

## Dermabrasion of the recipient skin in vitiligo surgery: An easier way out

### Problem

Surgical management of vitiligo is one of the most remarkable breakthroughs in dermatosurgery in recent times.<sup>[1]</sup> Popular surgical modalities such as suction blister grafting and autologous melanocyte–keratinocyte transfer require even dermabrasion of the recipient area for optimal outcome. Dermabrasion for preparing the recipient site is usually done manually with a metallic dermabrader or a motorized dermabrader. The former is difficult to maneuver and the latter demands expertise in handling, and the permissible margin of error is very little when adjacent to vital organs.<sup>[2,3]</sup>

### Solution

Use of commercially available sandpaper for manual dermabrasion has been documented in literature.<sup>[3,4]</sup> We have tried using the same technique in three ways. First, by placing the sandpaper tied to the index finger of the operator with a surgical suture material [Figure 1]; second, sandpaper strips were cut to size and affixed onto a disposable tongue depressor – this acts like a metallic manual dermabrader, which is commercially available [Figure 2]; and third, by directly folding and holding it between the index finger and thumb [Video 1]. This is a very simple and cost-effective method for dermabrasion of the skin in vitiligo surgeries. The paper strips can be sterilized by ethylene oxide and has a shelf life of more than a year. This technique makes it very easy to dermabrade tricky areas such as the lid margin [Figure 3].



**Figure 1:** Medium-grade sandpaper wound round the index finger of the surgeon and fastened by surgical suture material

The technique is by far the cheapest and easiest method of dermabrasion of the skin for procedures and needs to be popularized, especially to encourage dermatologists in low-resource settings to take up vitiligo surgery.

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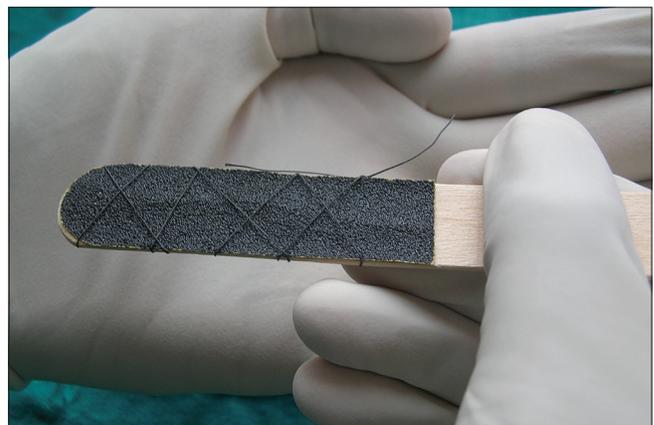
### Conflicts of interest

There are no conflicts of interest.

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**Figure 2:** Sandpaper strip cut to size and affixed to a disposable, sterile tongue depressor



**Figure 3:** Dermabrasion of the eye lid margin with sandpaper

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