Sutureless nasal alar repair with trichloroacetic acid and surgical glue

Deepak Jakhar, MD,[a] Ishmeet Kaur, MD,[b] and Richa Chaudhary, MD[a]
New Delhi, India

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SURGICAL CHALLENGE

Post-traumatic nasal injuries may result in the clefting and/or notching of the ala (Fig 1). Extensive cleft of the nasal ala requires repair of the cleft proper and augmentation of the cartilage.[1] Minor clefting may, however, be managed conservatively.

Fig 1. Post-traumatic nasal alar cleft.

SOLUTION

Higher strength of trichloroacetic acid (TCA) (>50%) is known to cause coagulation necrosis up to the reticular dermis, creating a localized wound that heals with secondary intention.[2,3] We have utilized this property of 100% TCA to correct a post-traumatic nasal alar cleft. TCA (100%) was applied with the help of the sharp end of a wooden toothpick stick to the opposing free margins of the cleft. Frosting indicates the formation of a local wound. Soon after the frosting appears, both margins of the cleft are approximated with each other (without removal of frosting) and kept whole with the help of surgical glue (2-octyl cyanoacrylate). The repair is secured with a microporous surgical tape. After 2 weeks, there is adhering of the free margins of the cleft, which

From the Department of Dermatology & Venerology, North Delhi Municipal Corporation Medical College and Hindu Rao Hospital,[a] and Department of Dermatology, Venereology, and Leprology, Employees State Insurance Postgraduate Institute of Medical Science & Research, New Delhi.[b]

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Correspondence to: Deepak Jakhar, MD, H.no- 82, V.P.O Goyla Khurd, New Delhi 110071, India. E-mail: dr.deepakjakhar@yahoo.in.

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eventually heals with repair of the nasal alar cleft (Fig 2). A second application, usually after 2 weeks, may be required in some cases. The same technique can also be used for the repair of ear lobe tears.

Fig 2. Complete adhesion of the cleft margins 4 weeks after application of trichloroacetic acid (100%).

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