

Dermatosurgery Rounds - The Island SKIN Infraorbital Flap

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Abstract

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The main objective in dermatologic surgery is complete excision of the tumour while achieving the best possible functional and cosmetic outcome. Also we must take into account age, sex, and tumour size and site. We should also consider the patient's expectations, the preservation of the different cosmetic units, and the final cosmetic outcome. Various reconstructive methods ranging from secondary healing to free flap applications are used for the reconstruction of perinasal or facial defects caused by trauma or tumour surgery. Herein, we describe the nasal infraorbital island skin flap for the reconstruction in a patient with basal cell carcinoma. No complications were observed in operation field. The infraorbital island skin flap which we describe for the perinasal area reconstruction is a safe, easily performed and versatile flap. The multidimensional use of this flap together with a relatively easy reconstruction plan and surgical procedure would be effective in flap choice.

We present an 86-year-old patient with duration of complaints about four years. He was admitted to the clinic, because of the presence of a cutaneous tumor-like formation, painful and exsudative on palpation, located above the left nasolabial fold (Fig. 1a). The clinical examination revealed ulcerated lesion, measuring approximately 2 cm in diameter, covered partially with squamous and crusts, located in regio infraorbitalis sinistra and secreting bloody-purulent discharge (Fig. 1a). Enlarged lymph nodes were not detected, neither data any signs for the dissemination of the process. Arterial hypertension, chronic atrial fibrillation, prostate cancer, liver steatosis, cholelithiasis and cyst of the

left kidney were reported as accompanying diseases, as the patient underwent permanent pacemaker implantation, due to extrasystoles. We performed surgical treatment by island plastic in local anaesthesia (Fig. 1b). Initially, the region surrounding the tumour tissue was resected in the form of a deep oval excision forward the underlying muscles, while the bleeding was stopped with cauter (Fig 1c). Two additional deep incisions were also performed, which met each other in the distal part, forming a shape of a triangle, while the contours of the excision were deep to the underlying muscle (Fig. 1d). Bleeding was controlled by cauter. The proximal part of the formed flap was gently dissected in depth to easier

transposition to the regio paranasal (Fig. 1d, 1e). Similarly, the flap was also gently dissected in the distal part of the triangle, regarding the more easily removal of the whole skin island in the proximal direction (Fig. 1e, 1f). The proximal part of the flap was slightly cut, followed by translocation in a proximal direction and adapting it to the edges of the primary shaped skin defect (Fig. 1e, 1f, 1g). Stepwise adjustment of the cutaneous island to the newly created bed, was performed next, as the whole blood supply and innervation of the transported area was preserved (Fig. 1e,1f, 1g, 1h). Postsurgical period underwent without complication, and the condition of the patient was stable. The histopathological evaluation confirmed the diagnosis of ulcerative basal cell carcinoma with clean resection lines, stage 1 (T1 N 0 M0).



Figure 1: Patients status pre-, intra- and postoperative

The main objective in dermatologic surgery is complete excision of the tumour while achieving the

best possible functional and cosmetic outcome [1]. Also, we must take into account age, sex, and tumour size and site [1]. We should also consider the patient's expectations, the preservation of the different cosmetic units, and the final cosmetic outcome [1]. Various reconstructive methods ranging from secondary healing to free flap applications are used for the reconstruction of perinasal or facial defects caused by trauma or tumour surgery [2]. Herein, we describe the nasal infraorbital island skin flap for the reconstruction in a patient with basal cell carcinoma (Fig 1). No complications were observed in operation field. The infraorbital island skin flap which we describe for the perinasal area reconstruction is a safe, easily performed and versatile flap (Fig. 1). The multidimensional use of this flap together with a relatively easy reconstruction plan and surgical procedure would be effective in flap choice.

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