Fourth Edition

SKIN SURGERY

Edited by

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ERVIN EPSTEIN, JR., M.D.

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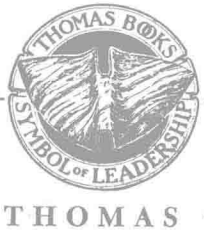

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DEDICATION

This book is dedicated to the continued growth and rising stature of the field of skin surgery.

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INTRODUCTION

SINCE THE PUBLICATION of the third edition of *Skin Surgery* in 1970, the subject of cutaneous surgery has gained much popularity. At the teaching meeting of dermatology, the American Academy of Dermatology meeting held annually, the interest in the course and seminars on this subject have increased in popularity to an astounding degree. The subject has reached and intrigued also others, including surgeons, plastic surgeons, and generalists. The popularity of this book has grown with the accelerated interest in the subject.

One of the more significant developments during the past five years has been the growth of a potential subspecialty, the skin surgeon. Such practitioners are not only skilled in those modalities peculiar to dermatology, but they are doing advanced suturing and repairing, including grafting. Such practitioners might be classified as being between the general dermatologist and the plastic surgeon, being more skillful in surgery than the former but less so than the latter. However, he has more dermatologic training and diagnostic skill than the plastic surgeon.

What are the dermatologic training centers doing about this aroused interest in the field of cutaneous surgery? The Surgery Task Force of the National Program for Dermatology sent a questionnaire to 378 graduates of training programs in 1973 and in 1969. Two hundred and thirty-one replies were received. The results are shown in Table I.

A great deal has been accomplished in increasing the exposure of trainees to surgical modalities. There is no reason why the dermatologist should be confined to the curet, the electric needle, and superficial cryosurgery. Therefore, it is laudable that the trainees are receiving adequate instruction in scalpel and scissors surgery in 63 per cent of the cases, sutures and knots in 55 per cent, and grafting in even 10 per cent. The highest satisfactory figure was 82 per cent in skin cancer therapy. And yet, there is much room for improvement. Why are 18 per cent of the residents allowed to treat patients without adequate knowledge of skin cancer? Why should satisfactory instruction in skin grafting be confined to 10 per cent of the students? Why do less than 50 per cent understand wound healing? Why are 35 per cent still getting training of a substantial degree in dermabrasion?

The "no training" column is of interest also. Note, for instance, that six individuals received no instruction at all in scalpel and scissors surgery, twenty-six in sutures and knots, and a whopping 110 (47%) in skin grafting. One hundred and eleven (approximately one-third) knew nothing about deep cryosurgery at the conclusion of their training. It is of interest that 200 (88%) were not introduced to sclerosing agents. Unfortunately, the survey did not include electrosurgery. In only seventy cases, (a mere 30%) was training in dermabrasion withheld. This does much to explain the persistence of this anachronism.

The progress in opportunities to learn surgery must be appreciated, but further improvement must be sought. There is no reason why any trainee should not be qualified to perform dermatologic surgery at the end of three years of training.

TABLE I
DERMATOLOGIC SURGERY QUESTIONNAIRE

	ADEQUATE	INADEQUATE	NONE	NO ANSWER
Scalpel and scissors surgery	146	79	6	
Sutures, knots	128	76′	26	1
Skin grafts	25	96	110	
Wound repair	103	83	41	4
Electrolysis	57	72	101	1
Superficial cryosurgery	175	41	15	
Deep cryosurgery	30	87	111	3
Superficial chemosurgery (TCA, LN, etc.)	119	66	46	
Mohs' chemosurgery	32	30	168	1
Dermabrasion	83	78′	70	
Hair transplant	86	49	96	
Skin cancer therapy	190	33	7	1
Rhytidectomy	2	20	202	7
Blepharoplasty	7	22	201	1
Therapeutic tattooing	9	20	202	
Sclerosing agents (angiomas, varicose veins, venules)	8	18	200	5

COMMENTS:
378 questionnaires were mailed out
20 were returned "unopened"
231 replies were received

Basically, the blame for failures in this regard must be placed at the door of the training centers.

