



A novel simple biopsy-site identification tool

Rosanne Ottevanger, MD,^a Marieke E. Weijns, MD,^a and Roel E. Genders, MD, PhD^{a,b}
Leiden, Netherlands

THERAPEUTIC CHALLENGE

In patients with suspected skin cancer, preoperative biopsies are usually performed. It is important to confirm the histopathology and extent of the tumor before optimal treatment plans can be established. In case of ill-defined clinical borders, it is necessary to perform multiple biopsies for mapping the lesion. Especially when multiple biopsies are taken, it is important to carefully document the biopsy sites for identification afterward. This can be difficult, particularly because several weeks might pass before surgery is planned and the biopsy sites are fully healed and poorly visible if scarring is minimal. Photographic imaging is a helpful tool to identify biopsy sites. However, especially on the scalp it is hard to identify biopsy sites because of hairs covering them and the lack of distinct anatomic landmarks. Also, when multiple biopsies are taken it is sometimes challenging to reidentify every biopsy site. This can result in dislocation of the lesion, with possible positive surgical margins, unnecessary excision of healthy skin, and even surgery on the wrong site. Incorrect preoperative biopsy-site identification is found in up to 4.4% of Mohs micrographic surgery lesions.¹ Furthermore, 14% of malpractice claims among surgeons performing Mohs micrographic surgery are due to wrong-site operations.²

SOLUTION

We present a simple solution for this clinical dilemma on hair-bearing scalp. An overview picture including anatomic landmarks with (multiple) markers of the biopsy sites before biopsies are taken can be a useful tool. In this way, detailed preoperative biopsy-site identification is performed and therefore prevents mistakes in identifying biopsy location (Fig 1). In this case, we used disposable cotton swab sticks and stickers.



Fig 1. An overview picture with multiple markers of the biopsy sites before biopsies were taken. An extra advantage of this overview is the inclusion of anatomic landmarks. In this case, we used disposable cotton swab sticks and stickers for identification.

From the Department of Dermatology, Leiden University Medical Centre^a; and Department of Dermatology, Roosevelt Clinic, Leiden.^b

Funding sources: None.

Conflicts of interest: None disclosed.

Reprints not available from the authors.

Correspondence to: Rosanne Ottevanger, MD, Department of Dermatology, Leiden University Medical Centre, Albinusdreef 2, 2333 RC Leiden, Netherlands. E-mail: r.ottevanger@lumc.nl.

J Am Acad Dermatol 2021;84:e73-4.
 0190-9622

© 2020 by the American Academy of Dermatology, Inc. Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

<https://doi.org/10.1016/j.jaad.2020.03.044>

REFERENCES

1. McGinness JL, Goldstein G. The value of preoperative biopsy-site photography for identifying cutaneous lesions. *Dermatol Surg.* 2010; 36(2):194-197.
2. Perlis CS, Campbell RM, Perlis RH, et al. Incidence of and risk factors for medical malpractice lawsuits among Mohs surgeons. *Dermatol Surg.* 2006;32:79-83.