



## NASAL COVERAGE WITH POST-EXECESIS ROTATION FLAPS OF 2 SKIN CARCINOMA LESIONS WITH SAFETY MARGINS: A CLINICAL CASE REPORT

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### ABSTRACT

**Objectives:** To document the existence of flaps for nasal coverage after oncological resection, obtaining excellent anatomical and aesthetic results. **Method:** A retrospective study was carried out in a male patient diagnosed with squamous cell carcinoma in 2 nasal aesthetic units. Surgical treatment was performed (wide excision with safety margins of both lesions) + individualized coverage with transposition flaps. **Results:** A 58-year-old man reported an erythematous, diffuse, shiny lesion at the level of the nasal tip and another similar lesion on the left nasal wing; after approximately 8 months, lesions increase in size and become delimited, with a bulging appearance. Incisional biopsy of both lesions reported basal cell carcinoma. On the part of the plastic surgery service, it was decided to perform a complete excision with safety margins, carrying out individualized coverage of each lesion, achieving surgical treatment in a single time, accelerating your recovery process and improving your aesthetic result. **Conclusion:** Basal cell carcinoma is a malignant neoplasm that can cause deformities, disfigurement, and/or loss of function of the affected organ. It occurs most often in protruding areas such as the nose. We have known that the only cure is to perform a complete excision of the lesion with safety margins both in extension and depth, which leaves coverage defects; and even more complicated in a protruding area of the face such as the nasal. All this entails for the patient the desire for treatment not only for curative purposes, but also to maintain their nasal aesthetics. It was decided to provide individualized coverage of the recurrent areas after tumor excision, obtaining an excellent anatomical and aesthetic result in an adequate period of time and in a single surgical time.

**KEYWORDS :** Basal cell carcinoma, flap, nasolabial, bilobed.

### INTRODUCTION

The face is the mirror of the soul and our letter of introduction since it allows us to express emotions and it is very difficult to hide any defect or imperfection in it; even more so when referring to its most prolific and visible structure to the human eye (the nose). Alterations in the nasal structure have led since ancient times to the use of various types of fillers, surgical techniques in order to cause harmony in the face and cause beauty at first sight.

Thus, moving to the current era, medical and technological advances and having specialist doctors focused on maintaining this anatomical, functional and aesthetic harmony; We have multiple alternatives for nasal reconstruction and it will be up to each professional to decide whether to take the best treatment for the benefit of the patient. Each case is a challenge, the more the extension of nasal damage and if the damage is in 2 or more aesthetic units, or we have several and distant tumor lesions, the fewer treatment alternatives we will have, having to sacrifice a large percentage of the aesthetic result.

In our clinical case, there were 2 malignant tumor lesions located in different nasal aesthetic units, the first in the nasal tip, and a second in the left nasal wing. By oncological criteria after wide excision with safety margins, the recurrent bloody area is important, giving as the best possibility of coverage a frontal flap, which would be in 2 stages and without a pleasant aesthetic result; therefore, it was decided to carry out coverage by individualizing the lesions with the performance of independent transposition flaps with a very satisfactory anatomical and aesthetic result for both the doctor and the patient.

### Methodology

A retrospective study was performed in a male patient diagnosed with squamous cell carcinoma in two nasal aesthetic subunits: 1.- nasal tip, lower nasal third and 2.- left nasal wing, lower nasal third. Surgical treatment was performed (wide excision with safety margins of both lesions) + individualized coverage with bilobed flap and nasogenian flap, respectively.

**Clinical Case Presentation**

A 58-year-old male patient, a retired police officer, with no clinical history or known allergies. She came to the plastic surgery outpatient area reporting the presence of an erythematous, diffuse, shiny lesion at the level of the nasal tip and left nasal wing of 8 months of evolution; Approximately at 5 months, these lesions increased in size, the erythematous tint decreases and they are self-delimited, presenting a bulging, scarring appearance and sometimes with a tendency to bleed.

An initial biopsy of each lesion was performed; histopathological result reports basal cell carcinoma for both lesions.

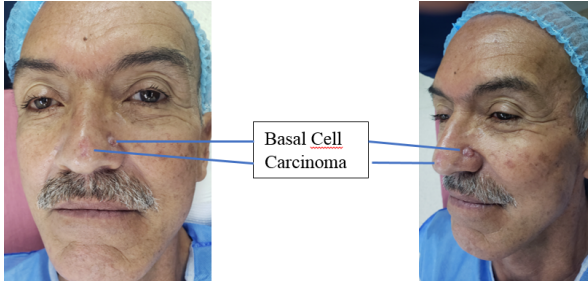


Image 1

Image 2

Image1: Front View and Image2: Left Side View. In both images, carcinomatous lesions can be seen in the nasal tip and left nasal wing, respectively.

Complete lesion excision was carried out with safety margins and individualized coverage was chosen with local rotation flaps:

Basal cell carcinoma located in the lower third, nasal tip: a bilobed transposition flap was performed.



Image 3



Image 4

Image 3: Recurrent bloody area after wide excision with safety margins. Image 4: Bilobed flap lift



Image 5



Image 6

Image5: Bilobed flap ready for transposition. Image 6: Bilobed flap transposition.

Basal cell carcinoma Located in the lower third, left nasal

wing: A nasogenian transposition flap was performed.



Image 7



Image 8

Imagen7: Área cruenta recidivante posterior a exéresis amplia con márgenes de seguridad. Imagen 8: Resultado final en postquirúrgico inmediato.

The patient was discharged on the same day of his surgery, he was kept in periodic check-ups by outpatient until his complete healing and definitive discharge 2 months after his surgery.



Image 9

Image9: Final result after 6 weeks of surgery.

**DISCUSSION**

History tells us that since ancient times various types of nasal filler substances were used, surgical techniques whose purpose was to create harmony in the face and be synonymous with beauty to human perception.

This has contributed to the fact that we currently have multiple techniques, technologies that together with the skill and expertise of the surgeon allow us to have an adequate anatomical, physiological and aesthetic result.

It is logical that the reconstructive decision and the procedure to be performed will vary from one doctor to another depending on their knowledge, skill, experience, aesthetic appreciation and very important to emphasize the age, condition and expectations of the patient.

However, whatever the therapeutic decision to be made, they all have the common purpose of healing and well-being, maintaining body harmony that allows satisfaction for the professional as well as for the patient.

That said, within the clinical case presented, what for many the best reconstructive option for coverage would have been a frontal flap; For our medical staff, it was the individualized management of each lesion, appreciating that the resolution only merited a surgical time with desired curative and aesthetic results.

**CONCLUSION**

Basal cell carcinoma is a malignant neoplasm derived from epidermal cells or hair follicles or non-keratinized cells and can cause deformities causing disfigurement and/or loss of function of the affected organ. It is more common in protruding areas such as the nose.

As in any cancer treatment, it is essential to carry out a complete excision with safety margins both in extension and depth to achieve the complete eradication of tumour cells; and this leaves great coverage defects; which represent a challenge for their coverage, taking into account that a protruding area of the face such as the nasal entails for the patient the desire to maintain their nasal aesthetics.

We have several surgical possibilities for coverage for recurrent lesions due to tumor excision with safety margins; The decision to carry out each of these will depend on the good judgment of the surgeon to obtain universal common purposes of healing and respect for human bodily harmony.

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