

Cutaneous Cryosurgery for Common Skin Conditions

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Cryosurgery is the application of freezing temperatures to achieve the destruction of tissue. Cutaneous cryosurgery has become a commonly performed outpatient procedure because of the combination of its safety, effectiveness, low cost, ease of use, lack of need for injectable anesthetic, and good cosmetic results. Cryosurgery may be performed in the outpatient setting using dipstick, spray, or cryoprobe techniques to treat a variety of benign, premalignant, and malignant skin lesions with high cure rates. Benign lesions such as common and plantar warts, anogenital condylomas, molluscum contagiosum, and seborrheic keratoses can be treated with cryotherapy. Basal and squamous cell carcinomas with low-risk features may be treated with cryosurgery. Contraindications to cryosurgery include neoplasms with indefinite margins or when pathology is desired, basal cell or squamous cell carcinomas with high-risk features, and prior adverse local reaction or hypersensitivity to cryosurgery. Potential adverse effects include bleeding, blistering, edema, paresthesia, and pain and less commonly include tendon rupture, scarring, alopecia, atrophy, and hypopigmentation. (*Am Fam Physician*. 2020;101(7):399-406. Copyright © 2020 American Academy of Family Physicians.)



Illustration by Alamy Images

Cryosurgery is the application of freezing temperatures to achieve the destruction of tissue.¹ Cryosurgery is an effective and efficient method for treating a wide range of cardiac, dermatologic, ophthalmic, gynecologic, oncologic, neurologic, and urologic conditions. Cutaneous cryosurgery has become a commonly performed outpatient procedure because of its safety, effectiveness, low cost, ease of use, lack of need for injectable anesthetic, and good cosmetic results.¹

Mechanism of Action

Commonly available cryogenes include Freon 12, Freon 22, solid carbon dioxide, liquid nitrous oxide, liquid nitrogen, and liquid helium.² The freons are typically used for skin anesthesia. Liquid nitrous oxide is effective in treating benign

skin lesions; however, it is more commonly used for ophthalmic and gynecologic lesions. Liquid nitrogen has become the cryogen of choice in most clinical situations.³

Temperatures of -13°F to -58°F (-25°C to -50°C) can be achieved with liquid nitrogen within 30 seconds when using a spray or probe. Effective removal of malignant lesions typically requires lower temperatures (-40°F to -58°F [-40°C to -50°C]) achieved with the application of spray or probe. Liquid nitrogen used with the applicator method is useful in treating premalignant and benign lesions, requiring slightly higher temperatures of -4°F to -22°F (-20°C to -30°C).⁴

The mechanism of injury includes the direct effects of freezing on the cells, osmolarity changes, and the vascular stasis that develops.^{4,5} Rapid freezing followed by slow thawing produces more tissue injury, as do repeat freeze-thaw cycles. Freezing may also lead to immune activation.

Equipment/Techniques

Cryosurgery devices include cotton- or synthetic-tipped applicators, liquid nitrogen spray, and

Additional content at <https://www.aafp.org/afp/2020/0401/p399.html>.

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Cryosurgery Graham B. Colver,2005-11-29 Cryosurgery local freezing with liquid nitrogen for the controlled destruction of unwanted living tissue is a simple useful and cost effective modality of treatment for both benign and malignant skin lesions Unfortunately if used without the correct training or adequate knowledge of the clinical principles involved it can produce poor results and serious problems The third edition of this extensively illustrated handbook sets out all the necessary basic information for the efficient and effective running of a cryosurgery clinic **English-Spanish/Spanish-English Medical**

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