

# Comment: “Cable Ties: Poor Man’s Top Closure System”

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With reference to a case report “Cable ties: poor man’s top closure system”:<sup>1</sup>

We read the case report with a lot of interest.<sup>1</sup> The efforts put in by the authors to deal with difficult scalp defect by innovative use of cable ties in a poor patient is really appreciable. Our compliments to the authors for the results they have achieved.

There are a few observations that we thought would be reasonable to bring to the attention of the authors, namely the following:

- The wound appears to be inadequately debrided (► **Fig. 1**).
- Cable tie bites are placed with 3–0 Ethilon 1 cm apart on apparent unhealthy margins (► **Fig. 1**), which may cause further necrosis of the edges with the possibility of ending up with a larger defect than the original defect. The fact that this is likely to result in a poor scar and alopecia cannot be overemphasized.
- The protocol the authors used for tightening the cable ties is not mentioned.<sup>2</sup> Needless to say, inadequate tightening will defeat the purpose, while excessive tightening will cause necrosis of edges and therefore again defeat the purpose.
- The presence of white substance adjacent to the sutured end of the cable tie that looks like cyanoacrylate glue (as seen in ► **Fig. 2**) is unexplained by the authors.
- Whether the cable tie approximated wound edges were sutured secondarily<sup>3</sup> or whether it was left to heal with secondary intention is not mentioned (► **Fig. 3**). The authors state that after approximation the ties were left in situ for 1 week. We are curious to know if any wound gaping resulted after the ties were removed.
- The type of dressing used by the authors to prevent desiccation of exposed bones is not mentioned; bringing



**Fig. 1** Postdebridement wound with cable ties in situ.

in the flaps over a dead bone is not going to solve the problem. It would only result in development of a discharging sinus and risk of infection permeating down the intracranial structures as a result perhaps.

We would really appreciate the authors’ response to our above-mentioned queries, which would help us in understanding the technique better and execute the same whenever the need be in our setup.

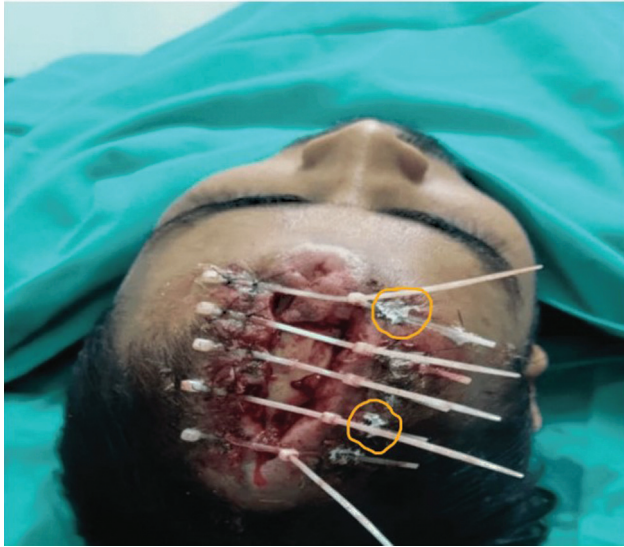
Thank you.

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**Fig. 2** Sutured ties in situ with cyanoacrylate glue.



**Fig. 3** Approximated wound edges.

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**Conflict of Interest**  
None declared.

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