A single stage turnover melolabial pedicle flap for full thickness lateral alar subunit reconstruction

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• Full thickness defects involving the majority of the alar subunit pose a difficult challenge.

• They often require functional replacement of skin, mucosal lining, and a structural substitute of fibrofatty and cartilaginous tissue.

• Traditionally, melolabial flaps with cartilage grafting have been used to support the contour of the alar arch and maintain airway patency.

Case Report

• A 64 year-old Caucasian woman underwent two stages of Mohs surgery for an infiltrative basal cell carcinoma (Figure 1).

• The resulting defect involved a full thickness defect involving the majority of the left lateral ala, including the rim and insertion (Figure 2).

• A staged flap was not an option given that she lived several hours away and was the sole caregiver of her mother. The patient also refused an auricular graft given the additional comorbidities involved.

Background

• With a turnover melolabial pedicle flap, a natural appearing ala may be functionally and aesthetically recreated without cartilaginous support within a single stage.

• It is important to dissect the pedicle as medially as possible to appropriately position the new alar base.

• The flap should be appropriately debulked to a thin layer of subcutaneous fat while maintaining sufficient arteriolar flow from the angular artery via the levator labii superioris perforators.

• Future procedures may be used to further refine texture and sculpt the ala.

Discussion

Reference