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Tunneling and radiofrequency-assisted excision with scissor in neurofibromatosis

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Video 1 available on: https://doi.org/10.25259/ CSDM_81_2024

PROBLEM

One of the most prevalent autosomal dominant diseases, neurofibromatosis type 1 (NF1), also known as von Recklinghausen's disease, manifests clinically as skeletal abnormalities, Lisch nodules, cutaneous neurofibromas, plexiform neurofibromas, axillary freckling, and optic nerve gliomas.^[1] Usually, young patients of NF are concerned about their appearance, and removing several neurofibromas in one go is cumbersome, time consuming, and has a risk of intraoperative bleeding. Here, we have done a simple, bloodless, and time-saving procedure with an acceptable cosmetic outcome in a patient of NF1 by compiling a tunneling method^[2] with a monopolar probe and radiofrequency-assisted excision with a scissor.

SOLUTION

After achieving adequate local infiltration anesthesia with 2 mL of 2% lignocaine, first, we used a pointed-tipped monopolar electrode in coagulating mode (power 20 watt) to create a tunnel circumferentially in the neurofibroma [Figure 1] by holding it with a toothed forceps for better stability. Then, we inserted a flat-tipped monopolar probe to make the hole bigger to accommodate the blade of a straight scissor. Then, we excised the tissue with a straight surgical scissor by inserting one blade into the tunnel. To make it bloodless, we continuously kept the monopolar probe in touch with the blade or the joint of the straight scissor in coagulation mode, while excising (power 10 watt) [Video 1]. The wound was allowed to heal



Figure 1: Multiple discrete well-defined neurofibromas. Larger one was excised.

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Figure 2: Wound healing phase (picture taken after 7 days of excision).

with secondary intention [Figure 2]. There was minimal blood loss and the resection was relatively quick, making it an easy procedure to do allowing multiple excisions in one go.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

- 1. Izumi AK, Rosato FE, Wood MG. Von Recklinghausen's disease associated with multiple neurolemomas. Arch Dermatol 1971;104:172-6.
- Pangti R, Gupta S. Monopolar electrosurgical tunneling combined with bipolar coagulation for bloodless resection of sessile benign skin lesions. J Am Acad Dermatol 2021;85:e5-6.

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