

Letter to Editor: Reconstruction of the Upper Lip with Gate Flap

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In young women, basal cell carcinoma (BCC) remains the most common tumor of the upper lip.¹ After wide local excision, the defect size is often significant.

For the upper lip, it is crucial to achieve a reconstruction that is both functional and aesthetical. The gate flap, described by Fujimori,² allows reconstruction of the three layers of the lip and helps in achieving both goals of the reconstruction.

A 34-year-old woman presented with a large upper lip defect after BCC excision (►**Fig. 1**). The reconstruction was performed with a unilateral Fujimori gate flap. Care was taken during flap dissection to prevent harm to the angular artery and Stensen's duct.

Our gate flap contains three planes: skin, muscle (the levator labii superioris muscle), and mucosa. The flap was attached to the remaining tissues of the orbicularis oris, gingiva-buccal mucosa, and the upper cutaneous lip by sutures (►**Fig. 2**).

Following surgery, the patient had no complications. The patient was followed up at 3 weeks, 1 month, and 1 year after surgery (►**Fig. 3**). She had a wide-enough mouth opening to purse her lips and control his lip closure. She also did not have any trouble articulating her words when speaking. The patient was aesthetically satisfied and did not want any extra gesture.

Depending on the size of the defect of the upper lip, different reconstruction techniques, such as primary closure or local, distant, or free flaps, may be used. The reconstruction technique should seek to produce a functional oral sphincter and a pleasing aesthetic appearance while avoiding microstomia.³

The Abbé flap, Gillies fan flap, and Estlander flap are common examples of traditional local flaps preferred by most surgeons. However, with these techniques, it takes almost a year to achieve sphincter function,^{4,5} and they cause displacement of the modiolus.

Originally developed by Fujimori in 1980,² the Fujimori gate flap technique allows for the transfer of tissues in the nasolabial region that are perfused by the angular artery and innervated by the facial and trigeminal nerves.

In our case, the gate flap allows a rapid functional healing and the aesthetic outcome was good.

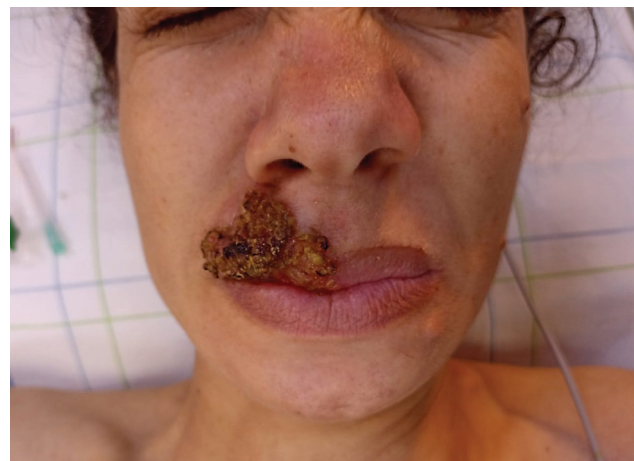


Fig. 1 Basal cell carcinoma of the upper lip.

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Fig. 2 Fujimori flap dissection of three layers (skin, muscle, and mucosa).



Fig. 3 Result after 3 weeks.

Conflict of Interest

None declared.

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