

Surgical Enucleation of Corn: A Novel Technique

Sir,

A corn or clavus is an area of well circumscribed hyperkeratosis of the skin with a dry, smooth and slightly convex surface caused by intermittent direct pressure exerted on a small area.^[1,2] Its size varies from 1 mm to 2 cm and it is conical in shape. It is composed of a cone shaped wedge of compressed hyperkeratotic stratum corneum with the base of the cone towards the surface of the skin and the apex pointing inwards. It presses upon the adjacent tissues and causes severe pain when pressed due to pressure on the nerves.^[1-4] Corns are mainly classified as soft corns occurring between the toes and hard corns occurring on the exposed plantar surface or dorsolateral surface of the small toe. Plantar

corns are recalcitrant to the medical line of treatment and being very painful need surgical intervention. However, before undertaking surgery, the underlying orthopaedic problems, if any, should be corrected lest they recur.^[2,3,5]

We describe here a simple and effective technique for the excision of corns.

Pre-operative preparations are done. The hyperkeratotic tissue surrounding and over the corn area is paired with no. 20-24 sterile surgical blade till erythema or transition from hard to less hard tissue occurs. The central core or kernel of the corn is visible more clearly after the above procedure.

A disposable biopsy punch, which encircles the central

core, according to the size is taken and with a very slow and gradual rotatory half circular motion is pushed into the tissue. Before applying the punch on patient's skin, the patient is explained that at the point when he or she feels pain sensation or an increase in the pain sensation, he or she should immediately inform to surgeon. This should be firmly explained to the patient because this is the end point of the procedure and the surgeon should withdraw the punch without further extension into the tissue. If the punch is pushed deep into the tissue it may lead to severe pain, deep tissue injury and deep wound which may heal with a delay.

The punched out tissue is held with Adson's toothed forceps and is gradually pulled without cutting. This leads to the complete extraction of the tissue with the central intact core excised. The pressure bandage is applied over the wound and the patient is instructed to use soft foot wear. The dressing is changed after 5 days.

We have used this technique for the removal of corns in six patients. All the patients were followed up for a period of 3 months. There was no recurrence of the lesion in any of the patients and no patient was having pain at the site of the enucleated corn during walking or resting position.

ADVANTAGES

This is a simple and safe office procedure. The incidence of recurrence is reduced as the whole corn with the central core is excised in toto. Multiple corns can be removed in a single session.

There is immediate pain relief, no requirement of rest and the patient can return to the workplace immediately. This is a minimally invasive and less messy technique with minimal blood loss.

No local anaesthesia is required, so the pain associated with the injection of local anaesthesia on the plantar or palmar site is eliminated. There is minimal requirement of surgical instruments and no surgical expertise is required. Above all this is a very economical method for removal of corns.

DISADVANTAGES

This method cannot be used for the removal of very large corns.

We conclude that this technique immediately relieves the pain of the patient and removes the corn in toto preventing recurrences. This technique can be used for small plantar and palmar corns.

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