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## **Full-thickness skin necrosis of the fingertip after application of superglue.**

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We present the case of a 39-year-old woman who applied superglue to her fingertip as a treatment for dry skin. She developed full-thickness necrosis of her thumb pad complicated by a secondary superinfection. This necrosis occurred from the degradation of the cyanoacrylate in the superglue compound to formaldehyde, causing local histotoxicity. This injury necessitated a local flap for coverage, which healed uneventfully and without lasting sequelae.

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**Abstract**

## Ice Minimizes Discomfort Associated with Injection of Botulinum Toxin Type A for the Treatment of Palmar and Plantar Hyperhidrosis

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### Abstract

**BACKGROUND** The value of botulinum toxin type A (BTX-A) for treatment of palmar and plantar hyperhidrosis (HH) has been limited by injection pain, which in the past has generally required administration of a nerve block. We describe the successful use of ice applied to the intended injection point followed immediately by application of either ice or vibration to skin adjacent to the injection point to reduce discomfort associated with injection of BTX-A for the treatment of palmar and plantar HH.

**RESULTS** During needle insertion and injection of BTX-A, both the application of ice to the intended injection point followed by application of ice adjacent to the injection point (ice+ice) and the application of ice to the intended injection point followed by application of vibration adjacent to the injection point have been preferred by our patients to nerve block. These two techniques allow efficient treatment of both hands and/or both feet in a single session.

**CONCLUSION** By eliminating the need for nerve blocks, the techniques described here will enlarge the pool of physicians who can administer BTX-A for palmar and plantar HH, and will enlarge the pool of patients who are willing to have this treatment.

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