

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

Sir

I read with great interest the article by Morton *et al.* (*Archives of Emergency Medicine*, June 1988). I would be interested to know whether they used one vial of glue per patient or whether the same vial was used for many patients. With the former case the expense could be quite high if used on a regular basis whereas with the latter case multiple patient contact with a single vial is clearly inadvisable.

In the Paediatric Accident and Emergency Department of Guy's Hospital, we have found a way of overcoming these problems. The applicator on the vial is cut at its widest marking. This allows a fine, sterilized capillary tube to be inserted into the vial.

Sufficient glue enters the tubing by capillary attraction. On applying the tubing to the wound a small amount of glue is deposited. We have found it easier to control the positioning of the glue and also the amount delivered when capillary tubing is used.

In an unpublished series of 20 cases of facial lacerations treated in this manner and with up to a 3 month follow-up period, we have found no complications and excellent cosmetic results.

Capillary tubing is inexpensive and thus enables the use of histoacryl glue to be a very cost-effective option.

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Mr Watson's note about the re-use of a single vial of Histoacryl is very relevant. We also re-use the vial. Our method of doing this is to cut the applicator at its widest marking. We then place a sterile needle on the end. This needle is used to apply the glue to the wound. The needle is then removed and the glue stored with a second sterile needle in place.

This works quite efficiently and in a similar manner to the capillary tube which Mr Watson describes.

Dr McCabe *et al.* point out a very important complication of Histoacryl. We always point out the chance of this complication to the nurses and I am pleased to say so far I have not encountered any problems. This may be because I tend not to use the glue for forehead lacerations, concentrating mainly on scalps.

I have also tried knotting hair over scalp lacerations. In my experience I have found that most of my patients tend to be bald, skinheads, or otherwise unsuitable for this procedure.