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Bulldog Scalp Syndrome

Yog Raj Handoo[1]

[1] Department of Plastic Surgery, RD Plastic Surgery Center, Delhi, India

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Address for correspondence Yog Raj Handoo, MS, DNB, Department of Plastic Surgery, RD Plastic Surgery Center, A1/30, Mahavir Enclave, Dabri Palam Road, Delhi 110045, India (e-mail: yograjhandoo@gmail.com).

Ref to article "Bulldog scalp syndrome[1]" (►**Fig. 1**). Being rare condition, not many cases are done by a single surgeon, so collective efforts are needed to build a strong case series. Authors have given all treatment options but I tend to disagree with author when suggested that galeal aponeurotic incisions (scoring) smoothen out cutis verticis gyrata (CVG) fold for aesthetic effects. We are aware that with galeal scoring, even with normal scalp skin, only scalp advances in few centimeters. Even if done so, this may be way out for temporary aesthetic correction but disease process remains very much there. Nothing much is known of long-term behavior of residual/remaining disease in scalp; of view (►**Fig. 2**). Clinically and histologically, skin, dermis, and subcutaneous tissue are thickened manifold. Hence, complete resection, till normal thickness scalp skin is reached, should be done in my opinion. Aesthetic reasons come into consideration, only when complete excision of pathology is done.

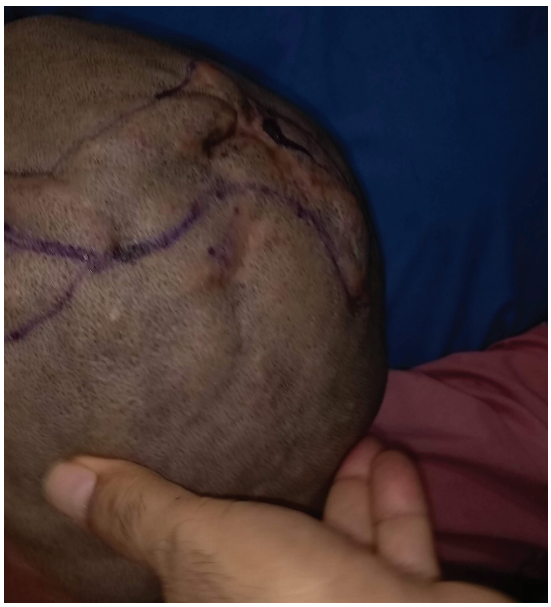

Fig. 1 Scalp skin pathology in cutis verticis gyrata or bulldog scalp syndrome. Thickening and folds extending from one parietal region to other and upper occipital lesion.

I am supplementing my case to two cases of authors, where partial resection to smother gyri and sulci of CVG with my one case where total excision of lesion was done and aesthetic correction achieved. My patient was followed for more than 1 year for recurrence (►**Fig. 3**). Since no average follow-up period for tumor recurrence is known and patient was to be married, reconstruction had to be started after 1 year.

For reconstruction, three expanders were inserted in frontal and two parietal areas (►**Fig. 4**). Gradual expan-

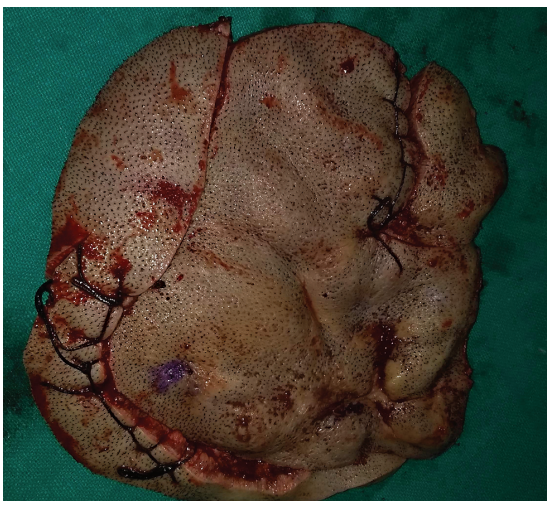

Fig. 2 Extent of resected portion of scalp, reconstructed to show area of scalp resected.

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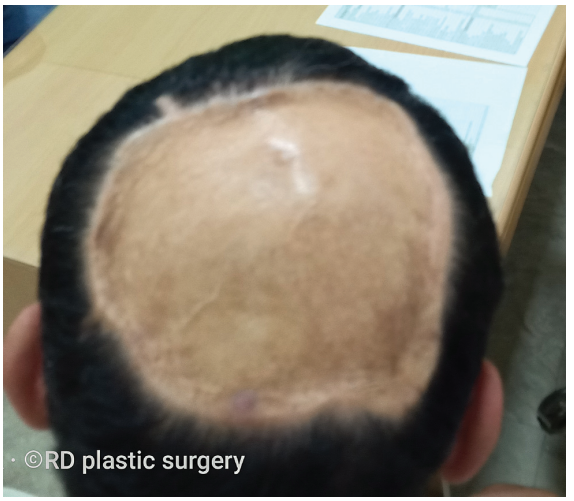

Fig. 3 Well-settled skin graft on scalp, 1 year postoperatively.

