## Use of blunted needle of insulin syringe as a simple method for precise delivery of drug during chemical reconstruction of skin scars (CROSS)



Tejas Vishwanath, MD, Ajit Barve, DDV, Pranit Farande, DNB, Sunil Ghate, MD, Geeta Shinde, MD, and Angela Nagpal, MD Ghatkopar (East), Mumbai; Thane, and Navi Mumbai, Maharashtra, India

Key words: acne; CROSS; ice pick scars; insulin needle; TCA; toothpick.

Abbreviations used:

CROSS: chemical reconstruction of skin scars

TCA: trichloroacetic acid

## THERAPEUTIC CHALLENGE

In chemical reconstruction of skin scars (CROSS), 100% trichloroacetic acid (TCA) is applied with a toothpick. Despite care, TCA may touch the surrounding skin with subsequent dyspigmentation, leading to reduced patient satisfaction. Inability to reach the base of tapering ice pick scars can lead to a suboptimal response.

## THE SOLUTION

The sharp tip of an insulin syringe needle is cut with scissors, and the blunt end is used as an applicator (Fig 1). The needle is dipped in the TCA solution (TCA is not aspirated). Capillary action on dipping the needle in the TCA solution creates a TCA reservoir replacing imbibition as the mechanism of creation of a TCA reservoir in a wooden toothpick. We used this technique in 3 patients, applying TCA with a toothpick on one-half of the face and with a blunted insulin needle (separate needle for each patient) on the other half.



Fig 1. Blunted insulin needle: The sharp tip has been cut off with clean scissors.

From the Department of Dermatology, Rajawadi Hospital, Ghatkopar (East), Mumbai<sup>a</sup>; Dr Ajit Skin Clinic, Thane<sup>b</sup>; and the Department of Dermatology, Terna Medical College, Navi Mumbai.<sup>c</sup>

Funding sources: None.

Conflicts of interest: None disclosed.

Correspondence to: Tejas Vishwanath, MD, Department of Dermatology, Chhatrapati Shivaji Maharaj Hospital, Kalwa, Thane 400 605, Maharashtra, India. E-mail: tejasvishwanath. igs@gmail.com.

J Am Acad Dermatol 2020;83:e177-8. 0190-9622/\$36.00

© 2019 by the American Academy of Dermatology, Inc. https://doi.org/10.1016/j.jaad.2019.08.065

For precise determination of TCA delivery, magnification of frosted areas was done using nonpolarized dermatoscopy (Dino-Lite; AnMo Electronics Corp, New Taipei City, Taiwan). Comparing magnified images showed more precise deposition of the drug into the depth of the scar and less onto the surrounding skin using the needle (Fig 2, A) than the toothpick (Fig 2, B). Moreover, despite keeping the needle immersed in 100% TCA for 1 minute, there were no visible alterations in the physical properties of the needle.

Development of dedicated applicators with technological aid that precisely deliver TCA to the base of ice pick scars would be valuable in ice pick scar management.

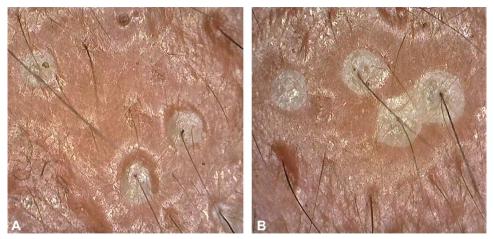


Fig 2. A, Trichloroacetic acid (TCA) delivery to ice pick acne scars using a blunted insulin needle. Note frosting exclusively of ice pick scars. Surrounding skin is untouched by TCA on nonpolarized dermatoscopy (Dino-Lite; AnMo Electronics Corp, New Taipei City, Taiwan). B, TCA delivery to ice pick acne scars using a toothpick. Surrounding skin is also frosted. This leads to dyspigmentation and reduced patient satisfaction.

1. Lee JB, Chung WG, Kwahck H, Lee KH. Focal treatment of acne scars with trichloroacetic acid: chemical reconstruction of skin scars method. Dermatol Surg. 2002;28(11):1017-1021.