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“Punch grafting in post-surgical wounds”

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Skin tumors usually occur in sun exposed areas. If direct closure after removal is not possible, the defect can be reconstructed with a flap or graft. Another option is to plan a secondary intention closure. This alternative is common in locations such as scalp or leg, or when part of a flap or graft becomes necrotic. Punch grafting may enhance this healing by secondary intention. It is a simple technique, which may be performed in the consultation room, and which, in addition to promoting epithelialization, reduces pain. Therefore, it is very well accepted by the patient. To obtain these small dermo-epidermal fragments we can use a punch, scalpel or curette. The procedure is performed under local anaesthesia in the donor site, usually the thigh, and we do not go deeper than the papillary dermis. We know that we are at the appropriate depth when we find a point-sized bleeding after obtaining each graft. The small grafts are placed directly on the wound bed. Both donor site and recipient site may be covered with alginate calcium sheets. Local pressure and immobilization the first three days after the procedure is essential for graft taking. Superficial wounds in the donor site heal by secondary intention. Dressing changes in the recipient site should be spaced as far apart as possible until complete epithelialization is obtained and, in each dressing change, minimal cleansing should be performed. Complete healing may be achieved in few weeks as in this post-surgical scalp wound (Figure 1 and 2).
References:
References:

Figure 1: Post-surgical scalp wound secondary to basal cell carcinoma excision covered with punch grafts.

Figure 2: Complete epithelialization at week 3 after the procedure.