ABSTRACTS FROM CURRENT LITERATURE

Suction syringe for epidermal grafting, Mukhtar M, Singh S, Shukla VK. J Am Acad Dermatol 1997; 37: 638-639.

Epidermal grafting is useful in the treatment of achromic skin lesions. Various complex suction devices have been used to obtain them. Here the authors have developed a simple suction syringe for obtaining the epidermal grafts.

The distal end of a 20 ml plastic syringe is cut off at the most distal portion of the barrel and the piston is inserted into the distal end. Application of the proximal end of the syringe with the finger guard to the skin results in air tight contact. A hole is made in the piston approximately 1.5cm proximal to the distal end, into which a small metal rod can be inserted to keep the piston in place after it is pulled upward to secure suction.

The vaccum generated when the piston is pulled creates a negative pressure of about 1 atmosphere at the donor site. The height of the column of vaccum within the syringe has no effect on the magnitude of suction generated and is kept arbitarily at a height of 6.5cm.

The suction syringe is applied on to the aseptically prepared donor site. The piston is pulled back and the metal rod inserted to sustain the suction. Moderate bearable pain is experienced which subsides within 5 minutes. Small subepidermal vesicles form after 15-30 minutes of sustained suction, which coalesce within 30 minutes. The syringe is then removed.

If the vesicles have not coalesced after 1 hour of suction, subepidermal injection of normal saline (1-1.5ml) will induce formation of a large unilocular bulla. Multiple blisters can be produced with a spacing of 1-2.5cm.

Blister roof is removed with iris scissors and graft transferred onto petri dish containing normal saline. The recipient site is then anaesthetised and manually dermabraded. After achieving hemostasis, the fibrinous covering on the undersurface of the graft is removed and graft applied onto the recipient site with the help of a glass slide. Dressings are applied over the donor and recipient sites, secured with micropore adhesive tape, followed by pressure dressings to secure immobilisation. Dressings are removed after 7 days.

Normal colour matching was seen in the recipient sites after 3 months. Donor sites also healed normally.

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