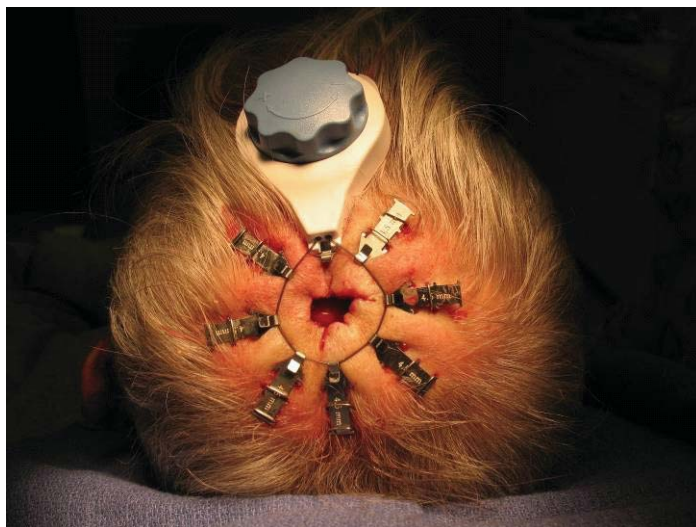


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**11/09/2006** – The patient is a 75-year-old male with atypical fibroxanthoma of the vertex scalp. Mohs surgery was completed leaving a final defect measuring 3.0 x 3.0 cm in size. The wound was widely undermined and hemostasis was obtained. An attempt to close the wound with 2-0 pulley sutures was unsuccessful due to the inelasticity of his scalp.



At this point the options were to perform a large flap repair or use of an external tissue expander. The latter was chosen and the DermaClose RC device was put in place. Tension was applied and the tension controller was sutured in place. The wound was then dressed with a pressure dressing and the patient was instructed to return in the next day for evaluation.



The following day the patient returned to my office and it was determined to proceed with the removal of the DermaClose device. The area was prepped, draped and anesthetized. There were no skin tears or ecchymosis and the device was removed with no complications. The size of the defect was noted to be significantly reduced and an advancement flap repair was performed.

The patient tolerated the procedure well and left the operating suite without complications. A sterile dressing was applied and the patient was instructed to apply ice to the area and use Tylenol for pain. Will follow-up within two weeks for a wound check.

