Enhancing Biopsy Site Identification Using Handheld Wood's Flashlight Before Mohs Surgery

Author(s): Abraham Abdulhak, MD\textsuperscript{1}; Ally-Khan Somani, MD, PhD, EMBA\textsuperscript{1}; Syril Keena Que, MD, MPH, FACMS\textsuperscript{1}

Institution(s):
1. Indiana University School of Medicine, Indianapolis, IN
Biopsy site identification

• 71% of Mohs surgeons reported difficulty identifying surgical sites in more than 5% of patients

• Wrong site surgery accounts for 14% of malpractice claims against Mohs surgeons

Issues with biopsy site identification

• Photos prior to biopsy sometimes unavailable or obscure

• Referral notes frequently do not triangulate lesions or name anatomic locations accurately

• Patients are frequently unable to identify the exact biopsy location

• Time lapse between biopsy and definitive surgery
Enhancing Biopsy Site ID

• A small UV flashlight can aid in site identification prior to Mohs surgery

• **Portable, Practical, and Powerful!**

• Fits in scrub or coat pocket

• Easier to use in tight spaces than traditional bulky lamp & cheaper

UV 365nm LED Flashlight, Class 3B LED* Way To Cool LLC - $60

2 Pack UV Penlight Flashlight with Clip, Mini LED Handheld Tactical $12

DARKBEAM UV 365nm Light Wood's lamp Blacklight Ultraviolet Flashlight LED Portable Mini Handheld Torch... $20
Enhancing Biopsy Site ID

• Wood’s light is a 365 nm, high energy UV light that excites chromophores in the skin

• Common chromophores include melanin, hemoglobin, and porphyrins

• When the excited electrons of these chromophores return to their ground state, photons are released as visible light

Enhancing Biopsy Site ID

Note enhanced demarcation of scar with chromophore absorption due to hyperpigmentation and neovascularization.
Enhancing Biopsy Site ID

Note enhanced demarcation of scar with chromophore absorption due to hyperpigmentation and the loss of fluorescent follicular ostia.
Enhancing Biopsy Site ID

Note enhanced demarcation of scar with chromophore absorption due to hyperpigmentation
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Note enhanced demarcation of scar with chromophore absorption due to hyperpigmentation.
Enhancing Biopsy Site ID

Note enhanced demarcation of scar with chromophore absorption due to hyperpigmentation and the loss of fluorescent follicular ostia with subsequent confirmatory + first Mohs layer.
References

