Perils of tissue adhesive – A Case Study

Introduction

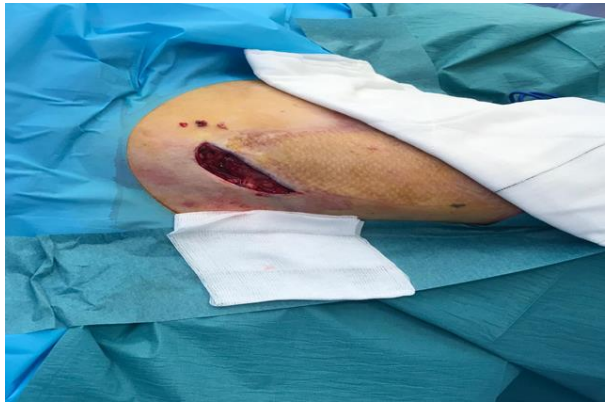
37-year-old male presented to Gold Coast University Hospital Out Patients department 1 year post DFSP excision and split skin graft to his left lateral thigh. His primary complaint was three tender, hard, non-mobile lesions within the superior graft border.

Initial excision was complicated by wound breakdown and wound dehiscence leading to a meshed 1.5x SSG to the patients left lateral thigh.

History:

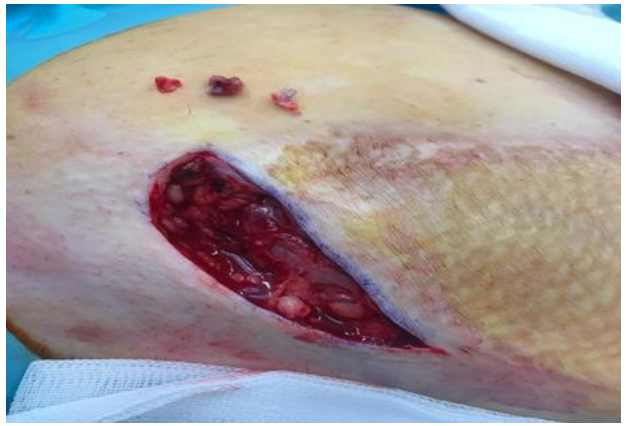
Patient reported initially noticing three 3x2mm hard, firm and non-mobile lesions approximately 4 months after grafting. Was reassured by a LMO that it was likely slow scar maturation. Only during his 3-monthly review at the 1-year mark did the patient alert the Plastics team to his concerns.

Differential diagnosis included but not limited to recurrence, neuroma, foreign body or epidermal cysts.



Treatment:

To rule out recurrence and relieve the patients concerns, the decision was made to proceed to excision and direct closure. During the operation it was noticed that the three lesions were violet in colour, non-uniform in shape and bared a striking resemblance to tissue adhesive commonly used to affix skin grafts, close wounds in ED etc.



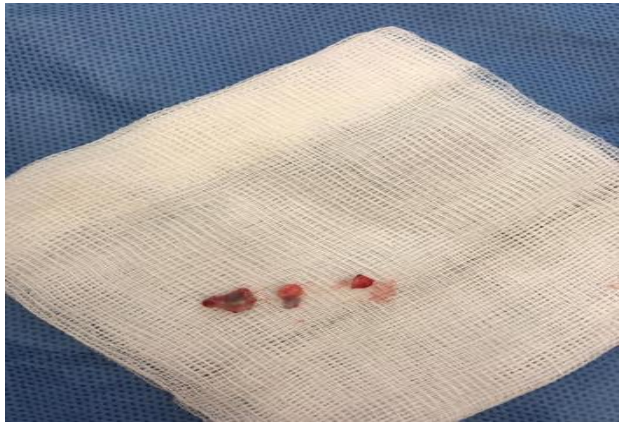
Diagnosis:

Histopathological diagnosis was highly suspicious for cyanoacrylate and inflammatory tissue.

Learning objective:

As yet, the authors of this case study could not find any reportable cases in the literature of tissue adhesive causing a grade 3 Clavien-Dindo classification.

Though this is one small case study, it highlights that tissue adhesive is not just the benign instrument that we so commonly use. Its increased use both in the operating theatre and in the emergency department must be in tempered with great care as highlighted by this return to theatre for something so avoidable.



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Dindo, D., Demartines, N., & Clavien, P.-A. (2004). *Classification of Surgical Complications. Annals of Surgery, 240(2), 205–213.* doi:10.1097/01.sla.0000133083.54934.a*losure: protocol for the Seroma reduction After Mastectomy (SAM) trial. BMC Cancer, 18(1).* doi:10.1186/s12885-018-4740-8