
When half-slide can deliver double efficiency for blister grafting in vitiligo



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SURGICAL CHALLENGE

Suction blister epidermal grafting [SBEG] is a very successful and time-tested technique for treating stable and segmental vitiligo. The advantages of the procedure are a smaller learning curve and lesser technical infrastructure.¹ Placing the graft on the lip during surgery is usually done with a standard-sized microscope glass slide (3 × 1-inch) (Fig 1). However, the size of the slide makes it difficult to use in areas such as the angle of the mouth, where maneuvering the slide is not very easy. Splitting the graft by using a butter paper is an alternative, but this demands more expertise and is difficult for the beginner.²



Fig 1. Graft being placed on the lip in suction blister epidermal grafting with a conventional glass slide. The longer slide size touching the upper lip makes it difficult to place the graft on tricky areas such as the angle of the mouth.

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SOLUTION

To overcome this difficulty, we have been using a slide that is half of a regular-size slide (1.5×1 -inch) for graft placement (Fig 2, A). The cut slide is just as good as the full size and has the additional advantage of easy maneuverability in tricky areas such as the angle of the mouth while placing the grafts (Fig 2, B).

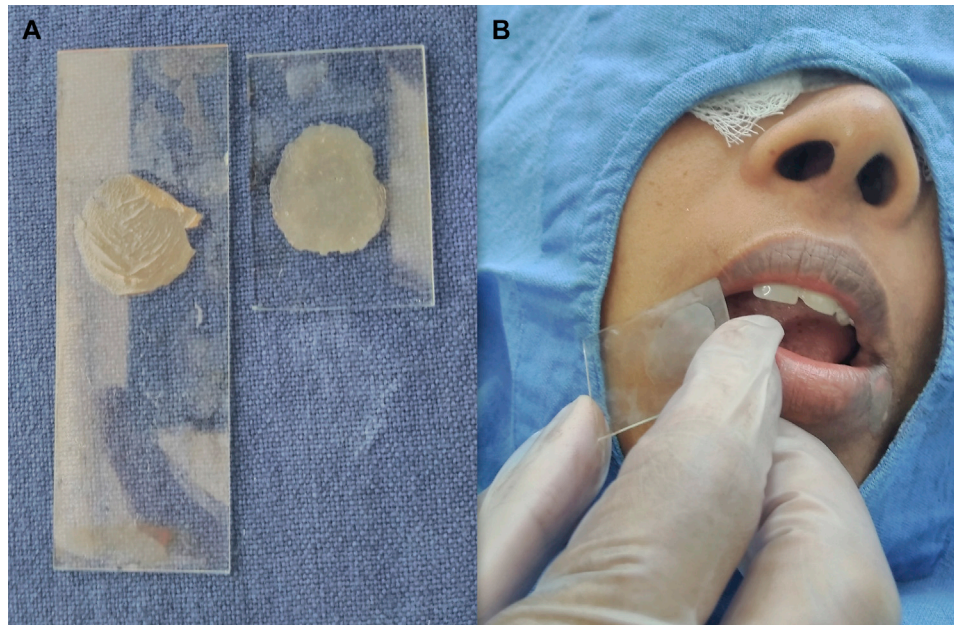


Fig 2. **A**, The conventional slide and the cut slide with the graft ready for placement. **B**, Placing the slide (engaging only 1 hand) on the angle of the mouth at ease.

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