

Zitelli'S Bilobed Flap for a Nasal Tip Skin Defect: A Case Report

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Abstract

Case Report

The reconstruction of a nasal skin defect is a challenge for surgeons because it must not only take into account the functional and aesthetic damage, but also respect the aesthetic subunits. Several solutions exist ranging from primary closure, skin graft, local or regional flap. In this article, we report the case of a patient who benefited from reconstruction of a skin defect at the nasal tip using a bilobed Zitelli flap with very good functional and aesthetic results.

Keywords: Skin Defect, Nasal Tip, Bilobed Flap, Basal Cell Carcinoma.

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INTRODUCTION

The reconstruction of a nasal skin defect is a challenge for surgeons because it must take into account both the functional and aesthetic damage, and also respect the aesthetic subunits. Several solutions exist ranging from primary closure, skin grafting, local or regional flap [2]. The Zitelli's bilobed flap (ZBF), as a local cutaneous flap, is possible and suitable for reconstruction of skin defects of the lower third of the nose that are 1.5 cm in diameter or smaller [1]. We describe the case of a patient who benefited from reconstruction of a loss of skin substance at the nasal tip using a bilobed Zitelli flap.

CLINICAL CASE

A 68 years old patient presented a nodular basal cell carcinoma, after resection we had a round and well-defined skin defect of the nasal tip measuring 1cm in diameter (figure 1). The procedure was done under local anesthesia, after doing the markings, the flap was incised and lifted with the muscle and then transposed (figure 2). We made sure the hemostasis was good before closing with simple cutaneous 4/0 stitches (figure 3).

The postoperative course was simple. The aesthetic and functional results are very satisfactory with a 6 months follow-up (figure 4).



Figure 1: initial nasal skin defect



Figure 2: Bilobed flap lifted



Figure 3: Immediate Postoperative aspect



Figure 4: Aspect after 6 months follow-up

DISCUSSION

The bilobed flap was first described by Esser in 1918 for use in nasal tip defect reconstruction, it was a double transposition flap using two adjacent skin flaps at 90° to one another with a total rotation of 180°, this flap design produced several complications such as alar asymmetry [3]. In 1953, it becomes popular when Zimany made a few changes on the design ensuring a good cosmetic result [4]. In 1989, Zitelli has introduced this flap for reconstruction of cases with defects located on the alar lobules and nasal tip and between 0.5 and 1.5 cm in diameter [5]. The ZBF is using two adjacent skin flaps at 45° to 55° to one another with a total rotation of 90° to 110°; The lobes are not identical in size, the first flap is transposed into a defect, and the second (smaller flap) often designed with an elliptical tip to facilitate closure is transposed to cover the secondary defect caused by the larger flap transposition, pivot point for alar defects is medial while it is lateral for tip defects [6, 7]. The ZBF is especially suitable for the reconstruction of defects that are 1.5 cm in diameter or smaller, using skin from the mid dorsum and the sidewall [8], it enables defect closure with no or minimal distortion of the surrounding tissues and producing excellent color and texture match with adjacent tissue [9, 10]. The disadvantages of the ZBF are that it leaves circular and vertical scars specially seen in younger patients and individuals with darker skin tones, they may be treated by dermabrasion 5 to 6 weeks after surgery if needed [11-4].

In our case, the ZBF did a proper covering of the defect, and it left very discreet cosmetic scars. The patient was very satisfied with the result.

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