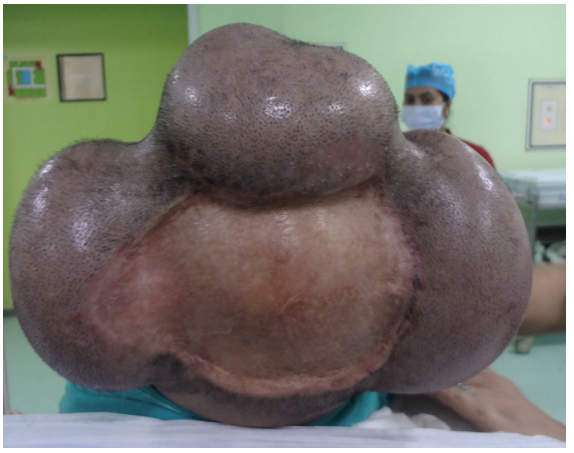

Fig. 4 Fully expanded skin expanders, ready for explantation and reconstruction of scalp.

sion was done. Complete coverage was achieved per operatively (►**Fig. 5**). In follow-up period of 1 year, scar stretching in scalp occurred (►**Fig. 6**), and since it was well camouflaged, patient did not agree for further scar revision.

Rarity of disease makes it pertinent to contribute collectively for better understanding of this rare syndrome and also reporting different treatment modalities.

Conflict of Interest

None declared.

Reference

1 Mir MA, Jain J, Kumar P, Maurya R, Rana MK, Goswami AG. Bulldog scalp syndrome. Indian J Plast Surg 2023;56(06):544–547

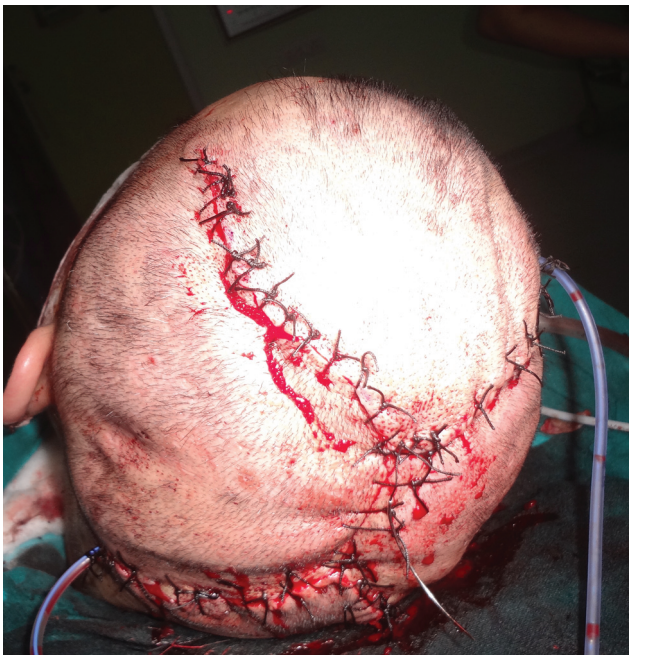

Fig. 5 Immediate postoperative picture after explantation of expanders and reconstruction of scalp.

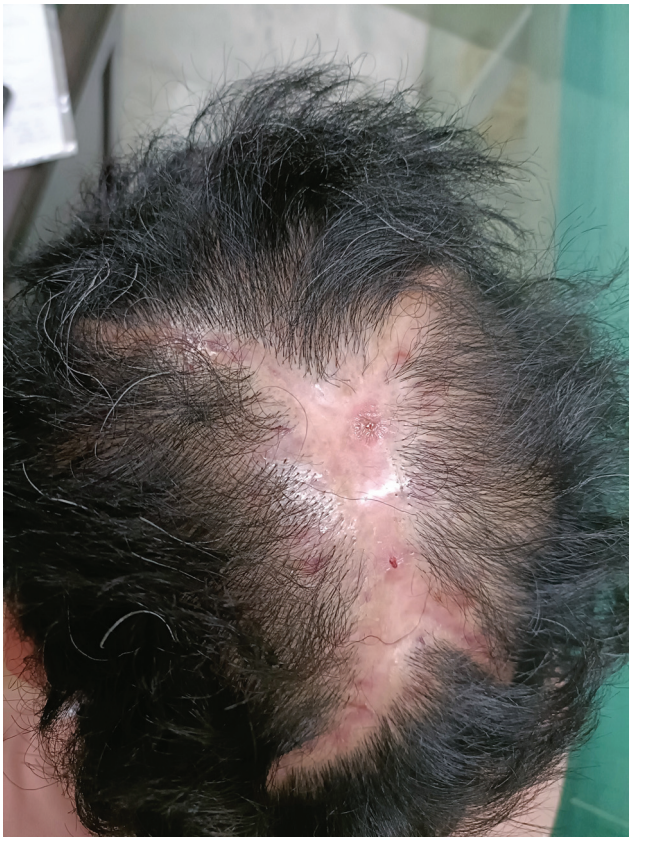

Fig. 6 Scar stretching 6 months postoperatively but good aesthetic coverage of scalp scar with long hair.

