Synchronous reconstruction of both the upper and lower eyelids with a temporoparietal fascial flap

Ioannis G. Dalianoudis, Maria G. Kalofonou, Christos Farazi-Chongouki, Kyriaki Apostolidou, Pantelis Diamantopoulos, Nektaria Tsilimpokou, Dimitrios Filippou, Nikolaos Minogiannis, Panagiotis Skandalakis

1Department of Plastic and Reconstructive Surgery, Latsio Burn Center, General Hospital of Eleusis “Thriasio”, Magoula; 2Department of Anatomy and Surgical Anatomy, Medical School, National and Kapodistrian University of Athens, Athens; 3Department of Surgery, General Hospital of Eleusis “Thriasio”, Magoula; 4Ophthalmic Surgeon, Private Practice, Athens; 5Department of Plastic Surgery, Saint Savvas Anticancer Hospital, Athens, Greece

Correspondence: Ioannis G. Dalianoudis Department of Plastic and Reconstructive Surgery, Latsio Burn Center, G.H.E “Thriasio”, Gennimata Avenue, Magoula 19018, Greece Tel: +30-2117200331, Fax: +30-2105551526 E-mail: johndalas@gmail.com

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The simultaneous reconstruction of upper and lower eyelid defects, while preserving the seeing eye, presents a difficult task. Most cases involving such defects occur after burn injuries and tumor resections [1]. We present the case of a 55-year-old man, who provided consent and authorization for this report, with neglected basal cell carcinoma of both the upper and lower eyelids in the right eye and 10/10 visual acuity (Fig. 1). After oncological resection, defects were encountered in the total lower eyelid and half of the upper eyelid. A temporoparietal fascial flap (TPFF) was used to reconstruct both the upper and lower eyelids after an incision was made between the frontal and parietal branches of the temporal artery (Fig. 2). A composite graft from the nasal septum was sutured to the lower division of the TPFF and was used to reconstruct the posterior lamella, while the anterior lamella was reconstructed with a full-thickness skin graft (Fig. 3). During the 1-year follow-up period, no complications were encountered, except reduced upper eyelid motion, and the patient’s visual acuity was similar before and after reconstructive surgery (Fig. 4). The patient was satisfied with the postoperative aesthetic results and...
refused any further refinements. Even though the TPFF is a well-known flap, as far as we know, such reconstructions are generally multistage [2]. To our knowledge, only one report has described functional reconstruction of both eyelids, the eyebrow, and the lacrimal drainage system in a single-stage procedure by pre-dividing a TPFF into three divisions [3]. The described method offers an efficient, effective alternative for eyelid reconstruction in a single-stage procedure.

Notes

Conflict of interest
No potential conflict of interest relevant to this article was reported.

Ethical approval
The study was performed in accordance with the principles of the Declaration of Helsinki. Written informed consent was obtained.

Patient consent
The patient provided written informed consent for the publication and the use of his images.

ORCID
Ioannis G. Dalianoudis
https://orcid.org/0000-0003-3658-205X
Maria G. Kalofonou
https://orcid.org/0000-0001-9461-8386
Christos Farazi-Chongouki
https://orcid.org/0000-0001-7646-167X
Kyriaki Apostolidou
https://orcid.org/0000-0002-4491-159X
Pantelis Diamantopoulos
https://orcid.org/0000-0003-2823-5496
Nektaria Tsilimpokou
https://orcid.org/0000-0002-4566-9133
Dimitrios Filippou
https://orcid.org/0000-0001-5410-3046
Nikolaos Minogiannis
https://orcid.org/0000-0002-7760-8044
Panagiotis Skandalakis
https://orcid.org/0000-0002-9325-5533

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Squamous cell carcinoma identified in a thick-walled epidermal cyst with a recurrent ulcer

Jae-Won Kim, Chan-Su Kang, Jin Ho Lee, Kyu Jin Chung
Department of Plastic and Reconstructive Surgery, Yeungnam University College of Medicine, Daegu, Korea

Correspondence: Kyu Jin Chung
Department of Plastic and Reconstructive Surgery, Yeungnam University College of Medicine, 170 Hyocheon-ro, Nam-gu, Daegu 42415, Korea
Tel: +82-53-620-3484, Fax: +82-53-626-0705
E-mail: chungkj@ynu.ac.kr

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Epidermal cysts are common skin tumors. In order to achieve cost-effectiveness, routine biopsy is not recommended in the setting of plastic surgery [1]. We report a case of squamous cell carcinoma (SCC) confirmed in a residual wound after resection of a cutaneous cyst. A 46-year-old male patient underwent local resection of a cystic lesion in the left nasal alar region 3 weeks before at a local medical center without biopsy. He developed tenderness, fever, and erythema over the wound, and visited our hospital (Fig. 1A). While the planned excision was performed, a 0.8 × 0.9-cm-thick white capsule was observed (Fig. 2). Therefore, a biopsy including skin tissue was performed. A SCC was then diagnosed (Fig. 3), and additional resection with a 5-mm safety margin was performed. During the 18-month follow-up period, no recurrence was observed (Fig. 1B).

Owing to the rarity of SCC arising from epidermal cysts, the nature and mechanism of this phenomenon remains uncertain. Malignant change of an epidermal cyst is rare, requiring a high level of clinical suspicion.

Fig. 1.
(A) The patient at his first visit to our hospital. He had developed tenderness, febrile sensation, and erythema on the wound in the left nasal alar region. (B) Six-month postoperative follow-up. The patient shows a well-healed state in the nasal alar region without recurrence.

Fig. 2.
A biopsy specimen. A 0.8 × 0.9-cm-thick white capsule was observed.

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