



DERMATOLOGICAL SURGERY

SERIAL ELECTRODESSICATION AND CURETTAGE IN EXTENDED COMMON TYPE OF SEBORRHEIC KERATOSIS ON THE FACE, CHEST, BACK AND ARMS OF MALE UNDER GENERAL ANESTHESIA

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Background: Seborrheic keratosis is one of the most common benign skin tumors. Older patients in particular often have large numbers of this tumor. Diagnosis of seborrheic keratosis was made based on anamnesis, clinical appearance, dermoscopy and histopathology result. The treatment of seborrheic keratosis is not mandatory. Yet in the majority of patients, especially those with multiple lesions, removal is for cosmetic reasons. The treatment of choice is removal of the lesions using destruction with cryotherapy, electrodesiccation followed by curettage, curettage followed by desiccation, or laser ablation have all been shown to be effective. We choose electrodesiccation followed curettage because it is inexpensive, easy to do and generally well tolerated. Disadvantages include the potential for hypopigmented/ hyperpigmented post inflammation and atrophy/ hypertrophy scars

Observation: We reported a case of 58 years old male patient with chief complain dark brown color and verrucous plaques on the face, neck, chest, back and arms, which increase in number, thickness and size, sometimes felt itchy since 15 years ago. He often felt ashamed with the lesions. On physical examination we found dark brown stuck on and verrucous plaque. Dermoscopy revealed milia like cysts and comedolike opening, while from the histopathology we found hyperkeratosis, acanthosis, papillomatosis and pseudohorn cyst. We performed electrodesiccation followed curettage every 2 months for this patient, with good result in the presence of hypopigmentation/ hyperpigmentation post inflammation and atrophy/ hypertrophy scars.

Key Message: After removal of the lesions, satisfactory results were obtained. But further follow-up is needed to evaluate the recurrence and onset of new lesions.

Keywords: electrodesiccations, curettage, extended seborrheic keratosis

