

Punch biopsy of pigmented lesions is potentially hazardous

We are concerned about the recently published video by Czarnowski et al, which teaches the procedure of punch biopsy on a pigmented lesion.¹ Although punch biopsy is a useful skill in primary care dermatology in some circumstances, it is generally inappropriate for the diagnosis of pigmented lesions.

Guidelines from around the world recommend excisional (rather than incisional) biopsy of suspicious pigmented lesions.^{2,3} Incisional biopsies, such as punch biopsies, risk sampling error. For example, areas of invasive melanoma might be present in an excisional specimen but missed in a smaller biopsy.⁴ Also, different but contiguous pigmented lesions commonly exist⁵; sampling only the benign lesion can lead to missed or delayed diagnosis of a malignancy, with potentially hazardous consequences.

Possible indications for incisional biopsy of pigmented lesions include very large lesions for which excisional biopsy would be difficult, such as large macular pigmented facial lesions.³ Even in these cases, the use of punch biopsy in diagnosing melanocytic lesions is potentially perilous, and according to British guidelines, "there is no place for incisional biopsy in primary care."² We recommend that incisional biopsy in primary care be limited to nonpigmented lesions and rashes.

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References

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Response

We thank Drs Montgomery and Sadler for their well-researched response to our teaching video on punch biopsy. We certainly agree in principle that excisional biopsy is the standard of care for sampling suspicious pigmented lesions and would like to remind readers that our teaching series focuses on technique rather than management issues.

It would also be interesting to analyze the differing capacities to deal with pigmented lesions within other national health care systems. Within our current system in Canada, lack of capacity is such that our primary care-based surgical clinic sometimes obtains referrals from dermatologists to aid with the volume of minor procedures. Although we are comfortable with excisional biopsy, not all family physicians have the necessary tools to routinely complete this procedure; however, they might be adequately set up to perform punch biopsies.

We agree that the recommended approach to suspicious pigmented lesions should be full excision, and we should work toward assuring that our health care system can accommodate this recommendation.

—David Ponka MD CCFP(EM)

—Charles Czarnowski MD CCFP
Ottawa, Ont

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