Bilobed flap design in nasal reconstruction

Steven Mobley, MD

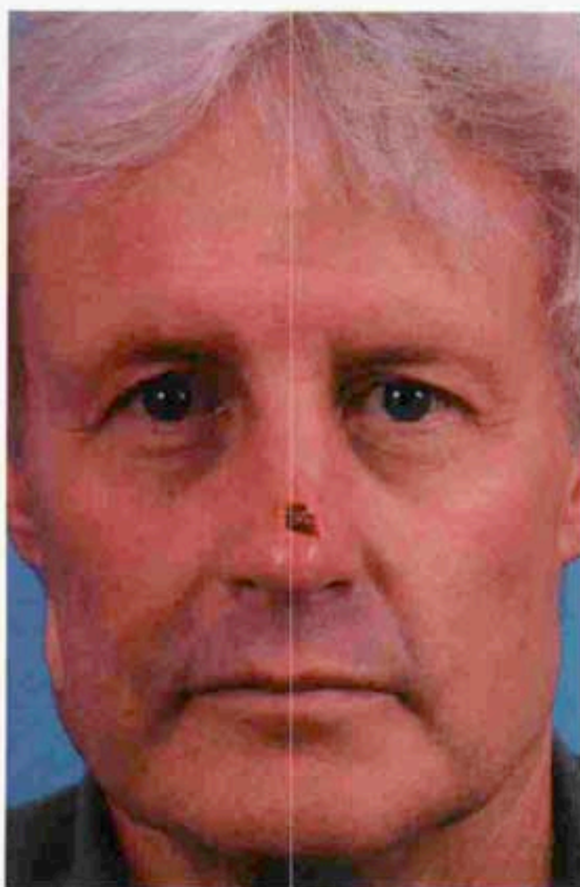

Figure 1. Preoperatively, the defect is seen on the supranasal tip.

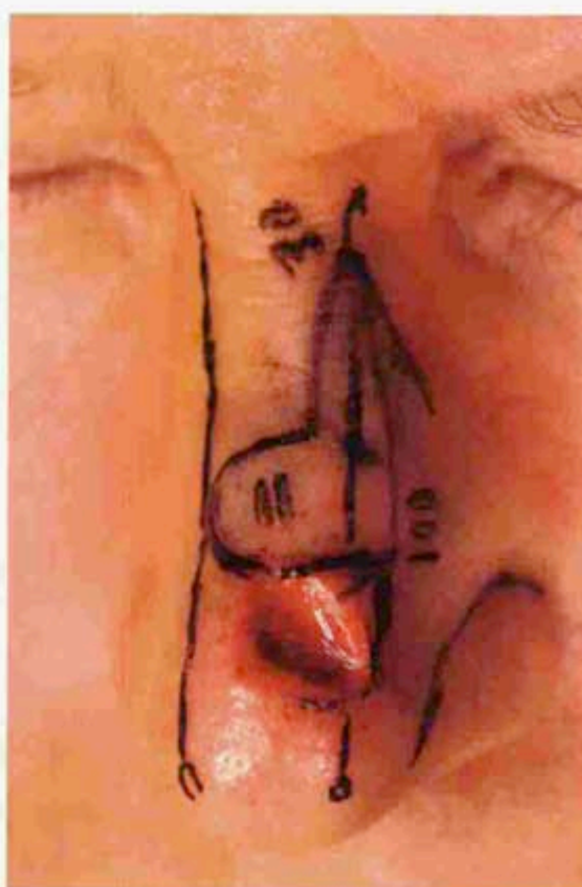

Figure 2. The flap is designed so that it rotates 100°.

The use of a bilobed flap is a practical means of repairing surface defects of the nose that are smaller than 1.5 cm in diameter. This repair is a one-stage reconstruction procedure that can be performed with local anesthesia, with or without intravenous sedation.

When used to reconstruct the nose, the flap is best designed in such a manner as to allow for the best alignment of the resultant scar lines at the borders of the nasal aesthetic subunits. By positioning the final scars at the junctions between aesthetic subunit borders, the surgeon can achieve maximal camouflage of the flap.

In the original description of this procedure by Esser, the flap was rotated 180°.[1] In 1989, Zitelli modified this original design and described an arc of rotation of 90 to 110°.[2]

These flaps tend to swell postoperatively as a result of

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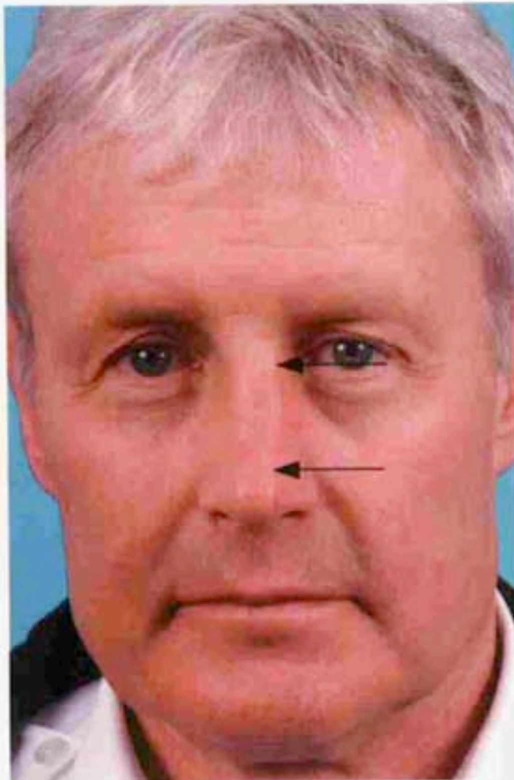

Figure 3. Three months postoperatively, the camouflage of the scar is excellent.

the circumferential incisions necessitated by their design. Theoretically, the multisided incision placement causes a greater disruption in flap lymphatics and likely contributes to the persistent edema.

A youthful-appearing 52-year-old man came to the office with a 14-mm defect of the supranasal tip (figure 1). Intraoperatively, the flap was designed so that the first donor lobe was the same size as the defect. The second lobe donor site was in line with the aesthetic border of the nasal dorsum and the left nasal sidewall. The entire rotation of the flap was 100° (figure 2). The patient received four postoperative intracutaneous injections of triamcinolone to help with resolution of flap edema. At 3 months, the cosmetic result was excellent (figure 3).

References

1. Esser JFS. Gestielte lokale Nasenplastik mit Zweizipfligem lappen Deckung des Sekundaren Detektes vom ersten Zipfel durch den Zweiten. Dtsch Z Chirurgie 1918;143:385.
2. Zitelli JA. The bilobed flap for nasal reconstruction. Arch Dermatol 1989;125:957-9.

ENT LETTER TO THE EDITOR

Mouth gag extension device

Editor:

During oropharyngeal surgery, the mouth gag is typically suspended from the rim of the Mayo stand. However, in some cases, an extension is required in order to prevent the stand from coming into contact with the patient's chest. One device that serves this purpose is a steel hook used in aided rock climbing (figure). This hook is known variously as a *grappling hook*, *skyhook*, and *cliff-hanger*.

Figure. A cliffhanger can be used as a mouth gag extender.

By placing the hook between the Mayo stand and the mouth gag, the surgeon can raise the stand by approximately 3 inches, which is usually sufficient to clear the chest.

The device (#3 hook, medium, manufactured by Vermin) sells for about $14 at mountaineering equipment stores. It is also available by mail order from the Curry Village Mountain Shop, Yosemite National Park, Calif.; phone: (209) 372-1354. I have no financial interest in this device.

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