

## LETTERS TO THE EDITOR

### USE OF HYDROGEN PEROXIDE IN ELECTROCAUTERY PROCEDURES

#### To the Editor

Electrocautery is a procedure which is widely used by dermatologists. During this procedure, the major difficulty arises in determining adequate depth of tissue destruction. How deep should one cauterise? is a question which must have confronted every person who has used electrocautery. If cauterisation is too superficial, there are chances of recurrence and a repeat sitting at a future date. If it is too deep, unsightly scars may be left. Conventionally, the procedure is performed in successive layers with the cauterised tissue being removed by rubbing with a piece of gauze or by using a curette.<sup>1</sup> The authors have used a simple technique as an alternative to this. Commercially available hydrogen peroxide solution (20 volumes) is diluted with distilled water to prepare a 3% solution. Once a layer of tissue has been

cauterised, swab sticks dipped in this solution are rubbed vigorously over it.<sup>2</sup> This procedure is repeated in successive layers till all diseased tissue has been removed and normal tissue is visible in the base. A thin layer of eschar produced by superficial electrofulguration is left in the end which serves to protect against secondary infection. Thus this simple technique achieves the twin objective of low recurrence and minimal scarring.

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#### References

1. Pollack SV. Electrosurgery. In: Moschella SL, Hurley HJ, Eds. Dermatology. WB Saunders, 1993; 2423.
2. Wheeland RG. Lasers in Skin Diseases. New York: Thieme Medical Publishers, 1988; 65.

### MIXED CONNECTIVE TISSUE DISORDER : A CLARIFICATION

#### To the Editor

In th letter to the editor (Khare KC, Khare S, Mathew G. Mixed connective tissue disorder. IJDVL 1996; 62:335) the authors have reported an intriguing if not unusual case, but appears to have unfortunately confused two very distinct diagnostic autoimmune entities viz. mixed connective tissue disease (MCTD)

and overlap syndrome. We would like to stress that MCTD is a distinct entity characterised by various combinations of clinical features of SLE, systemic sclerosis and dermatomyositis and diagnostic immunological features in the form of specific antibody to U<sub>1</sub>RNP (an extractable nuclear antigen) and speckled type of ANA