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Re.: EPIGLU - Gewebekleber

Since approx. 2 years the cyanoethyl tissue adhesive "EPIGLU" is used regularly in my office. It serves mainly for the closure of traumatically or iatrogenically generated abrasions, during which the bactericidal and fungicidal effect is evident to its best advantage.

Many benign skin tumors such as verrucae seborrhoica, unpigmented corial naevi, fibropapilloma, eruptive angioma, teleangiectasia and verrucae vulgaris are removed with a sharp spoon or through electronic cautery (conventional as well as with a radiofrequency surgical device). These iatrogenic epidermal abrasions can be closed with EPIGLU very cleanly and unnoticeably, and they heal without any complications.

The edges of surgical cuts (e. g. removal of lipoma) and intracutaneously sutured spindle-excisiones can be closed easily, and a subsequent neat healing with fine scar formation and without lateral injection scars takes place. Additionally extracutaneous suturing material and time are saved.

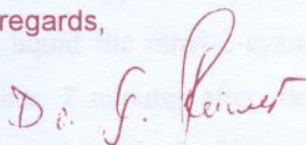
After 8 - 10 days the wound is healed very well epidermally, and the tissue adhesive EPIGLU can be removed easily.

Occasionally patients with a tendency towards hyperhidrosis and seborrhea displayed an initial intrafollicular pyodermisation, so that the adhesive had to be removed prematurely; after disinfection the healing took place without complications.

The invisibility of the wound tempted some patients to shower too often too soon, and irritations of the wound site occurred. After a patient information to that effect, and an exclusion of the patients suffering from seborrhea, no further complications were noted.

So far I have not observed any local side effects such as toxic irritations or allergic reactions.

Best regards,



(Dr. Dr. med. Günther Reimer)