

A simplified technique of saucerisation biopsy in blistering diseases

Problem

Diagnosis of blistering skin diseases requires a punch biopsy or saucerised removal of an intact bulla if possible.¹ However, a problem is often encountered in taking a punch biopsy of a bulla in intact form. In addition, the biopsy punch and sutures further add to the cost of the procedure.

Solution

We describe a simplified, cost-effective biopsy technique for diagnosis of blistering skin diseases, using a surgical blade and 23-gauge needles. Intradermal injection of local anaesthetic is given. Two needles of 23 gauge are inserted into the dermis, beneath the base of the blister to be

biopsied at right angles to each other in a criss-cross manner [Figure 1a]. The level of entry of surgical blade number 11 or 15 into the skin is just above the needles to achieve adequate depth [Figure 1b]. Saucerisation of the lesion is done with the blade, which remains parallel to the skin surface at the entry and exit points but is slightly angulated below the lesion [Figure 1c]. A smooth sawing motion of the blade helps in complete removal of the specimen. White dermis with pinpoint bleeding of dermal blood vessels is seen after shaving off the lesion [Figure 1d]. Insertion of the needles as described above elevates and fixes the blister. It also provides support, ensures adequate depth and eases the saucerisation procedure. It can even be used for larger blisters which cannot



Figure 1a: Needles inserted beneath the blister in a criss-cross manner



Figure 1b: Level of entry of the blade above the needles

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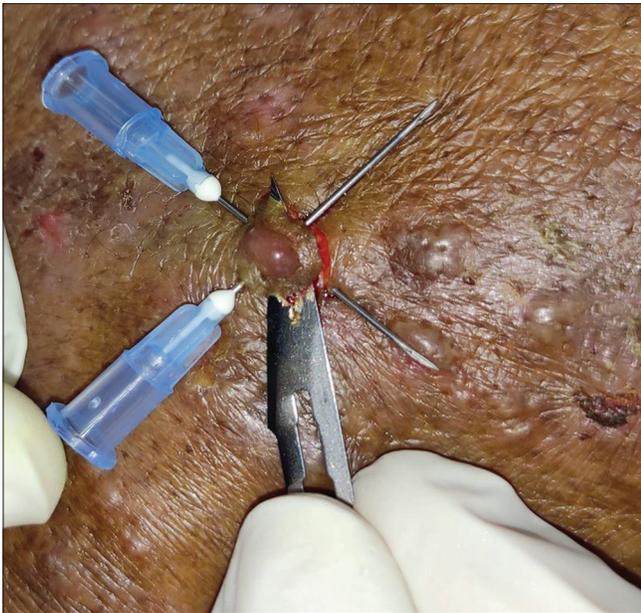


Figure 1c: Saucerised removal of the blister

be removed intact with biopsy punches, with a minimal risk of rupturing the blister. This technique obviates the need of a skin biopsy punch and suture placement. The procedure thus becomes less invasive and more cost effective.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.



Figure 1d: White dermis with pinpoint bleeding of dermal blood vessels

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