adjacent lacerations were being treated, resulting in the eyelashes on both eyelids sticking together. There was no associated damage to the globe in three patients but in the fourth, a spicule of solidified glue caused a corneal abrasion and had to be removed by an ophthalmologist. In all cases, the lashes remained adherent for 7 days, causing considerable distress to the patients, but no long term morbidity.

If adhesive does accidentally enter the eye, no attempt should be made to force the lids apart, because if the cornea becomes stuck to the palpebral conjunctiva, (suggested clinically by pain in the injured eye on movement), major corneal damage may result when a sheering force is applied. Patients who suffer this complication should be treated with bilateral eye pads and referred immediately to an ophthalmologist.

We would agree with the use of Histoacryl tissue adhesive, providing that the eyes are adequately shielded, especially in the wriggling toddler with a scalp wound at the junction of forehead and hairline.

M. J. McCabe, P. E. Nash & A. V. Bhide
Central Middlesex Hospital,
Acton Lane,
London, England

The use of Histoacryl tissue adhesive for the primary closure of scalp wounds

Sir

I was most interested in the paper on the use of Histoacryl tissue adhesive by Morton, Gibson & Sloane (Archives of Emergency Medicine, June 1988).

In general we have found that Histoacryl has not lived up to expectations, particularly in relation to facial lacerations, where the wound closure cannot be relied upon to withstand the shearing stresses involved in changes of facial expression; although it can be very useful in the management of lacerations to the ear.

With regard to scalp lacerations, we have used hair ties for the last 5 or 6 years and this has proved very effective. However tying knots in hair is not without its practical difficulties and this technique has now been modified in two respects. Firstly, rather than attempting to tie a knot, a few strands of hair from each side of the wound are carried across the wound and simply glued together with sufficient tension to keep the skin edges together. Secondly, Histoacryl is expensive and a little too runny to be ideal for this technique and after trying a variety of ‘super-glues’ we have found that Bostik Supaglue Gel is the most effective and easiest to apply.

The microbiology department has been unable to find or culture any organism in any of the glues that we have used, but in any event the glue is not applied to the wound or indeed to skin, but simply to hair. We have used this method of scalp wound closure for the last 2 years. The nursing staff have become very adept in its use. The results are excellent and it has been pointed out that patient interest and satisfaction is enormous.

G. Gordon
Manor Hospital,
Manor Court Avenue,
Nuneaton, England
The use of Histoacryl tissue adhesive for the primary closure of scalp wounds

G. Gordon

Arch Emerg Med 1989 6: 160
doi: 10.1136/emj.6.2.160

Updated information and services can be found at:
http://emj.bmj.com/content/6/2/160.citation

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/