

## OUR EXPERIENCE WITH MEDIAN FOREHEAD RHINOPLASTY

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### SUMMARY

*Our experience in the management of eight cases of defects of the nose treated by median forehead flap based on a supra trochlear vessel is being documented.*

(Key Words : Rhinoplasty)

The forehead skin is ideal for repair of defects of the nose. The use of midline forehead flap, because of limitations of length and breadth, is restricted for the repair of small defects of nose. In situations where a long flap is required, for example, in individuals having lower hair line and where there is associated loss of columella, an oblique forehead flap is the method of choice for treatment.

#### Material and Methods

Several methods have been described to provide additional vertical length to the mid line forehead flap, e.g., by making the flap oblique, (Dhawan, 1974, Sawhney, 1976). However additional vertical length was achieved by us, by making the flap oblique and at the same time taking the flap right upto the root of the nose,

basing it on one of the supratrochlear vessels right or left. Rest of the technique of elevation and its transfer to the nasal tip was the same as described earlier (Converse, 1977). The forehead defect was closed directly after undermining the skin (Fig. 1).

#### Observation and Result

Of the eight cases who had their treatment done (Tab. 1) two were caused by road traffic accident, two were due to animal bite (Fig. 2-3) and two were due to human bite (Fig. 4-8). The remaining two were post excisional defects following treatment of haemangioma and basal cell carcinoma (Fig. 9-11).

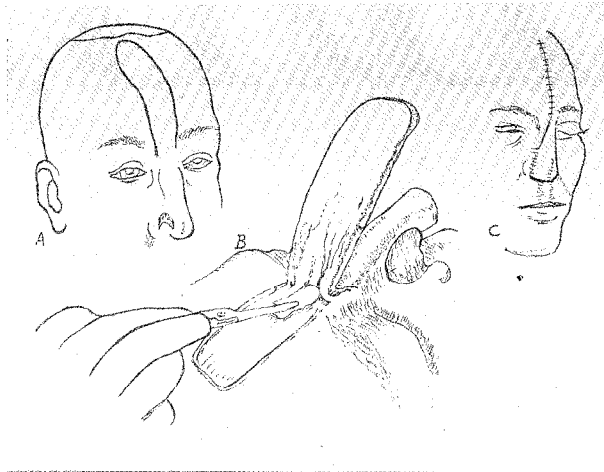


Fig 1. "Technique of elevation and transfer of median forehead flap"

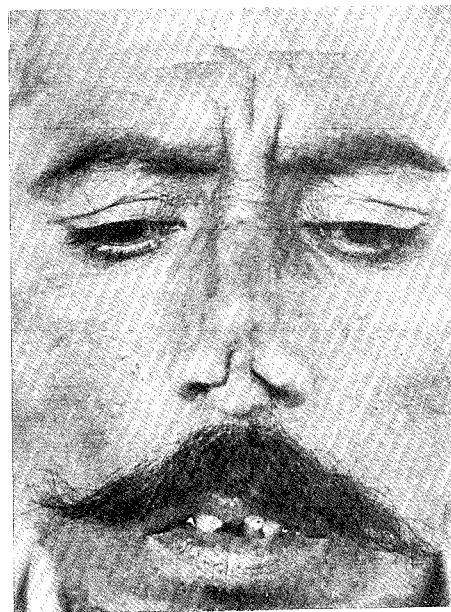


Fig. 2. Preoperative photograph of case No. 2, "showing partial loss of both alae and columella"

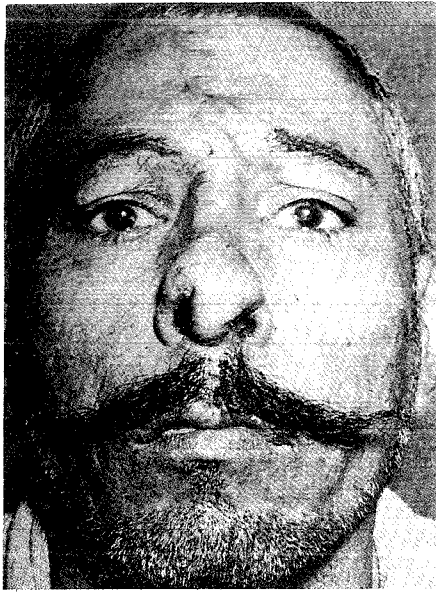


Fig. 3. "Post operative photograph of case No. 2"

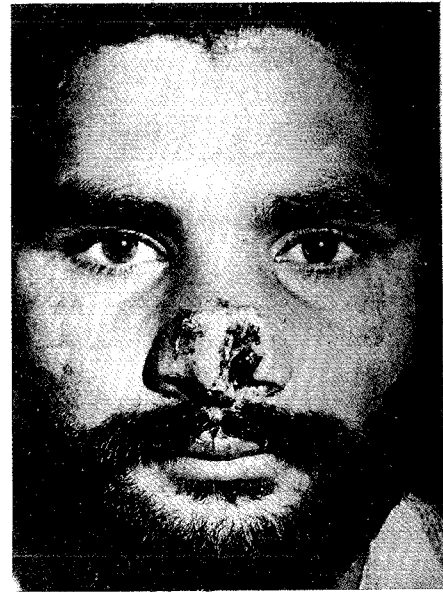


Fig 4. "Preoperative photograph of case No. 3 showing partial loss of left ala and tip."

