



DERMATOLOGICAL SURGERY

THE RHOMBIC FLAP: A USEFUL FLAP FOR SMALL-MEDIUM DEFECTS OF THE MEDIAL CANTHUS

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Background: Reconstruction of surgical defects on the medial canthus present a frequent challenge for dermatologic surgeons. Surgical repair in this area may cause webbing, pull on the medial eyelid margin, or tearing of the eye.

Objective: To describe the use of the rhombic flap for reconstructing defects on the medial canthus.

Methods: IRB approval was obtained. A retrospective analysis of Mohs micrographic surgery database over a 5-year period was performed. All cases on the medial canthus in which an inferiorly based rhombic flap was used were identified. Defect location, size, any postoperative complications, overall results were noted.

Results: 34 cases were identified and charts reviewed. Age ranged from 38 to 86 (mean 69). Defect size varied from 0.6 to 2.1cm in diameter (mean 1.1cm). Postoperative photographs were evaluated for all patients with follow up photographs and scars scored using the Vancouver Scar Scale (VSS). VSS assesses vascularity, height/thickness, pliability and pigmentation on a scale with total score ranging from 0 (best) to 13 (worst) at variable follow up. 33/34 scars were evaluated, 24/34 scored 0, and 9/34 scored 1 at variable follow-up. Scores were uniformly for swelling of 2mm or less or vascularity with tendency to resolve at long term follow-up. No complications were noted.

Conclusion: The rhombic flap is a straight-forward, reliable, versatile and useful technique for reconstructing surgical defects of the medial canthus. Several points of emphasis can be incorporated to minimize complications and maximize aesthetic results: 1) hiding all suture lines in the nasofacial sulcus when possible 2) pexing medial canthus skin down to the medial canthal tendon to prevent webbing.

These cases are demonstrated with photographs, with demonstration of the key points to technical mastery of this procedure.

