ADAPTABLE NASAL RECONSTRUCTION WITH AN AXIAL FOREHEAD FLAP

INTRODUCTION

Historically, the Indian method of nasal reconstruction with forehead flaps and Tagliacozzi's arm flap methods are two of the earliest described procedures in the specialty that was to become plastic surgery. Now, extensive nasal defects are more likely due to ablation from tumor than from trauma. But despite the miraculous advances in our field, complex nasal defects—large nasal surface areas missing with underlying structural and/or lining defects—remain one of the toughest challenges in modern plastic surgery.

THE PROBLEM

An 81-year-old woman presented with a basal cell carcinoma on the tip of her nose that had been ignored for 20 years. The tumor had largely destroyed her nasal tip, including much of both alae, a portion of the dorsum, and the anterior septum. It was fixed to the nasal lining. The patient was referred to the Mohs' dermatologist, who removed the tumor with a

Resection of orbital rhabdomyosarcoma via coronal approach, large orbitotomy, transposition of pericranial/temporalis flap, immediate skin grafting over temporary prosthesis, and 5-year result.