

# Use of a rhombic transposition flap in mandibular dermatosurgery

Laura Miccio

Ospedale San Bortolo di Vicenza, ULSS 8 Berica; Complex Operational Unit of Dermatology, Department of Medical Sciences, Vicenza, Italy

## The case

A 82 year old woman presented with a growing lesion of the right mandibular border. A clinical diagnosis of basal cell carcinoma was made and removal with a suitable border was planned.

How would you remove the lesion?



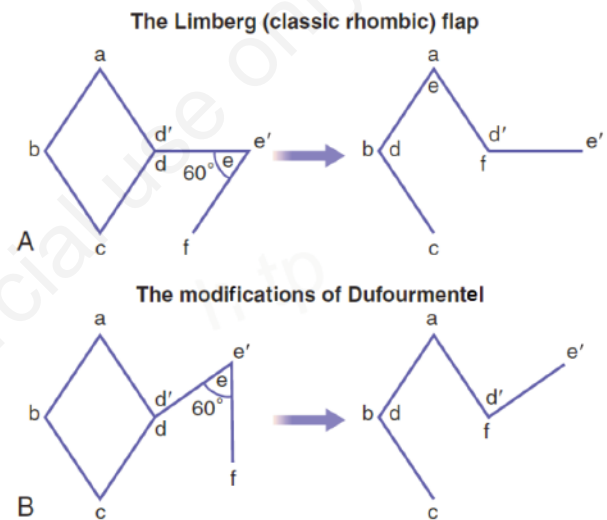
## Our choice

For this lesion we decided to use the Dufourmental modification of the rhomboid transposition flaps.

## Comment

Transposition flaps can have different shapes and are aimed at covering an area with little or no skin laxity by means of a transposition movement from an area of skin redundancy.

In the classic rhombic flap (described by Limberg) a single-lobed rhombic flap is rotated 90 degrees to close the surgical defect.<sup>1</sup> The Dufourmental modification uses a 60 degree angle of rotation, distributing the wound tension between the primary and secondary defect in a more homogeneous way.<sup>2</sup>

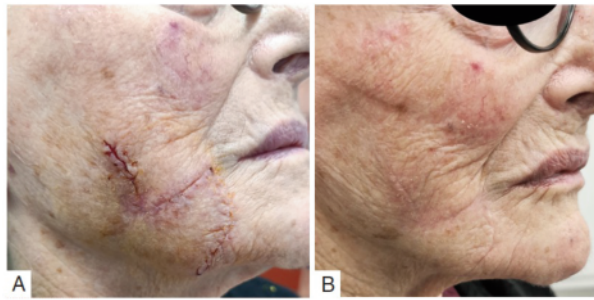


Rhomboid transposition flaps.<sup>3</sup>

In our case, using a transposition flap allowed us to avoid a longer incision (which would have been necessary in case of rotation or advancement flaps), also considering the proximity of the lips.

---

## The outcome



---

2-week (A) and 9-week (B) follow-up

---

---

## References

1. Limberg AA. Design of local flaps In: Gibson T, ed. Modern trends of plastic surgery. London: Butterworth; 1966. Pp 38-61.
2. Dufourmentel C. Le fermeture des pertes de substance cutanée limitées. "Le lambeau de rotation en L pour losange" dit "LLL". *Ann Chir Plast* 1962;7:61-6.
3. Rohrer T, Cook J, Kaufman A. Flaps and grafts in dermatologic surgery. Amsterdam: Elsevier; 2017.

Non-commercial use only