

SUGGESTED NEW TECHNIQUE FOR SKIN BIOPSY UNDER FIELD CONDITIONS

Sir,

Most lesions of indeterminate leprosy regress,¹ but some may progress to multibacillary leprosy.² Therefore histopathology may be considered vital for the classification and determination of the prognosis of all types, especially indeterminate leprosy. Skin biopsies are not done routinely because of administrative reasons and operational constraints under the field conditions. The old technique of punch biopsy may crush the tissue and may delay healing and leave a bad scar at the site.

For assessing the immunotherapeutic efficacy of the ICRC vaccine, where histopathology is one of the parameters for assessment, we have used a modified technique for taking skin biopsies under field conditions. The selected site (usually the periphery of a lesion, adjoining normal skin) is

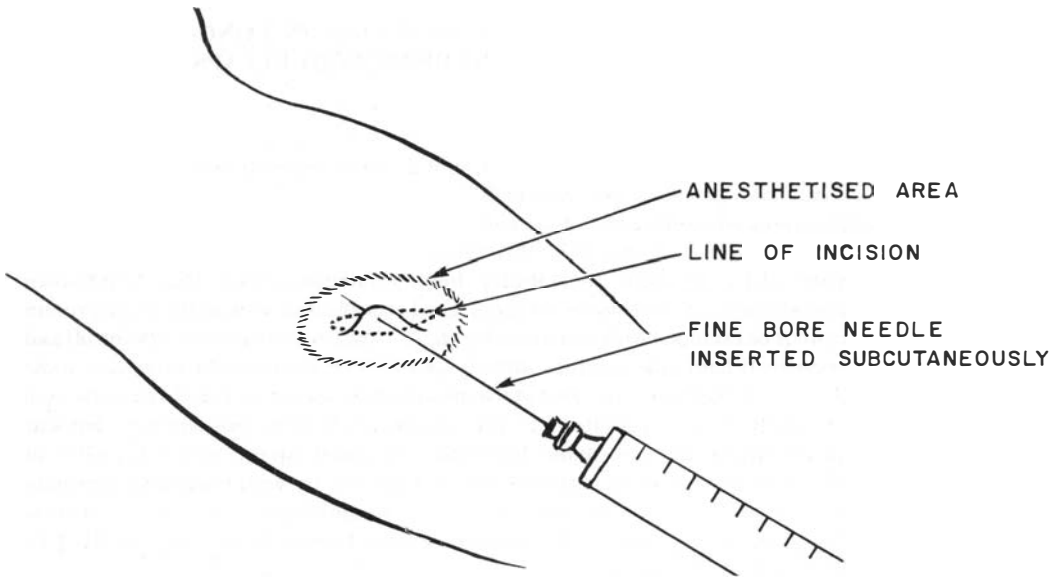


Figure 1.

infiltrated with 2% Lignocaine (plain) using a fine bore (26 G) needle after the area has been cleaned with antiseptic. The same needle is inserted subcutaneously to lift up the skin. An elliptical scalpel incision of about 10 mm length is made around the needle, the tissue is cut and transferred to a vial containing fixative. The incision is closed with a single suture made of absorbable material (removing the need for suture removal later) using a thin eyeless needle. A readymade medicated adhesive pad (available under various brand names) is applied to the site to prevent secondary infection. Alternatively, Tincture Benzoin seal may be used. The specimen is transported in vials containing the fixative, which are sealed with a portable capping machine.

Besides being quick, this technique ensures that subcutaneous tissue is included in the specimen. The procedure can be performed at the patient's residence. All the necessary material can be carried in a portable bag. This modified technique is so simple that skin biopsies can be done routinely under field conditions.

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References

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