Facial Plastic & Reconstructive Surgery

Jean-Paul Azzi, MD
• No financial disclosures
Outline

• The Bilobe Flap – Pushing the limits.

• Challenging and Interesting Reconstructive Cases.

• Charity Trips
Bilobed Flaps

• Azzi, JP. Bilobe Flaps for Nasal Reconstruction: A Single Surgeon’s Experience with 50 Consecutive Patients.

• Aesthetic and functional outcomes measured on cases sampled from 2015.
Bilobe – Brief Intro

- Great option for the nose – one of the most frequent sites of skin cancer.
- Mohs is a great way to treat cancers in this area, and they can all be reconstructed in the office even if underlying cartilage etc. is excised.
Intro

• Debate about use of bilobed flaps outside of the caudal region of the nose
• Also debate about appropriateness of use in the alar region
• One often cited article (choi) recommends not using any type of local flap within 5mm of the alar free margin secondary to notching and retraction
Intro

• Other feared complications when the defect is in close proximity to the free margin is distortion – elevation of the tip or nostril margin and thickness irregularities

• Another complication can be nasal obstruction
Methods

• Chart review in a single private practice facial plastic surgery practice
• 50 patients over a year period in 2015
• Minimal followup of 3 months
• Majority repaired immediately following Mohs micrographic excision in Palm Beach County
• All performed in the office under local anesthesia
• Outcomes measured included: flap viability, alar retraction or notching and patient satisfaction surveys (excellent, good, fair, poor)
Results

• BCCA (78%), SCCA (16%) and Melanoma (6%)
• Mean Max diameter of 18mm
• Most common subunit involved was the tip followed by ala
• None of the defects involved the internal lining of the nose
Results

• Smoking did not seem to have a noticeable effect on outcome
• Excellent (78%), good (22%) – patient
• Fair or Poor rating by surgeon in 7/50 cases
<table>
<thead>
<tr>
<th>Patient No./Sex/Age</th>
<th>Diagnosis, Recurrent? (Y/N)</th>
<th>Size of Defect (mm)</th>
<th>Subunit(s) Involved/Location</th>
<th>Distance from Alar Rim (mm)</th>
<th>Patient Assessment</th>
<th>Observer Assessment</th>
<th>Complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/M/71</td>
<td>BCCa, N</td>
<td>15x20</td>
<td>Dorsum and tip</td>
<td>&gt;4</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
</tr>
<tr>
<td>2/M/52</td>
<td>SCCa, N</td>
<td>20x30</td>
<td>Ala and tip</td>
<td>3</td>
<td>Excellent</td>
<td>Fair</td>
<td>Mod. Alar Retraction</td>
</tr>
<tr>
<td>3/F/67</td>
<td>BCCa, N</td>
<td>20x20</td>
<td>Dorsum</td>
<td>Excellent</td>
<td>Good</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>4/F/79</td>
<td>BCCa, N</td>
<td>15x15</td>
<td>Sidewall</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>5/F/70</td>
<td>BCCa, N</td>
<td>15x20</td>
<td>Sidewall</td>
<td>Excellent</td>
<td>Good</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>6/M/32</td>
<td>BCCa, N</td>
<td>10x15</td>
<td>Ala</td>
<td>1</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
</tr>
<tr>
<td>7/M/81</td>
<td>BCCa, N</td>
<td>10x12</td>
<td>Ala and tip</td>
<td>3</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
</tr>
<tr>
<td>8/M/83</td>
<td>BCCa, Y</td>
<td>20x15</td>
<td>Ala, tip, sidewall</td>
<td>&gt;4</td>
<td>Good</td>
<td>Fair</td>
<td>Distal necrosis</td>
</tr>
<tr>
<td>9/M/73</td>
<td>BCCa, N</td>
<td>9x9</td>
<td>Ala and sidewall</td>
<td>&gt;4</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
</tr>
<tr>
<td>10/F/71</td>
<td>BCCa, N</td>
<td>15x10</td>
<td>Sidewall</td>
<td>Good</td>
<td>Excellent</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>11/F/69</td>
<td>BCCa, N</td>
<td>10x12</td>
<td>Ala</td>
<td>2</td>
<td>Excellent</td>
<td>Good</td>
<td>None</td>
</tr>
<tr>
<td>12/M/54</td>
<td>BCCa, N</td>
<td>15x10</td>
<td>Ala</td>
<td>1</td>
<td>Good</td>
<td>Good</td>
<td>None</td>
</tr>
<tr>
<td>13/M/80</td>
<td>BCCa, N</td>
<td>15x10</td>
<td>Ala</td>
<td>1.5</td>
<td>Excellent</td>
<td>Good</td>
<td>None</td>
</tr>
<tr>
<td>14/F/58</td>
<td>BCCa, N</td>
<td>15x12</td>
<td>Tip</td>
<td>&gt;4</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
</tr>
<tr>
<td>15/M/58</td>
<td>BCCa, N</td>
<td>10x15</td>
<td>Ala</td>
<td>2.5</td>
<td>Excellent</td>
<td>Excellent</td>
<td>None</td>
</tr>
<tr>
<td>16/F/75</td>
<td>BCCa, N</td>
<td>10x10</td>
<td>Ala and sidewall</td>
<td>&gt;4</td>
<td>Excellent</td>
<td>Good</td>
<td>Obstruction</td>
</tr>
<tr>
<td>17/M/86</td>
<td>SCCa, N</td>
<td>22x16</td>
<td>Tip</td>
<td>&gt;4</td>
<td>Excellent</td>
<td>Fair</td>
<td>Distal necrosis</td>
</tr>
<tr>
<td>18/F/63</td>
<td>BCCa, N</td>
<td>15x10</td>
<td>Dorsum</td>
<td>Good</td>
<td>Good</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>19/M/55</td>
<td>SCCa, N</td>
<td>30x15</td>
<td>Tip</td>
<td>&gt;4</td>
<td>Good</td>
<td>Fair</td>
<td>Distortion</td>
</tr>
<tr>
<td>20/M/69</td>
<td>BCCa, N</td>
<td>20x15</td>
<td>Tip</td>
<td>&gt;4</td>
<td>Good</td>
<td>Good</td>
<td>None</td>
</tr>
</tbody>
</table>
Discussion

