

Surgical Pearl

Modifications in punch grafting

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Although autologous punch grafting can be performed on any body area^{1,2} but it may cause some appearance problems at certain sites. Two of such problems are mentioned with their solution.

1. Hairy areas like eyebrows pose special problems when they are involved in vitiligo. Traditional punch grafting of the area gives satisfactory pigmentation but at the same time leads to permanent and disfiguring patchy loss of hair. In such a situation wedge insertion is suggested without any loss of hair bearing area.

An incision, 2mm deep is made along the shaved eyebrow (in the centre, preferably) and the wound allowed to gape. A wedge of pigmented skin is incised and placed with broad epithelial side facing outside and thin dermal portion going deep in the recipient area. The tissue is anchored with stay sutures. Rest of the story of pigmentation of skin and hair remains the same.

2. Thin skin like that on eyelids is also difficult for grafting^{3,4} with skin from relatively thick donor sites. We suggest micrografting in epidermal pockets at such places.

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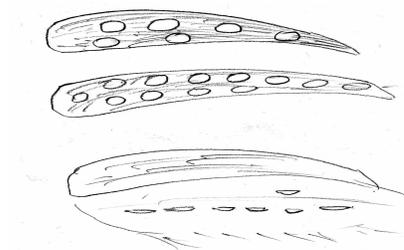


Figure 1 Punches on hairy areas and micropockets



Figure 2 Incision line for wedge



Figure 3 & 4 Wide bore needles for micropocketing



Figure 5 Macrografts



Figure 6 Wedge graft positioned with stitches

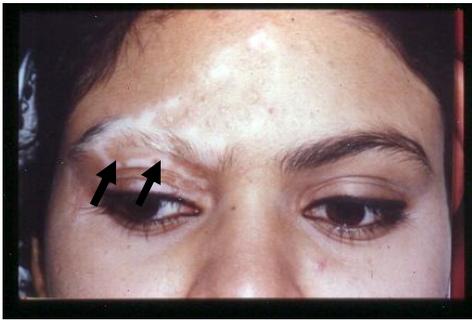


Figure 7 Micropocketing with grafts



Figure 8 Complete repigmentation

Donor punches of 1mm in size are taken and further cut into four pieces under magnification (since smaller biopsy punches are not available). Pockets are made at the dermoepidermal junction with the help of wide bore syringe needle at vitiliginous areas with opening at its top. Micrografts are placed in the pockets and bandage is applied over it for 48 hours. The graft take is excellent and pigmentation areola appears as at any other site with satisfactory repigmentation.

References

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