



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

**DERMATOLOGICAL SURGERY** 

## MEDIAL FRONTAL FLAP FOR RECONSTRUCTION OF RELAPSED NASAL BASOCELLULAR CARCINOMA

Anna Paula Vaz Oliveira Bomtempo <sup>(1)</sup> - Graziele Cristina Palancio Morais <sup>(1)</sup> - Fernando Melhado Tovo <sup>(1)</sup> - Tatiane Zago Curi <sup>(1)</sup> - Silmara Da Costa Pereira Cestari <sup>(1)</sup> - Reinaldo Tovo Filho <sup>(1)</sup>

Hospital Sírio Libanês, Dermatology, São Paulo, Brazil (1)

Background: The surgical face reconstruction is a dermatological challenge. Several techniques can be used and, among them, stand out medial frontal flap, especially when there is involvement of two or more aesthetic subunits in extensive nasal reconstruction. Six hundred years before Christ, the medial frontal flap was described by the Indian Sushruta Samhita. Until today, this flap also called 'Indian flap", has a major role in the reconstruction of the nose. Then, in 1985, Burget and Menick introduced the aesthetic subunit concept of the nose based on differences in elasticity, contour and texture of the skin, contributing to a surgical refinement.

Observation: A 54-year-old female patient with relapsed nasal basocellular carcinoma after 12 years. Preoperatively performed dermatoscopy, high frequency ultrasound (24MHz) and confocal microscopy. Underwent excision with safety margins by freezing intraoperatively. For confection of the medial frontal flap, initiated distally elevation wherein the top third was raised, including skin and subcutaneous, the middle third encompassing part of frontal muscle and, finally, the dissection was subperiosteal until vascular pedicles. Performed 180° rotation of flap at the level of eyebrows with primary donor site closure.

It progressed with small necrosis (<1 cm2) of the distal portion flap that showed closure by second intention with debridements and dressings. After 45 days, perfusion test was performed with garrotting and posterior section of the pedicle.

Key message: The medial frontal flap has been widely accepted for extensive nasal reconstructions because of similar thickness skin, large amount of tissue available, proximity to the recipient area, poor morbidity of donor area and caliber arterial pedicle. In this case, the patient underwent reconstruction of nasal coverage, including two subunits aesthetic: dorsum and left side. In conclusion, the medial frontal flap has an important role in large nasal reconstruction with good esthetic results.





