

“Gloving the dermatoscope” for genital lesion dermoscopy

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Problem

Dermoscopy of genital lesions is inconvenient for the patient as well as the dermatologist. There is a reluctance to allow the dermatoscope to come in contact with genital skin or mucosa; hence, genitodermoscopy is not widely practiced. Common concerns are a messy procedure, fear of contamination of the instrument and the possibility of cross-infection, discouraging its use in this area.

Solution

A universal serial bus (USB) dermatoscope is a convenient instrument^{1,2} to perform “non-contact dermoscopy” as the lens need not be in contact with the examined lesion. However, the edge of the plastic front-cap does come in contact with the skin area being examined. These plastic front-caps act as spacers, thus determining the magnification achieved while examining a lesion. To perform genitodermoscopy, we have been preventing their edge from coming in contact with the potentially

contaminated surface by using a sterile glove. A finger of the rubber glove is cut as shown in Figure 1a. The proximal end of the cut finger is rolled onto the dermatoscope front cap, while



Figure 1b: The cut part can be rolled up onto the front cap of the dermatoscope



Figure 1a: A finger of an easily available sterile or unsterile glove can be cut as shown

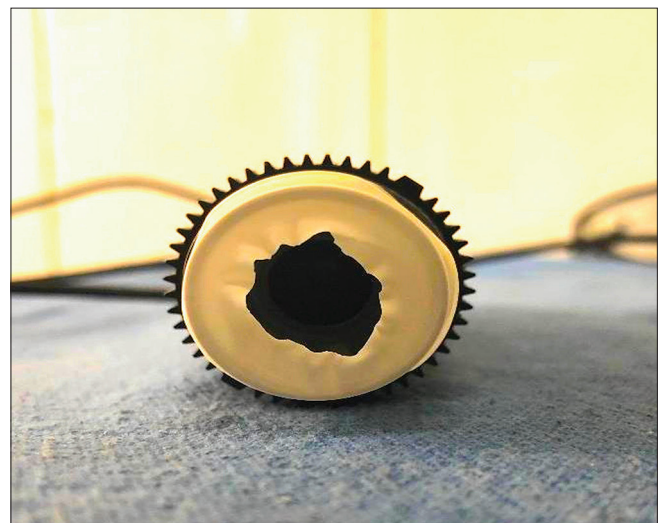


Figure 1c: The viewing lens is clearly visible while the rim is well covered in this “gloved dermatoscope”

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Figure 1d: Performing genitodermoscopy with gloved dermoscope (Dinolite AM413ZT)

the distal end allows visualization of the area to be examined [Figures 1b and c]. This innovative assembly of glove and dermoscope helps visualize the genital lesions in an easier and safer way [Figure 1d]. This cut glove piece can be discarded after each use. This simple technique converts the front-cap of the USB dermoscope into a sterile interface, thus allaying the anxiety of the patient and the dermatologist alike. A single glove can provide five such pieces, making it quite economical as well. It offers an advantage over the traditional glass slide method of doing genital dermoscopy as it avoids blanching of the lesion and prevents any possible injury (by glass slide) to the genital skin and mucosa [Figure 2]. The cling film with the center part cut can also be used, however, it is cumbersome to use with a universal serial bus dermoscope. A properly fitted glove is better suited owing to the unique anatomy of the genital region.

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Conflicts of interest

There are no conflicts of interest.

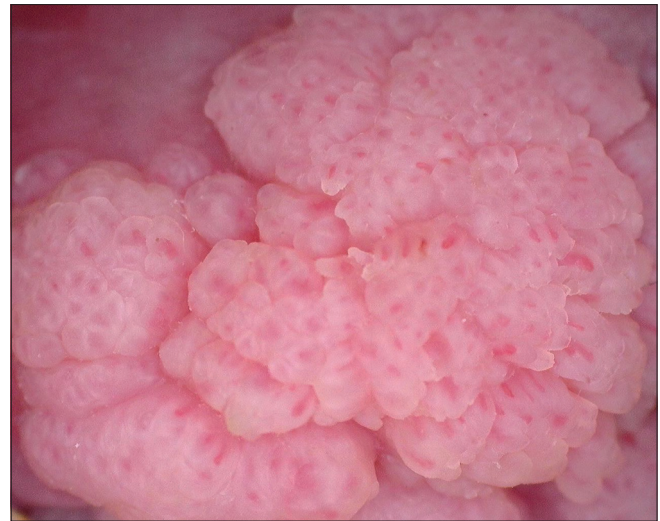


Figure 2: Genitodermoscopy showing the knoblike pattern with few finger-like projections in a genital wart. Note the hairpin vessels in the projections (Dinolite AM413ZT; $\times 50$; polarising)

Deepak Jakhar, Chander Grover¹, Ishmeet Kaur

Department of Dermatology, North Delhi Municipal Corporation Medical College and Hindu Rao Hospital, ¹Department of Dermatology and STD, University College of Medical Sciences and GTB Hospital, New Delhi, India

Corresponding author:

Prof. Chander Grover,
Department of Dermatology and STD, University College of Medical Sciences and GTB Hospital, Dilshad Garden,
New Delhi - 110 095, India.
chandergroverkubba76@gmail.com

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