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Repair of a medial canthal defect

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Consent for publication: the patient gave his consent for the publication of this case report and any accompanying images.

The case

An 87-year-old man presented for treatment of a histology-proven basal cell carcinoma (BCC) involving the left medial canthus (Figure 1). The lesion was successfully resected with adequate margins under local anaesthesia and resulted in a defect measuring 2 x 1.5 cm (Figure 2). How would you repair this defect?

Our choice

We decided to use a double rotation flap (O-Z plasty) to repair the surgical defect.

Comment

Reconstruction of the medial canthus challenges the dermatologic surgeon. Reconstructive options include secondary intention healing, direct closure, the use of grafts or free flaps. Wound healing by secondary intention, especially in concave areas, can lead to excellent cosmetic results¹. In this case, closure by second intention could have resulted in a scarring bridge, ectropion and epiphora. A skin graft would have led to the risk of graft necrosis, due to the difficulties linked to the anatomical region. Local flaps can overcome these difficulties ensuring a better aesthetic and functional result. Options include bilateral rotation (O-Z) flap², glabellar transposition³ or rotation (hatchet) flaps⁴. We chose a bilateral double rotation flap that combines a superiorly based glabellar rotation flap with a cheek rotation flap inferiorly (Figure 3). Two curvilinear incisions were made from the defect following the glabellar wrinkles and the nasal-cheek junction. Each flap was elevated above the superficial musculoaponeurotic system (SMAS) and properly thinned (Figure 4). To achieve greater mobility two tension-relieving Burow's triangles were fashioned on the nasal dorsum and the glabella. The flaps were then advanced to meet at the centre of the defect, gaining an optimal coverage. The concavity of medial canthus was restored with tacking sutures anchoring the distal ends of the flaps to the periosteum, employing 4-0 polyglactin-910 suture (Figure 5).

At a 4-month follow-up the patient displayed an optimal aesthetic outcome, without any functional alteration and barely perceptible scars (Figure 6).

References

1. Zitelli JA. Wound healing by secondary intention: A cosmetic appraisal. *J Am Acad Dermatol* 1983; 9 :407-415.
2. Walocko FM, Nijhawan RI. Repair of medial canthal defects. *Dermatol Surg* 2021;47 :1491-1493.
3. Field LM. The glabellar transposition "banner" flap. *J Dermatol Surg Onc* 1988;14 :376-379.

4. Custer PL, Maamari RN. Hatchet flap with transposed nasal inset for midfacial reconstruction. *Ophthal Plast Recons* 2018;34 :393-395.



Figure 1. Basal cell carcinoma of the left medial canthus.



Figure 2. Surgical defect.



Figure 3. Preoperative design of the procedure.

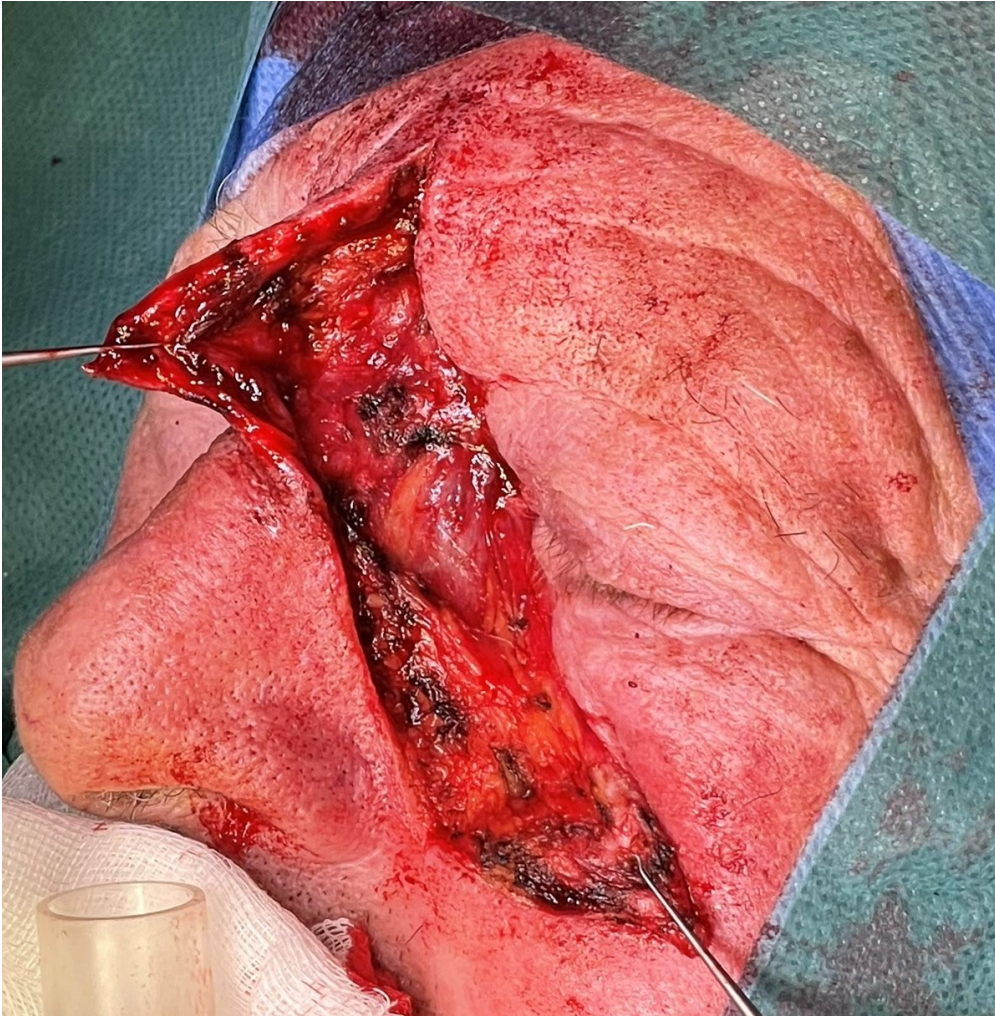


Figure 4. Flaps undermined and elevated.



Figure 5. Final result.



Figure 6. Result at 4 months.