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Pearls in Dermatology

How I perfom curette-assisted razor blade shave excision

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Excision of superficial and slightly deeper cutaneous lesion can be performed by shaving the lesion using a razor blade. After induction of local anaesthesia, normal saline is injected to make the lesion bulge. A peripheral portion of the lesion is curetted for assessment of its benignity and cleavage plane. This is followed by shaving with a razor blade. Haemostasis is achieved by aluminium chloride.

Keywords: Curette, razor blade, shaving

Introduction

Shave excision is frequently practiced for removing benign cutaneous nodular or plaque lesion. It gains good acceptance for the procedure does not require suturing and its cosmetic outcome is usually very good. I prefer using a razor blade for shave excision instead of the conventional surgical blade because a razor blade is flexible. In addition, curetting the peripheral part of a lesion allows the operator to assess its nature and dimension.

Method

A local anaesthetic is injected as for the usual excisional biopsy. Additional injection of normal saline is often given to make the lesion bulge thus facilitates shave excision. For the skilful hand, mere injection of local anesthetic may be sufficient as long as the procedure is performed immediately before the small bulge (of local anaesthetic) vanishes. I do not cut the lesion with the razor blade at this moment. Instead, I take a curette and curette a peripheral part of the lesion which is often a pigmented plaque such as seborrhoeic keratosis or wart (Figure 1). But rarely, the operator might deal with a malignant lesion such as pigmented basal cell carcinoma. The curette is helpful because curetting a representative portion of the lesion helps you assess the benignity and it also gives you an idea on the depth of the lesion (Figure 2). If the lesion is benign, it often will be separated easily from the underlying dermis which bleeds a little but it looks normal and healthy after wiping with gauze. The shaving is then performed using a blade obtained from a longitudinally half-cut razor blade. I prefer using razor blade to shave than the surgical blade because it can be bent to the desirable curvature to fit the dimension of the lesion. The right thumb and the right middle finger

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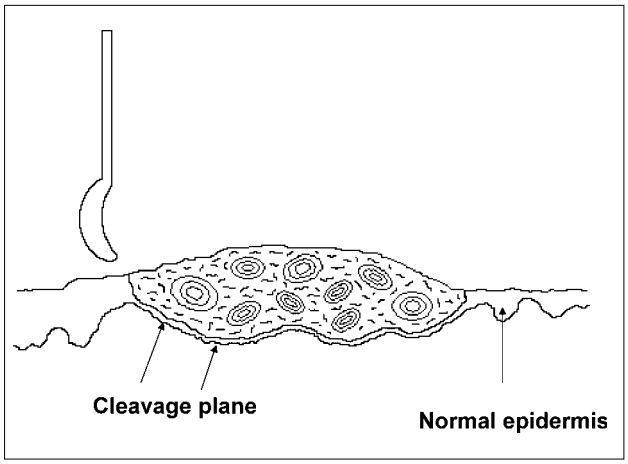

Figure 1. Potential cleavage plane of a benign lesion, in this case an acanthotic seborrhoeic keratosis.

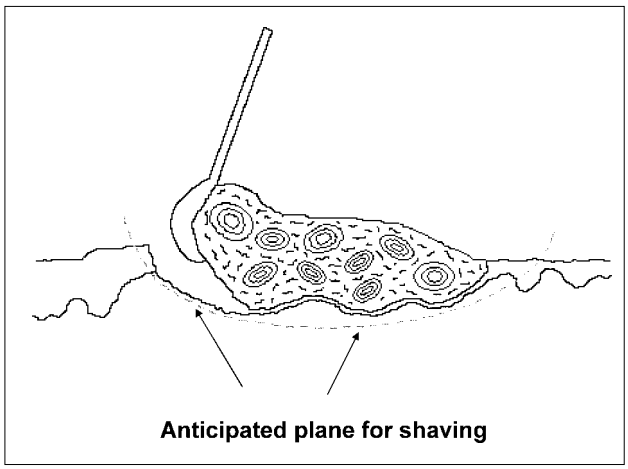

Figure 2. Curetting of the lesion from its edge reveals an underlying healthy dermis. Dotted red line shows the anticipated shaving plane.

hold the either of the two ends while the index finger presses down slightly to steady the blade. After shaving, haemostasis is achieved by soaking off blood and then applying aluminium chloride solution followed by sulfatullae or paraffin dressing and plain gauze. Wound inspection is done in one week's time.

Comments

The curette is an equipment used for biopsy, removal and definition of cutaneous lesions.[1] Curetting a lesion before shaving facilitates a clinician to assess its nature. In the rare instance of a malignant lesion, the lesion is friable, the cleavage plane is unclear and the underlying dermis is distorted or not discernible. A razor blade is a useful tool for shave excision, the more curved the blade is held, the smaller the lesion can be harvested but the deeper the blade can go. After shave excision, haemostasis can most often be achieved by aluminium chloride except in the event that a small bleeder occurs, electrocautery may then be required. Shave excision obviates the need of stitching and post-op healing is very good. As a note to our junior colleague, the shaved specimen should be sent for histopathological examination for confirmation of its nature.

Reference

1. Fewkes JL, Polack SV, Cheney ML. Illustrated atlas of cutaneous surgery. New York: Gower Medical Publishing;1992:1-7.