



Practice Points

# Result of simultaneous open and closed dressing in suction blister epidermal grafting

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## ABSTRACT

Suction blister epidermal grafting (SBEG) is a time-tested surgical treatment to correct small patches of stable vitiligo on any part of the body. The cosmetic result, especially on the lips, is highly satisfying. The most difficult part of this procedure is graft retention on the dermabraded lip. In this article, we present our observation of open and closed dressing in the same patient who underwent SBEG on the lip and chin simultaneously. We find that the results of the open dressing are equally good as the closed dressing area.

**Keywords:** Blister grafting, Graft dressing, Suction blister grafting, Surgical glue, Vitiligo surgery

## INTRODUCTION

Suction blister epidermal grafting (SBEG) is a well-established surgical technique for treating localized stable vitiligo, especially on the mucosae. The cosmetic outcome after SBEG is excellent for lip vitiligo.<sup>1,2</sup> However, graft retention on the lips is a significant challenge due to the moisture and constant movement of the area. In this paper, we compare open and closed dressing in the same patient who underwent SBEG on the lip and chin in the same sitting and compare their respective outcomes.

## DISCUSSION

A patient with stable segmental vitiligo on the chin and a patch on the upper lip [Figure 1]. The surface was dermabraded and the graft was secured with surgical glue (Truseal™ Healthium Meditech Limited). The graft on the chin was secured with a two-layer dressing and the graft on the lip was left open with just the glue applied to secure the graft [Figure 2]. The patient was advised a light liquid diet and avoidance of aggressive chewing and talking in the post-operative period. He was prescribed a course of systemic antibiotics, analgesics, and nothing was applied to the lip graft. The patient was reviewed on the fifth post-operative day and we observed that the grafts on both sites were secure [Figure 3]. The patient was reviewed again after 1 month to look for improvement and we noticed that the lip repigmentation was complete and the chin had also repigmented well, barring the leukotrichia.

Maintaining the dressing intact is a major problem in SBEG. Modifications have been suggested to address this issue during the post-operative period.<sup>3</sup> Oh *et al.* have reported a case where they did not

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**Figure 1:** The pre-operative images of the patient with the segmental vitiligo on the chin and stable patch on the upper lip.



**Figure 3:** The grafts in both the locations remaining intact on the 5<sup>th</sup> day.



**Figure 2:** Dressing done for the grafted area on the chin and the graft on the lip is affixed with a tissue glue and left open.



**Figure 4:** Healed lesions on the lip and chin.

place any additional dressing over the graft in a case of peri-oral vitiligo.<sup>4</sup> In our case, we observed that dressing the recipient's skin or leaving it open did not make any significant difference to the outcome of the procedure. In fact, the lip repigmentation was perfect, contrary to the chin lesion, which had a dressing in place [Figure 4]. The patient was more at ease with no heavy dressing material over the lips to make it bulky and difficult to do his routine activities. This open dressing approach makes it easy, even for beginners, to undertake the procedure. We propose more studies on larger areas to be undertaken to validate the effectiveness and outcome of the procedures by experts in this field.

## LEARNING POINTS

1. Suction blister epidermal grafting (SBEG) is an ideal mode of treating stable and segmental vitiligo of the lips.
2. Tissue glue can be used alone without an overlying dressing to keep the graft in place and the result has been as effective as the area kept under an occlusive dressing.
3. Open dressing with tissue glue alone to retain the graft can be considered as a safe bet for vitiligo surgeries of the lips, which makes post-operative period less strenuous for the patient.
4. Dressing of the lips after SBEG is always a challenge, even for experienced hands. Open dressing saves a lot of time and effort for the operating surgeon.

## CONCLUSION

In this case of stable vitiligo, the patient underwent suction blister grafting, where we applied both open and closed dressings simultaneously. We observed that the results were the same in both areas. Based on this, we believe that open dressing can be effectively used in suction blister grafting, especially over the lips. This approach may reduce strain for both the doctor and the patient.

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**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for 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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