Use of a Combined Sliding and Rotation Flap to Close a Central Forehead Defect
L Weatherhead

BACKGROUND OVERVIEW
There are many descriptions of cutaneous flaps performed to close forehead defects after the removal of a cutaneous malignancy. The L-Flap incorporates the natural glabellar crease lines as well as the horizontal forehead lines to allow easy movement of the flap as well as producing an excellent cosmetic result.

METHODS
After marking out the clinically visible margins of the tumour (Fig.1), the design of the flap is made with marking of the

Fig. 2:   Design of flap.

Fig. 1:   Mapping of the cutaneous malignancy.

zones where the supratrochlear and supra-orbital nerves pass (Fig. 2). The tumour is then excised (Fig. 3) and the flap created (Fig. 4). Care is taken at all stages of the procedure to obtain good visualization, haemostasis and to identify and spare (if possible) underlying structures. After appropriate

Fig. 3:   Removal of tumour.

haemostasis, the flap is shifted medially and closed in layers with absorbable subcutaneous and non-absorbable cutaneous sutures (Fig. 5). After the procedure, appropriate counselling is required especially about bruising and wound care over the immediate postoperative period.

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Fig. 4:   Creation of flap.

Fig. 6:   One week postoperation.

Fig. 5:   Final closure.

Fig. 7: Three months postoperation.

RESULTS

The pictures at one week and three months postoperatively show the result of this procedure (Fig. 6, 7).

CONCLUSION

The final postoperative picture demonstrates a very good cosmetic end-point for this surgical procedure. This is a very good flap technique for use in this clinical area.