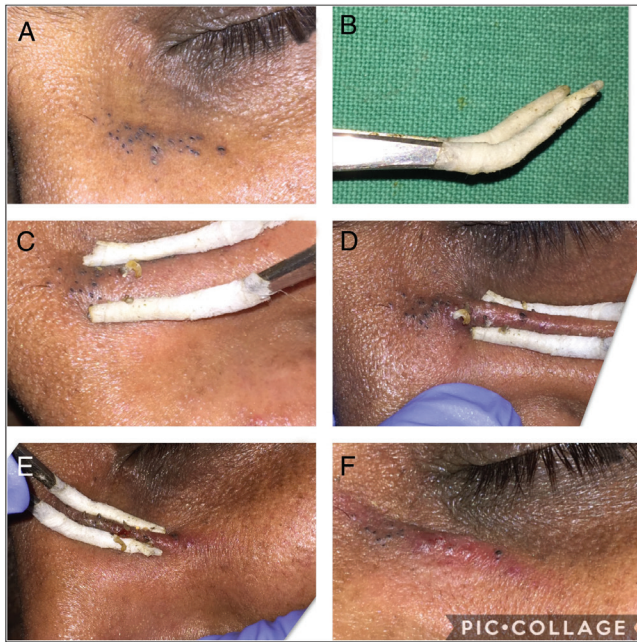


Figure 2: (A) The senile comedone over loose, thin infra-orbital region. (B–E) The senile comedone is extracted out with a tissue forceps wrapped with micropore adhesive tape. (F) The extracted senile comedone lesions

alternative to this wrapped dissecting forceps, disposable plastic forceps can be used.

Acknowledgments

None

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/ have given his/ her/ their consent for his/ her/ their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Figure 3: Conventional comedone extractor (A) and micropore wrapped forceps (B) for periorbital region and eyelid for comedone extraction

Conflicts of interest

There are no conflicts of interest.

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