

**April Farrell M.D. – Skin Doctors, P.A., Sartell, MN**

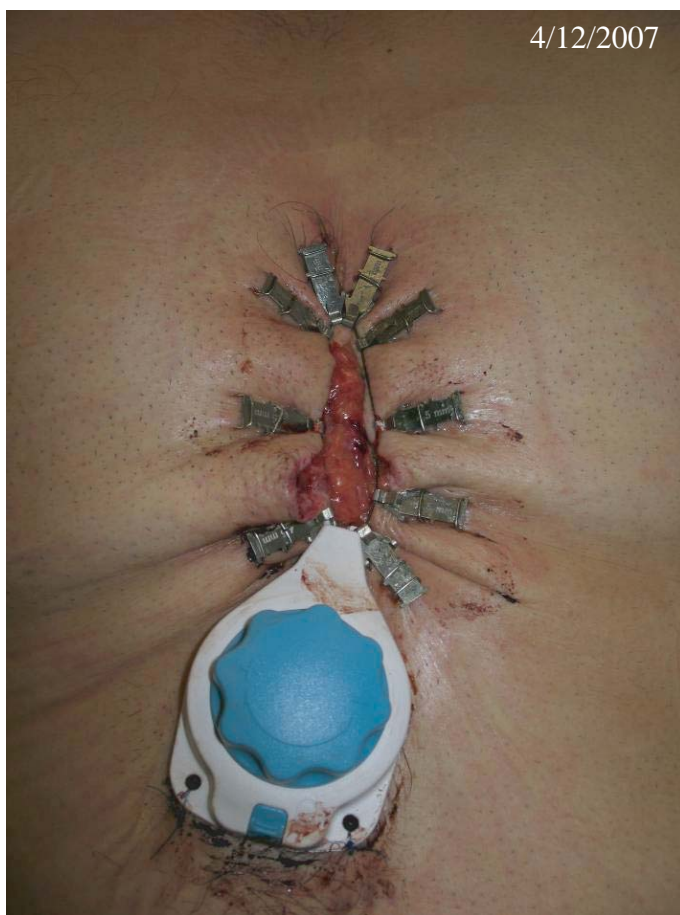
4/10/2007 – This 36 year old male presented with a recurrent nevus on the central chest previously excised in childhood. The patient was bothered by the recurrence of pigment as well as by the appearance of the scar, which had widened over time. We therefore decided to re-excise the entire lesion. The patient was placed in the supine position on the operating table. The mid chest scar with recurrent nevus was outlined and then anesthetized with 1% lidocaine with epinephrine. The area was then prepped and draped in the standard sterile fashion. Full thickness excision to subcutaneous fat was performed on the entire seat of the scar including the recurrent nevus. The defect measured 9.8 x 4.5cm. The DermaClose external tissue expander was then used to begin the complex closure. The skin anchors were stapled to the skin surrounding the wound approximately 2 or 3 cm apart. The line loop from the tension controller on the DermaClose was then placed around each skin anchor and the tension controller was engaged onto the inferior-most skin anchor. The above procedure was tolerated very well by the patient.



After one hour, the area was rechecked. At this point the size was approximately 50% of the original excision size. The decision was made to leave the device in place for 48 hours. The DermaClose was then sutured onto the skin of the abdomen. A pressure bandage was applied over the entire wound including the DermaClose device. Coban wrap was then placed around the trunk to hold things even more securely in place. The patient was placed on Keflex 500 mg p.o. t.i.d. for the next two weeks, and was also given a prescription for Percocet 5/325: 1 to 2 tablets p.o. q 4 to 5 hours p.r.n. for pain. We discussed the importance of minimal to no activity. He was instructed to not get the area wet until he returns to clinic. He was in agreement and left the operating room with no difficulties.

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The patient returned to clinic 48 hours after excision of a recurrent nevus on the central chest followed by application of the DermaClose external tissue expansion device. He has done well over the last 48 hours. He has been taking his Keflex as instructed. He has also taken some of the Percocet for mild discomfort. He has no other complaints. The pressure bandage was removed and upon examination the wound was now approximately 85 to 90% closed with the DermaClose device. All staples were removed and the device was completely removed from the wound. The area was then anesthetized with 1% lidocaine with epinephrine. The area was then prepped and draped in a standard sterile fashion. The wound edges were freshened with light curettage. Undermining was performed in all directions. An O-T closure was then performed in order to avoid extending the scar lower onto the abdomen, and instead redirect it along the lines of the costal margin. The deep sutures were placed with 3-0 Vicryl. A superficial running suture of 4-0 Prolene was done around the vertical as well as the horizontal length of the wound. The final length measured 11.5 cm vertically and 3.5 cm horizontally at the inferior poles.



Steri Strips were applied and a pressure bandage with Coban was wrapped around the entire trunk. Wound care instructions were given. The patient was given express instructions for no lifting and very minimal activity. He will finish his Keflex as prescribed will continue the Percocet as needed. The patient will return to clinic in 2 ½ weeks for suture removal. At suture removal the wound had healed nicely without evidence of infection. The patient was very pleased with the results. He will return to clinic for post-op re-evaluation in 3 months.