Electrodessication and Curettage (ED+C)

Electrodessication and curettage (ED+C) is a commonly performed procedure by dermatologists for superficial types of skin cancer. Electrodessication is not used for skin cancers on the face and hands. Also, it is not recommended for aggressive skin cancer types, or recurrent skin cancers.

The procedure:

A round scalpel blade called a curette is used to scrape off the cancer down to the dermis, which is the second layer of the skin. Electrocoagulation, which is electrodessication is then performed over the raw surgical site to denature the protein of the dermis. The curette is used again over the surgical site to remove the denatured dermis down to the tissue that is not affected by skin cancer. The electrodessication is performed again, and the cycle is repeated. The scraping of the skin cancer and the electrodessication is performed three times each to achieve adequate surgical margins.

The cure rate:

ED+C has a high cure rate when performed on the correct type of skin cancer. ED+C is not an appropriate for the aggressive types of skin cancer. In this facility, we prefer not to use this method of cancer removal on the face. When used on superficial types of skin cancer and on correct locations of the body, such as the trunk, arms, legs, and sometimes the scalp, it is an effective treatment.

There are advantages and disadvantages to this type of surgery.

Advantages:

ED+C is quick and easy to perform under local anesthetic. This means numbing with a small needle. No sutures are needed because no tissue is cut out, so instead of returning in 1 – 2 weeks to have sutures removed, you will have a four month follow up.

Disadvantages:

No tissue is removed surgically from the skin, so this means that the surgical margin is not confirmed by sending the tissue to the pathologist, so this means that the margins cannot be confirmed with a pathology report. (Some people consider this an advantage as there is no additional charge for pathology.)

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As the surgical site is created by the scraping and burning and is larger than the original biopsy site, healing time may seem to take longer only because the wound isn't closed together with sutures and this gives the patient the idea that it is taking longer, but actually it is the same healing time of the wounds that are closed with sutures. The scar will be a white coin (round) shape rather than a linear (line) scar.

Recurrence:

Recurrence of a skin cancer treated with ED+C tends to be less likely to occur because of the types of skin cancer we choose to treat with the procedure. Skin cancers have to be early, superficial, non-aggressive, and small. The skin cancer site will be closely monitored after the procedure with follow up appointments. If a skin cancer that has been treated with ED+C returns, it will be removed surgically, most likely with the Moh's surgery.

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