

Repair of Full-Thickness Alar Defects

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RECONSTRUCTION of full thickness alar defects, too large for local advancement flaps or free composite grafts require mucosal lining, covering skin and an intermediate supporting layer, usually derived from different sources. Converse and Woodsmith (1963) modified a nasal septal flap originally described by de Quervain (1902) to provide the mucosal lining and cartilaginous scaffolding. Kazanjian (1937) described the median forehead island flap based on the supra-trochlear vessels for providing skin coverage. Rawat and Sharma (1975) described a one-stage operation combining the two techniques.

Sometimes, in patients with narrow fore-heads, the island flap with a short vascular pedicle cannot be taken to the alar defect without tension. Also, when the defect is large and extends to the alar base, the septal flap does not easily reach the lateral end of the defect. Even when it does so it traverses transversely producing a vertical shortening of the external nares.

The author has described here a vertically designed upper lip flap for the reconstruction of such alar defects in female patients. The operation is illustrated in

photographs 1-3 and the corresponding

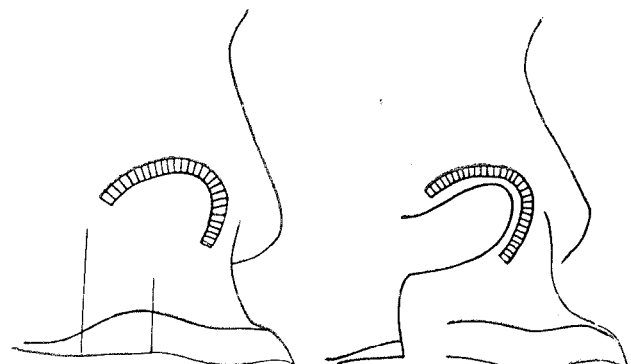


Fig. 1

Fig. 2

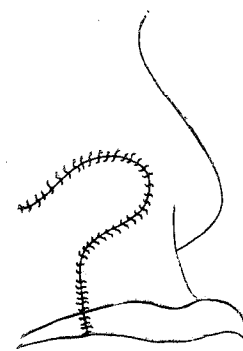


Fig. 1-3—Line drawing showing the technique of operation.

sketches Fig. 1-3. Figures 4 & 5 show two post-operative results.

The hairy flap cannot be used in male patients.

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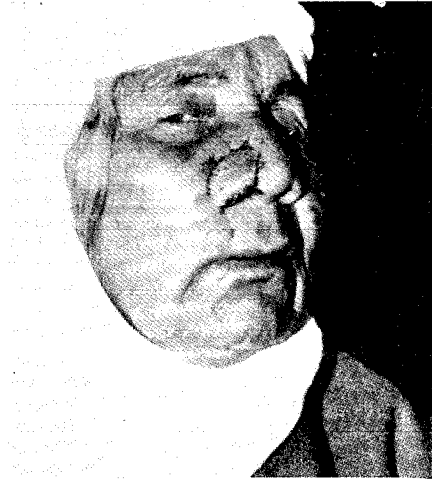


Fig. 4—Post operative photograph on the 6th day.



Fig. 5—Post-operative photograph of another patient on the 21st day (courtesy Mr. Sushil, A. R., F.R.C.S.).

Discussion

We have not encountered vascular embarrassment in any of our cases. The procedure is easy and all the three layers can be borrowed from one source. The result in the nose is both functionally and

cosmetically acceptable. The residual gap in the lip is closed by the direct suture in three layers without producing perceptible deformity. Post-operative results are shown in figures 4 and 5 on 6th. and 21st. days. I am thankful to Dr. Sushil, A. R., F.R.C.S. for the use of Fig. 5.

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