

## THE USE OF 'COVERMARK' IN THE TREATMENT OF SKIN DISFIGUREMENTS

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Plastic surgery is often credited by the lay public as the art of removing scars. This conception, although flattering, is of course quite fallacious; once a scar, always a scar. However, it is possible in many cases to revise an area of disfigurement in such a way as to make it less obvious. Thus by taking into account the lie of the skin, the direction of the natural skin creases and the fall of light onto the area, the plastic surgeon may be able to render scars and other skin irregularities less conspicuous.

Notwithstanding this, there are a number of conditions which defy satisfactory disguise by reason of situation, extent or pathological nature. Port-wine stains, areas of depigmentation such as vitiligo, certain kinds of naevi and regions of poor colour match following free or pedicle grafting may all be extremely difficult to eradicate adequately by surgical means. Nevertheless, because of the constant embarrassment and emotional trauma frequently associated with these disfigurements, patients suffering from the lesions mentioned above often consult the surgeon for advice.

The alternative to operative procedures is to disguise the condition by means of applications. Ordinary cosmetics often result in an exaggeration of the defect. Recently, a tinted, opaque and non-irritant cream called Covermark\* has been introduced on the market. Since the cream is waterproof and sun-proof it needs to be applied only once a day. Once the correct colour match is obtained, a small quantity is applied in the morning and this suffices for the rest of the day. Although the material is fairly expensive a small quantity lasts a long time.

There are many patients who may benefit from the use of Covermark but it is advisable that all are in the first instance screened by a plastic surgeon before being referred to a cosmetician, since not all lesions are suitable for the use of the cream. Thus we have found that, whereas colour discrepancies may, with comparative ease, be camouflaged, irregularities in surface contour are more difficult to hide. For optimal results, therefore, each case should be carefully considered from the point of view of colour and contour symmetry.

Figs. 1-3 indicate how Covermark may be used with advantage in 3 different types of lesion.

I wish to thank Mr. A. B. Wallace, Head of the Department of Plastic Surgery, University of Edinburgh, for permission to use photographs of patients under his care.

\*Covermark is made by Denver Laboratories, London.

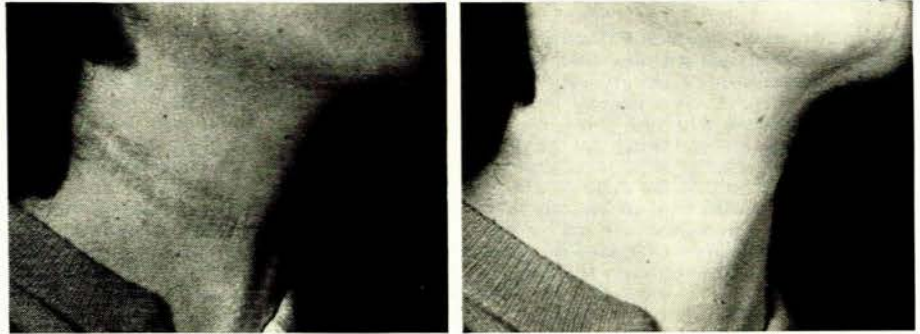


Fig. 1 (left). This scar had been excised twice but despite careful resuturing together with the use of Blenderm tape, a flat widened scar recurred.  
Fig. 1 (right). A satisfactory result achieved by means of Covermark.



Fig. 2 (left). Haemangioma involving chin and lip. A lesion difficult to remove without residual deformity.  
Fig. 2 (right). With the aid of Covermark the disfigurement is barely discernible.

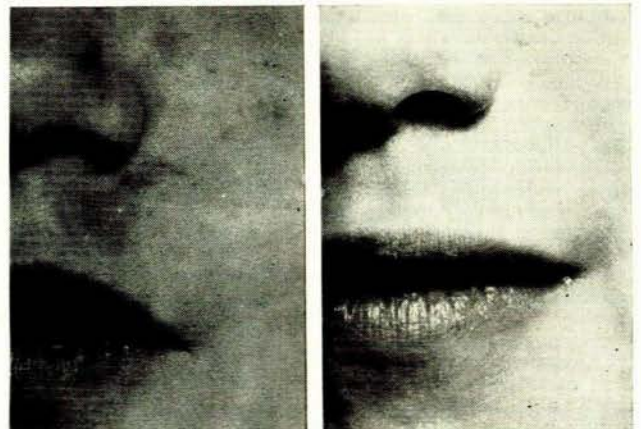


Fig. 3 (left). Port-wine stain of the upper lip and cheek.  
Fig. 3 (right). Because the patient refused operation, Covermark was effectively used to disguise the lesion.