

hairs. In our experience, for most procedures performed on areas of moderate hair density, the scissors do not need to be wiped clean of hair during the clipping procedure. However, if excisions of much larger hair-bearing areas are performed, then the scissors can be easily wiped clean with a 4 × 4 gauze, more petrolatum can be reapplied to the scissors, and the clipping can continue.

Frequently, when a defect is being sutured, final planning of the closure occurs only after the wound has been fully undermined and allowed to align along relaxed skin tension lines. In such cases, the need may arise for intraoperative hair removal. By keeping sterile petrolatum and scissors on the surgical tray, this technique can be used intraoperatively in the same way that it is used when the surgical field is being prepared. In both cases, the main advantage to this procedure, in comparison to tape-assisted

removal or using an alcohol swab, is that the loose hairs are most efficiently removed with our technique. Therefore both foreign body reactions to clipped hairs and wound infection from nonsterile hairs may be reduced or avoided.

In summary, we present an efficient, cost-effective procedure for surgical hair removal, which maintains a tidy, clean surgical field and requires nothing more than the tools on a standard excision tray.

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Surgical Pearl: The use of petroleum jelly in performing scalp surgery

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BACKGROUND

A thorough knowledge of scalp anatomy is a necessary prerequisite for scalp surgery.¹ In addition, the presence of hair may complicate scalp surgery, making visualization and access to the scalp more cumbersome. Indeed, both punch biopsies and larger surgical procedures are made more difficult by the presence of hair. This is a problem not only in performing the tissue removal, but also in exploration, achieving hemostasis, and suturing. Coping strategies include pinning and/or wetting the surrounding hair, cutting hair at and around the surgical site, and shaving the area, although the latter has been linked to increased rates of wound infection.



Fig 1. Vertex of scalp prepped and draped for the procedure.

TECHNIQUE

Before the procedure is begun, petroleum jelly is applied to the base of the hairs around the area of scalp to undergo biopsy. This helps keep the hair out of the way so that the scalp can be better visualized and accessed (Fig 1). It also prevents hair entrapment during surgery, a potential cause of granuloma formation. Hair clips or rubber bands may be used

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in conjunction with this technique in patients with longer hair. If petroleum jelly is not available, then a water-based lubricant such as K-Y Jelly can be used instead. Some patients may actually prefer the use of a water-based lubricant because it is more easily washed out of the hair. This technique allows more

efficient and exact scalp surgery and pleases patients who wish to avoid having their hair cut.

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IOTADERMA #152

What is “familial gigantic melanocytosis,” what is found microscopically when this condition is present, and by what other name is it known?

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Answer will appear in the October issue of the Journal.

AUGUST IOTADERMA (#151)

What is lamin, where is it found, what is its function, and what cutaneous phenotypic often results from mutations in this molecule?

Answer: Lamins are intermediate filament-type proteins (type A, B, C) which form major components of the nuclear lamina (*lamina* means layer or plate in Latin, hence the derivation of “lamin”), and which interact with chromatin and integral proteins of the inner nuclear membrane, helping to stabilize the nucleus, organize DNA and RNA synthesis, and promote other nuclear functions. There are 11 different mutations of lamin A (known collectively as “laminopathies,”) and many of them have progeroid features. The Hutchison Gilford, Werner, and Seip syndromes are among these diseases. Some other dermatologic conditions associated with known lamin A mutations are Xeroderma Pigmentosum, Cockayne and Bloom syndromes, dyskeratosis congenita, and ataxia telangiectasia. Several muscular dystrophies and cardiomyopathies are also due to other mutations of this class of protein.

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