

VIDEOS OF SURGICAL PROCEDURES IN DERMATOLOGY

[Translated article] Use of Loop Diathermy Conization for Deroofing Fistulotomy in Hidradenitis Suppurativa: A Rapid, Simple, and Versatile Technique



Uso de un asa diatérmica de conización para el destechado de fístulas de hidradenitis supurativa: una técnica rápida, simple y versátil

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory disease characterized by the development of nodules, abscesses, and recurrent fistulas. The management of HS is multimodal, requiring both medical and surgical approaches. Deroofing is the procedure often performed to remove the "roof" of an abscess, cyst, or fistula.^{1,2} This procedure can be performed using a cold scalpel, an electric scalpel, or ablative laser and may require various surgical instruments, experience, and a significant amount of time.

Technical description, indications, and complications

The use of a gynecological diathermic conization loop allows for quick and simple deroofing procedures (figure 1).

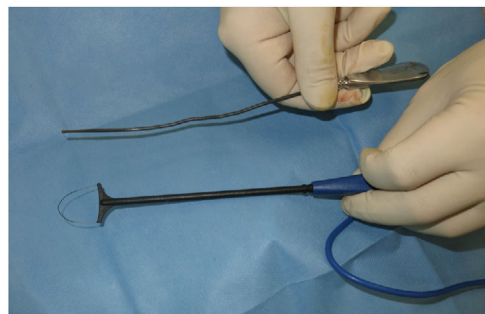


Figure 1 Surgical material required for deroofing a hidradenitis suppurativa fistula: a stylet and a gynecological diathermic conization loop.

This method requires only 2 instruments: a diathermic conization loop and a stylet. There are various types of diathermic loop currently available. The authors recommend using the Loop® type loop, traditionally used in gynecology to treat early-stage cervical cancer using the LEEP (loop electro-surgical excision procedure) technique. Different models can be found online in various sizes (5 mm x 5 mm, 5 mm x 10 mm, 5 mm x 8 mm, etc.) so that the loop can match the size of the fistula. As for the guide stylet,

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there are also different models currently available. Its thickness and size will depend on the size and depth of the fistula. We recommend using stylets with a buttoned rather than a sharp end to prevent the creation of new fistulas or other iatrogenic lesions. The fistula is cannulated with the stylet, lifted, and then encircled with the diathermic loop. Afterwards, the roof of the fistula is excised ([video 1](#)). The procedure can be completed by curettage or electrocoagulation of the base of the fistula. The surgical defect is left to heal by secondary intention.

This procedure only takes a few seconds and is particularly valuable for small HS fistulas and easily accessible lesions. Specifically, we recommend its use, especially in fistulas categorized as Martorell group A (dermal) or B (dermoepidermal). However, this procedure can also be performed with larger and deeper fistulas (group C or complex and group D or subcutaneous fistulas).³ This procedure is easy to perform outpatiently with local anesthesia and minimal training.

Conclusions

We presented the use of the diathermic conization loop as a rapid, simple, versatile, and cost-effective technique to deroof HS fistulas.

Conflicts of interest

None declared.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.plantsci.2004.08.011](https://doi.org/10.1016/j.plantsci.2004.08.011).

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