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VIDEOS OF SURGICAL PROCEDURES IN DERMATOLOGY

[Translated article] Minor Salivary Gland Biopsy in Dermatology

Biopsia de glándulas salivales menores en Dermatología

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Introduction and Indications for the Technique

Minor salivary gland biopsy is a procedure that is included in the diagnostic criteria for Sjögren syndrome. It can also prove useful for the diagnosis of various diseases such as amyloidosis, sarcoidosis, neonatal hemochromatosis, and lymphoma in patients with Sjögren syndrome.^{1,2}

The technique was first described by Chisholm and Mason in 1968, although many modifications to the original technique have been proposed. In the explanatory video (video 1), we describe salivary gland biopsy performed with chalazion forceps, an instrument used in ophthalmological surgery.

Description of the Technique

Below, we set out a series of factors to be considered when applying this technique.

Area to be biopsied: The ideal site is the mucous membrane of the lower lip because it is easy to access and work with and the number of salivary glands is higher. The midline of the buccal vestibule should be avoided because of the lower number of glands in the area (Fig. 1A).

Procedure: The area to be biopsied should be sterilized with chlorhexidine 0.12%–0.20% or povidone iodine. The chalazion forceps are placed in position and pressed to avoid bleeding. A line is then drawn parallel to the vermilion border (approximately 1 cm). A superficial incision is made to reveal the minor salivary glands (Fig. 1B). Between 6 and 8 glands should be obtained in order to ensure a sound histopathology study.

Suture: The first sutures should be placed before removing the chalazion forceps (Fig. 1C). Reabsorbable suture should be used.

Immediately after the procedure, we apply folded gauze at the biopsy site and instruct the patient to maintain pressure in the area for 15–20 min; we also provide postoperative instructions in writing. The patient is recommended to avoid hot drinks, smoking, and vigorous rinsing for 24–48 h after the intervention. Although we use reabsorbable sutures, the patient is asked to attend to have them removed after 7–10 days if they do not fall out by themselves.

Complications

The various surgical complications include bleeding, hematoma, wound dehiscence, local inflammation, surgical bed infection, pyogenic granulomas, and hypertrophic scarring. However, the most common complication is local paresthesia.^{1,2}

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Figure 1 (A) Chalazion forceps placed on the lower lip. (B) Surface dissection. (C) Suture before withdrawal of the chalazion forceps.

Conclusions

Minor salivary gland biopsy is a rapid, easy, and safe procedure in dermatology.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Appendix A. Supplementary Data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.ad.2022.08.028](https://doi.org/10.1016/j.ad.2022.08.028)

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