

warfarin treatment, 38 per 10,000 patients.⁵ Finally, this case highlights unusual symptoms that may be present with an SAH. The patient initially complained of chest and shoulder pain rather than headache. Along with her diaphoresis and pallor, it was easy to mistake her discomfort for a cardiac event. Administration of aspirin in this case could have been catastrophic. It is critical for the surgeon to remember all potential complications of a patient's medical history and medication list.

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The Plastic Occluder: A Protective Instrument During Cryosurgery

Cryosurgery is the most commonly used procedure for the treatment of actinic keratoses in the United States.¹ We propose the use of plastic occluders (Figure 1), typically used in visual examinations, as a novel instrument to provide a comfortable and effective form of protection during cryosurgery.



Figure 1. The concavity of the plastic occluders.

More than 80% of actinic keratoses occur on areas of high sun exposure, including the nose, ears, and around the eyes.¹ Proper protection of these high-risk areas during treatment is critical, not only in preventing injury, but also in relieving patient anxiety.² The use of tongue depressors³ and tanning goggles have been suggested as protective instruments, but they are limited in their own ways. Tongue depressors, although inexpensive and disposable, provide limited surface area and may cause discomfort when pressed close to the recipient's eye. Tanning goggles, if worn incorrectly, can easily shift or slip off. In addition, their elastic straps cannot be sanitized properly between uses.

Plastic occluders are the solution to these limitations. Typically used in visual examinations, the concavity of their structure allows for a comfortable fit around the eye (Figure 2), as well as the ear canal. The handle's slight flexibility allows the operator to protect the eyes, ears, and nose



Figure 2. The patient's eyes are comfortably protected with plastic occluders as the operator performs cryosurgery on the patient's nose.



Figure 3. The operator and assistant hold the plastic occluders over the patient's eyes in preparation for cryosurgery.

accurately at different angles. Plastic occluders also provide a larger surface area of protection, are easily sanitized, and can be held in place by the operator (Figure 3) or recipient. We believe the plastic occluder is a simple instrument that provides the most effective form of protection and comfort during cryosurgery.

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Comment on Basal Cell Carcinoma Rebound After Cessation of Vismodegib in an Individual With Basal Cell Nevus Syndrome

The case report by Wolfe and colleagues¹ describes an individual with basal cell nevus syndrome (BCNS) who took vismodegib 150 mg/d as part of an unreferenced clinical trial and discontinued treatment after 7 months because of intolerable side effects. The authors suggest a rebound of basal cell carcinoma (BCC) in the patient and increased subclinical extension after vismodegib discontinuation. We feel these conclu-

sions are unsubstantiated based on the following reasons:

First, we saw little evidence of rebound of BCC based on the information provided in the case report. Wolfe and colleagues identified 19 BCCs on the head and neck and at least 50 on the body, but there was no comparative assessment after vismodegib treatment, except that she required 34