• Results overall favorable – good flap viability regardless of age, smoking and size
• Two patients had partial distal flap necrosis → secondary intention → dermabrasion/revision
• Possible Causes: cautery, hematoma, infection, poor patient healing, scar tissue in recurrent area, overuse of bipolar, plane of dissection
Discussion

• Since these 2 cases I have changed site prep and avoided distal necrosis
• Limit bipolar
• Counsel on DM control and nicotine exposure
• Plane of flap (esp. useful with smokers)
Discussion

• Two patients with moderate alar retraction/notching → both rim involved or nearly involved after site prep

• One was 3mm from rim, but irregular/vertically oriented, significant burns to skin/char dermis, lower lat involved → declined pedicled flap
Discussion

• One nasal obstruction complication
• Ala/sidewall defect
• Same patient also had distortion at 8 weeks
Discussion

• Obstruction likely secondary to edema and possible deep sutures aggravating an existing nasal valve collapse.
• Improvement reported after 3 weeks
• Low dose Kenalog used, massage and nasal steroid sprays used to speed up recovery
• After 12 weeks still reported subjective nasal airway asymmetry
• This can be limited with cartilage grafts when appropriate
Discussion

• One patient had significant immediate post-op nasal distortion. 30mm nasal tip SCCA.
• Essentially entire sub-unit.
• Declined interpolated forehead flap secondary to schedule (3 week).
• Improved slowly over 3 months with massage, Kenalog and dermabrasion.
Retraction

• Repair can be challenging
• Local flaps and grafts can be used for these repairs
• Most commonly composite graft
• V – to – Y (Sykes) paired with a composite graft
Conclusions

• Nasal reconstruction can present considerable challenges.

• The Bilobe flap is a reliable and versatile flap
Interesting and Challenging Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases
Cases

Before

After
Cases

Before

After
Cases
Cases

Before

After
Cases
Cases
Mission Trips

• Healing the Children Northeast
• HUGS – help us give smiles
• Colombia, Guatemala, Ecuador, Vietnam
• Adding Peru and India
• Microtia, Lips, Palates etc
Colombia
Colombia
Colombia
Colombia
Colombia
Colombia
Ecuador
Ecuador
Ecuador
Ecuador - Guayachil
Guatemala
Guatemala
Guatemala
Guatemala
Quito
Quito
Quito
Quito
Quito
Quito
Hanoi, Vietnam

• I can't find any of my photos from this trip 😞
• So...
Vietnam
Contact Info - Azzi

• JP Azzi:
• doctorazzi@gmail.com
• Office: 561 429-5403
• Cell: 352 871-1015
• www.PalmBeachFacialSurgery.com