A multiauthored book has certain advantages over a solo effort. It allows for the presentation of the experiences and beliefs of multiple experts in a given field. However, this has seeming disadvantages, too. For instance, it leads to repetition and contradiction. The latter is not entirely bad since it gives the reader the opportunity to weigh the various statements made and to reach his own conclusions. As an axiom, the worst therapeutic measure administered by an expert will give better results than the best method performed poorly. Therefore, your choice of surgical approaches must be tempered by your teaching, experience, and skill. The book presenting various opinions may lead to the promulgation of outmoded statements with which others do not agree. The theories of the various contributors have not been tailored to conform to my own feelings. For instance, a number of authors warn against incisional biopsies, or even excisional biopsies, in melanoma without the sacrifice of a great deal of normal appearing flesh. Yet, in a chapter in this book on suspected melanomas,

I present my own studies indicating that this is an old wives' tale without a shred of scientific evidence to confirm the concept that incomplete removal of a nevus, even a junction nevus, or a melanoma is a procedure fraught with horrendous hazards.

It should be noted that the lineup of contributors has been altered. Even a championship professional football team depends on the collegiate draft to update its offense and defense. Consequently, a number of veteran authors have been retired from the roster, some promising rookies have been added, and some new experts have presented new subjects. This led to the rewriting of even the older chapters presenting new ideas, concepts, etc. Perhaps the biggest alteration has been in the "coaching staff". My son is now associated with me in this project and it is hoped that he will take over the guidance of this publication in the future.

MAX THE KNIFE

RALPH LUIKART

Are you a dermatologist who moans his lot in life?
Are you a man who hands out salve and groans at home to wife?
Do you know the average doctor goes early in the hearse?
Do you realize a waitress can make more than any nurse?
Did you ever call a plumber and find his house call more than yours?
Have you noted that the ointment helps but very seldom cures?

I quarrel not with your methods—use the tool that suits you best.
Be it cancer, or a keloid on a nose, or ear or chest
Some say use the x-ray—and often it's the best.
Use the tool that fits your hand, or any of the rest.

Have you cried about the surgeon—who merely cuts it out,
And makes enough in half a stitch to make you sigh and shout?
Have you had a psoriatic ever tell you where to go,
And had the acne patient's mother say it simply wasn't so?

Have you ever spent an hour just digging out the facts;
Then scrape and culture many spots on leg and arm and back?
Did you do a small biopsy and send it to the lab;
Then in the last analysis you knew not what he had?

If you are one of those who spent the first half of his life,
In schools, and schools, and labs and schools with struggling and strife;
If you have had your daughter, ten, turn to you and ask,
How come you're not a doctor, real, like the one that checks my class?

If you borrowed to pay your income tax, and bought your car on time;
And found that forty office calls would net you but a dime;
If this outlines your problems; let me give you this advice;
Skill yourself in other ways that yield a better price!

One in ten of all your patients has a lesion of some sort,
That can be fixed in just a jiffy if to surgery you'll resort.
You need an eye to see with, and two old aging hands.
You need a half a dozen instruments upon a Mayo stand.

If there's a place a patient hates—a spot that worries you too,
Take her into surgery and I'll tell you what to do.
Take a knife, and cut it out, and send it to the lab.
While you relax and sew it up, the two of you can gab.
Your nurse can take the sutures out, and dress it once or twice.
The lab will tell you what it is, and the patient gets advice.

You won't forget the psoriatic who said you were a gyp;
Who griped about the bill for months, and claims you are a drip.
But the gal you took the lesion from goes forth to show the line;
Where you took that mean thing out, and joshed her all the time.

The x-ray for the acne case is disallowed by his insurance.
He asked a million questions to test out your endurance.
"Got my dough from my Blue Cross today", says the lady with the line.
"The pay was bigger than your bill—could the overpay be mine?"

That doctor he's a real one—you know he cut that thing on Joe,
We'll stand by him thru thick and thin tho' he did it with a hoe.
But the one that cured my dandruff under some pretentious name,
Didn't really get it well—they say that skin's his game.

The collector says the acne boy is never going to pay.
He'll hang on to that ten buck bill until his dying day.
But the fifty bucks for surgery with a note of many thanks,
Was slipped between the letters of the psoriatic cranks!

This day I have not got the time to change the way of life.
The plumber still gets better pay than I without my knife.
The waitress will out do the nurse—you'll moan out to your wife
How broke and tired and old you are unless you try a knife.

Reprinted with permission from Ralph Luikart, "Max the Knife," *Archives of Dermatology,* 82:421 (1960).

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