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1/19/2007 – This 42-year-old female presented with atypical melanocytic hyperplasia on the right calf. The area was prepped and anesthetized with 1% Lidocaine with epinephrine. An incision was made around the lesion allowing for 5 mm margin based on the pathology report. The excision was taken down to mid fat and cautery was used for hemostasis. Undermining was done to about 1 cm in all directions.

Due to the large size of the defect and the very tight nature of the upper calf, it was determined that the DermaClose device would be very helpful in this case. The skin anchors were stapled into place approximately 5 to 8 mm from the wound edges and the tension controller was placed and tightened approximately 12 full rotations reducing the defect from 6 x 4 cm to a size of 3 x 1.5 cm. At this point the patient rested for 70 minutes.



After 70 minutes, fresh anesthetic was used on the edge of the wound and then deeper sutures were placed with the DermaClose device still in place. 3-0 Vicryl was used in simple interrupted sutures to approximate the deeper tissues including deep dermis and subcutaneous fat. The device and skin anchors were then removed.

The running subcuticular was then used to close the 6 cm wound. This was done in the usual fashion and Steri Strips were applied. The patient was started on Keflex 500 mg three times daily for a week and placed on Darvocet N-100 for pain. A pressure dressing was applied and the patient was instructed to ice the area on top of the dressing if needed.

