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Bilateral advancement O-to-H flap or H-plasty

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The case

A 68 old man presented with an enlarging lesion of the forehead. Clinical diagnosis of basal cell carcinoma was made, and surgical removal was scheduled.

How would you remove this lesion?

Our choice

We chose to use the bilateral advancement O-to-H flap (or H-plasty).

Design, flap preparation, Burow triangle excision and suture.

Comment

In the H-plasty pairs of flaps move toward each other on a single vector to hide a central skin defect. This flap allows to evenly distribute strain between the two opposing flaps, whose length can be identical (as in our case) or different, according to the elastic and redundant properties of nearby skin areas.

H-plasty is particularly suitable for repairs on the forehead, both because the skin on the forehead is less elastic than the skin on other parts of the face, and because linear incisions can be drawn parallel to or within the horizontal wrinkles of the forehead.[1]

Redundancy of the skin derived from the flap movement can be dispersed by the excision of Burow triangles.[2]

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The outcome

In our case, the use of a H-plasty enabled to obtain a better cosmetic outcome, whereas other flap types could eventually result in a more significant vertical scar, less camouflage in the skin marks, or alteration of the eyebrow anatomy.[3]
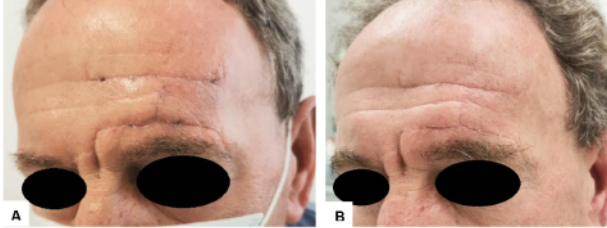
4-week (A) and 16-week (B) follow-up.

References

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