

## Utility of Laser in Lobuloplasty

Dear Editor,

Torn ear lobe surgeries need great precision due to small size, less working space and cosmetic concern. Skin incision by surgical blade causes bleeding which obscures the field and reduces precision. Control of bleeding is cumbersome for the surgeon because of the small size of lobule, lack of support and firmness. Repeated attempts for haemostasis traumatises the tissues and ultimately causes adverse effects on wound healing and cosmetic outcome. Various methods to control bleeding in ear lobule surgery are - epinephrine infiltration, electrocautery, haemostatic clips and key chain method.<sup>[1]</sup>

In medical field, laser is being used for photocoagulation of retina, in fields like dentistry and oral surgery, dermatosurgery, etc. The various lasers used include CO<sub>2</sub> laser, Neodymium: Yttrium Aluminium Garnet (YAG), Holmium: YAG, Erbium, Chromium Doped Yttrium Scandium Gallium Garnet, Neodymium doped Yttrium Aluminium Perovskite, Gallium arsenide (diode) and Argon laser. Diode laser has advantage of relatively low cost, small size, portable and ease to use.<sup>[2,3]</sup>

Suter *et al.* compared use of CO<sub>2</sub> laser and diode laser in the oral cavity. Both lasers showed almost equal advantages but CO<sub>2</sub> laser was associated with high intraoperative bleeding as compared to diode laser.<sup>[4]</sup>

A 38-year-old female presented with bilateral torn ear lobule [Figure 1]. Surgical repair was planned by Pardue method. We used diode laser of the frequency of 2.5 W and a wavelength of 850 nm [Figure 2] for skin incision instead of surgical blade [Figure 3]. Rest of the procedure was completed in a usual manner. It was noticed that the bleeding was very minimal, fine suture line was obtained, both surgeon and assistant were comfortable, time taken to complete the procedure was significantly less, use of epinephrine was avoided and dose of local anaesthetic was less [Figures 4 and 5]. The wound healed completely without any complications resulting in almost invisible scar [Figure 6].

We found various advantages of diode laser for skin incision-Sharp cutting edge allowing precise cut, better coagulation, instant sterilisation reduces bacterial load, less operative and anaesthesia time, minimum



Figure 1: Pre-operative photo of patient



Figure 2: Picture of diode laser console and probe used for skin incision

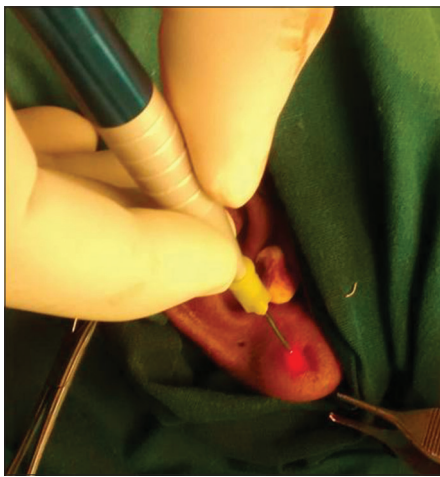


Figure 3: Intraoperative picture demonstrating laser being used for incision



Figure 4: Post-operative picture showing anterior layer repair



Figure 5: Post-operative picture showing posterior layer repair



Figure 6: Delayed picture showing good healing and almost invisible scar

discomfort to surgeon and assistant, better healing, less scarring. Use of laser in lobuloplasty is not described in literature our case demonstrates successful use of diode laser in lobuloplasty.

#### **Acknowledgement**

The work was supported by Mr. Bala, who is the technical staff of laser in our institute. We are thankful

to him as he helped us in understanding the technical qualities and helped us in using laser.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

**Sandhya Pandey, Ravi Kumar Chittoria, Elan Kumar,  
Devi Prasad Mohapatra, MT Friji,  
Dinesh Kumar Sivakumar**

Department of Plastic Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

**Address for correspondence:** Dr. Ravi Kumar Chittoria,  
Department of Plastic Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry - 605 006, India.  
E-mail: drchittoria@yahoo.com

### REFERENCES

1. Bibilash BS, Chittoria RK, Pandey S, Friji MT, Mohapatra DP, Dinesh KS. A Simple and Cost Effective Method for Haemostasis in Ear Lobe Repair: A Case Report. *N Indian J Surg* 2015;6: 83-5.
2. Bans VK, Gupta S, Bains R. Lasers in periodontics: An overview. *J Oral Health Community Dent* 2010;4:29-34.
3. Desiate A, Cantore S, Tullo D, Profeta G, Grassi FR, Ballini A. 980 nm diode lasers in oral and facial practice: Current state of the science and art. *Int J Med Sci* 2009;6:358-64.
4. Suter VG, Altermatt HJ, Sendi P, Mettraux G, Bornstein MM. CO<sub>2</sub> and diode laser for excisional biopsies of oral mucosal lesions. A pilot study evaluating clinical and histopathological parameters. *Schweiz Monatsschr Zahnmed* 2010;120:664-71.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

#### Access this article online

##### Quick Response Code:



##### Website:

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

##### DOI:

10.4103/0974-2077.197087

**How to cite this article:** Pandey S, Chittoria RK, Kumar E, Mohapatra DP, Friji MT, Sivakumar DK. Utility of laser in lobuloplasty. *J Cutan Aesthet Surg* 2016;9:279-81.

© 2016 Journal of Cutaneous and Aesthetic Surgery | Published by Wolters Kluwer - Medknow