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ORIGINAL ARTICLE

Usefulness of the Paramedian Forehead Flap in Nasal Reconstructive Surgery: A Retrospective Series of 41 Patients[☆]

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KEYWORDS

Nonmelanoma skin cancer;
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Abstract

Introduction: Surgical reconstruction of the external nose, a common site for nonmelanoma skin cancer, is difficult. Oncologic surgery often leaves large skin defects, occasionally involving the underlying cartilage and nasal mucosa. We describe our experience with the paramedian forehead flap for reconstruction of nasal defects.

Methodology: We performed a retrospective study of consecutive patients in whom a paramedian forehead flap was used to repair surgical defects of the nose between July 2004 and March 2011. We describe the clinical and epidemiologic characteristics, the surgical technique, complications, secondary procedures, and cosmetic results.

Results: The series comprised 41 patients with a mean (SD) age of 67 (10.36) years. The majority were men (male to female ratio, 2.4:1). Associated risk factors included diabetes in 27% of patients, cardiovascular risk factors in 49%, and smoking or drinking in 19.5%. The tissue defects were distal in 80% of cases and nonpenetrating in 78%. The mean (SD) diameter was 21.6 (6.78) mm. Early postoperative complications occurred in 14.6% of patients and late complications in 31.7% (trap door effect in 22% and hair transposition in 19%), with a need for Readjustment in a second operation was needed in 19.5% of patients. The cosmetic results were considered acceptable or excellent in 90.2% of cases.

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PALABRAS CLAVE

Cáncer de piel no melanoma;
Colgajo paramediofrontal;
Reconstrucción nasal

Discussion: The paramedian forehead flap is versatile and provides skin of a similar color and texture to that of the external nose. It has a reliable vascular pedicle that guarantees the viability not only of the flap but also of other tissues that may be used in combination, such as chondromucosal or chondrocutaneous grafts. Revision of the technique in a second operation may sometimes be required to achieve an optimal result.

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Utilidad del colgajo paramediofrontal en cirugía reconstructiva nasal: estudio retrospectivo de una serie de 41 pacientes**Resumen**

Introducción: La pirámide nasal, área de difícil reconstrucción quirúrgica, constituye una localización predilecta del cáncer cutáneo no melanoma. La cirugía oncológica a menudo origina defectos cutáneos extensos, con la participación ocasional del cartílago subyacente y de la mucosa nasal. Nuestro objetivo es describir nuestra experiencia en el uso del colgajo paramediofrontal en la reconstrucción de defectos nasales.

Metodología: Estudio retrospectivo de pacientes consecutivos en los que se empleó un colgajo paramediofrontal para la reconstrucción de defectos quirúrgicos nasales (julio de 2004-marzo de 2011). Se describen aspectos clínicoepidemiológicos, características de la técnica quirúrgica, complicaciones, procedimientos secundarios y resultados cosméticos.

Resultados: Se incluyen 41 pacientes, con edad media de 67 años (SD: 10,36) y de predominio masculino (2,4:1). Los factores de riesgo asociados fueron diabetes (27%), factores de riesgo cardiovascular (49%) y hábitos tóxicos (19,5%). Los defectos de sustancia eran mayoritariamente distales (80%) y no penetrantes (78%), con un tamaño medio de 21,6 mm (SD: 6,78). Un 14,6% de los pacientes presentaron complicaciones posquirúrgicas precoces y un 31,7% secuelas tardías (22% abultamiento del colgajo y 19% transposición de pelo), requiriéndose técnicas de refinamiento secundario en el 19,5% de los pacientes. Los resultados cosméticos se consideraron mayoritariamente aceptables/excelentes (90,2%).

Discusión: El colgajo paramediofrontal es un colgajo versátil, que proporciona características similares en color y textura a la piel de la pirámide nasal. Su pedículo vascular seguro garantiza su viabilidad, así como la de otros tejidos, cuando se utiliza en combinación con injertos condromucosos o condrocutáneos. Para la obtención de resultados óptimos pueden requerirse procedimientos de revisión secundarios.

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Introduction

The external nose is one of the most common sites for skin cancer and one of the most complex anatomic regions for reconstruction.¹ Complete excision of a skin cancer lesion on the nose often leaves a large skin defect, which may also involve the underlying cartilage and nasal mucosa.² In such cases, particularly with defects that affect the distal region of the external nose or that are extensive (diameter greater than 1.5 cm),³ the paramedian forehead flap represents an excellent option as it provides a large volume of cutaneous tissue with good viability.

The paramedian forehead flap is a standard procedure in reconstructive nasal surgery. It is based on axial vascularization and a temporary pedicle. Despite the inconvenience of a 2-stage procedure, many authors agree that this is a safe flap and that the cosmetic and functional results are good.^{3,4} The objective of the present study has been to describe our experience in the use of the paramedian forehead flap for the reconstruction of nasal defects.

Material and Methods

This was a retrospective descriptive study of a consecutive series of patients who underwent surgery in the dermatology department of Hospital Costal del Sol in Malaga, Spain, between July 2004 and March 2011 and in whom the paramedian forehead flap was used to reconstruct a nasal skin defect. The following variables were analyzed: the main epidemiologic features and clinical findings (sex, age, diagnosis, and comorbidities), characteristics of the tissue defect (site, size, number of anatomic subunits affected, thickness), surgical technique, early complications (bleeding, necrosis, infection, wound dehiscence), late sequelae (excessive flap thickness, presence of hair, nasal asymmetry due to retraction), and secondary revisional procedures. The comorbid conditions considered were the presence of diabetes mellitus, cardiovascular risk factors, and drinking and smoking. Cardiovascular risk factors included systemic hypertension, coronary artery disease, and a history of vascular surgery.

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