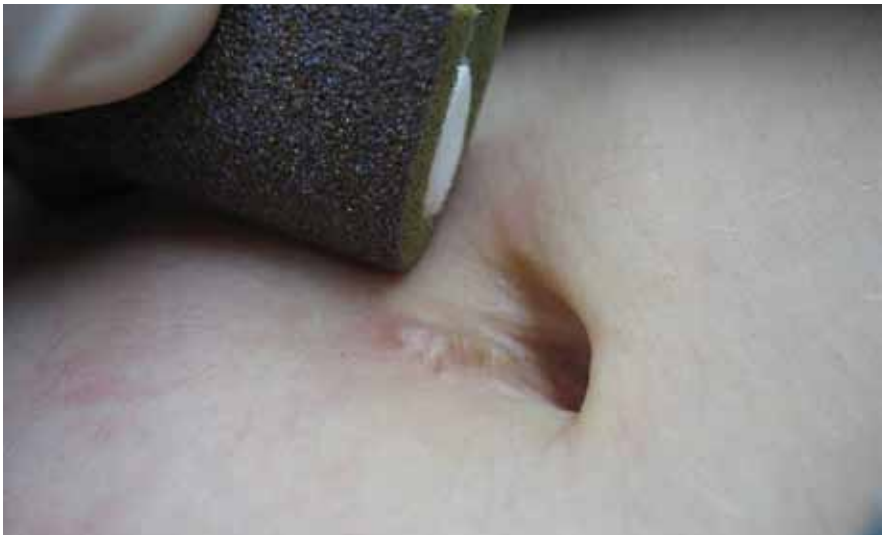
Dental Roll–Assisted Dermasanding

Dermabrasion has been employed for decades to improve the texture and overall appearance of scars resulting from surgery, trauma, acne, or burns.[1-3] Whereas traditional dermabrasion utilizes a rotating wire brush or diamond fraise requiring a handheld device, dermasanding uses sandpaper.[1,2,4] Furthermore, Gillard et al[1] detected no difference in the outcome of scars resulting from skin cancer surgery that were treated with either diamond fraise or dermasanding. Various methodologies have been described for dermasanding, such as the sandpaper being held in the operator's hands, wrapping sandpaper around the operator's finger, wrapping sandpaper around a 3-mL syringe, and mounting sandpaper on a safety razor.[1-3,5] We describe a new technique for dermasanding that involves wrapping sandpaper around a cotton dental roll.

The area to be treated is prepped with chlorhexidine, and the outline of the scar is defined with gentian violet. The area is then anesthetized with lidocaine 1% with epinephrine. Small rectangles or squares of sterilized medium- or fine-grade sandpaper, which can be purchased at a local hardware or home-improvement store, are wrapped around the sterilized cotton dental roll and held together at the top by the operator's fingertips. The operator then abrades the skin, working the cotton dental roll in various directions until pinpoint bleeding is seen in the dermis and optimal results are obtained (Figure).



Hypertrophic scar in the umbilicus following laparoscopic surgery. Note the ease of access to this difficult anatomical location using sterilized sandpaper wrapped around a sterilized cotton dental roll.

After a thorough literature search, we failed to find a similar technique utilizing the unique qualities of the cotton dental roll. Our technique allows for improved comfort for the operator, controlled abrasion, the ability to quickly switch between various grades of sandpaper, and low cost. Additionally, the size, shape, and flexibility of the cotton dental roll allow access to both small and hard-to-reach anatomical locations such as the umbilicus, conchal bowl, and nasal crease.

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REFERENCES

1. Gillard M, Wang TS, Boyd CM, et al. Conventional diamond fraise vs manual spot dermabrasion with drywall sanding screen for scars from skin cancer surgery. *Arch Dermatol*. 2002;138:1035-1039.
2. Emsen IM. Effect of dermasanding (manual dermabrasion) with sandpaper on the appearance of both postsurgical and burn scars. *Aesth Plast Surg*. 2007;31:608-611.
3. De Souza BA, Furniss D, Jawad M. The use of sandpaper as a precision tool for dermabrasion in burn surgery. *Plast Reconstr Surg*. 2005;116:350-351.
4. Poulos E, Taylor C, Solish N. Effectiveness of dermasanding (manual dermabrasion) on the appearance of surgical scars: a prospective, randomized, blinded study. *J Am Acad Dermatol*. 2003;48:897-900.
5. Mokal NJ, Patel J, Thatte RL. Sandpaper mounted on a safety razor: a simple device for dermabrasion. *Br J Plast Surg*. 1990;43:502.