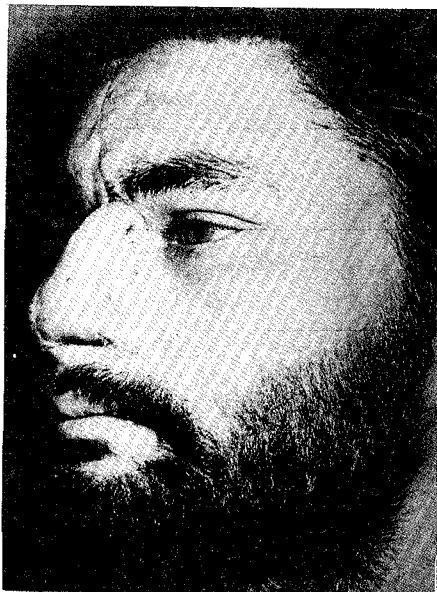


Fig 5. "Post operative photograph showing transfer of median forehead flap"

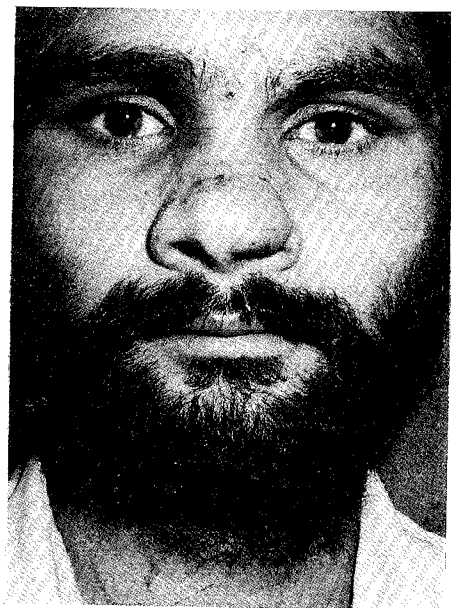


Fig 6. "Post operative photograph showing the final result"

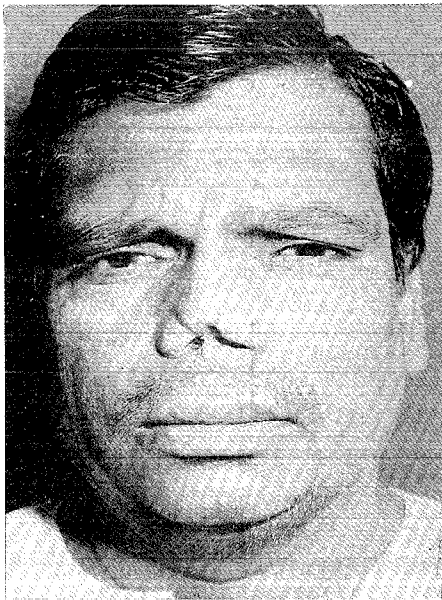


Fig. 7 "Preoperative photograph of case No. 7 showing partial loss of both alae, nasal tip and columella"



Fig 8: "Post operative photograph showing final result"

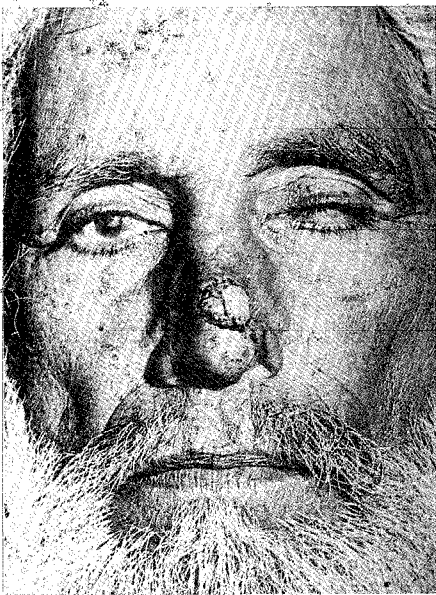


Fig 9. "Preoperative photograph of case No. 8 showing the lesion"

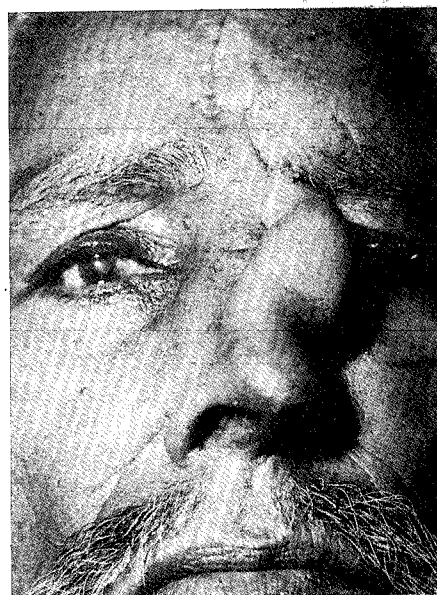


Fig 10. "Post operative photograph showing the transfer of flap after excision of the lesion"



Fig 11. "Post operative photograph showing the final result"

Table 1: Showing the extent of loss and its causation

	Extent of loss	Cause
1.	Tip Columella, Both Alae	Road Traffic accident
2.	Columella, Both Alae	Dog bite
3.	Lt Ala	Human bite
4.	Columella & Both Ala	Excision of Haemangioma
5.	Tip of nose	Animal bite
6.	Tip, Rt Ala & Columella	Road Traffic accident
7.	Tip & Ala & Columella	Human bite
8.	Tip & Dorsum of nose	Excision of Basal cell carcinoma

The use of oblique forehead flaps produce acceptable scars which do not interfere in the wrinkling of the forehead (Kazanjan, 1948).

### Conclusions

Oblique forehead flap was used by us with quite good results in eight cases of defects of the nose.

### REFERENCES

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