

RECONSTRUCTION OF DEFECT WITH LOWER EYELID AND INFRAORBITAL REGION FLAP ROTATION

Brenda Cavalieri Jayme

Denismar Borges de Miranda

Paloma Nicolau Tomaz

Ana Clara Vieira de Castro Rocha

Reconstruction of defect with lower eyelid and infraorbital region flap rotation

Brenda Cavalieri Jayme¹, Denismar Borges de Miranda¹, Paloma Nicolau Tomaz¹,
Ana Clara Vieira de Castro Rocha¹

Hospital de Base do Distrito Federal - Department of Orbit, Plastic Surgery, and Lacrimal System

INTRODUCTION

Defects in the peri-orbital region are common following the excision of skin tumors. The primary goal of reconstructing this region is to restore function, which requires technical skills and expertise from the surgeon. The present study aims to outline a medial reconstruction proposal using a eyelid-malar flap after the resection of an infiltrative Basal Cell Carcinoma (BCC)

CASE REPORT

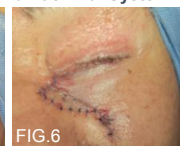
Male, 71 years old, presenting with an infiltrative lesion in the medial canthus, involving the infraorbital region and a portion of the nasal region (Fig.1). Following confirmation of BCC via incisional biopsy, the lesion was excised with 2mm margins, resulting in a substantial defect in an area with limited tissue mobility (Fig. 2).



A 'V'-shaped flap was created with the release of skin and subcutaneous tissue from the lower eyelid (Fig. 3 and 4).



For the flap, an incision was made 4mm from the lower eyelash margin, extending from the eyelid defect to approximately 10mm beyond the temporal canthus. Subsequently, a 'V'-shaped incision was made from the lower edge of the eyelid defect to the level of the infraorbital foramen, and from there toward the temporal canthus, maintaining a distance of approximately 15mm for vascular supply. Transposition and positioning of the flap were performed for the reconstruction of the dermal and subcutaneous layers.



The apex of the flap corresponded to half of the lower margin of the initial eyelid defect (Fig. 5). Subcutaneous suturing was done with 6.0 vicryl, and skin closure with 6.0 prolene (separate stitches). The flap was secured with a bolster (Fig. 6). The sutures in the eyelid region were removed on the 13th postoperative day (Fig. 7 and 8). Recovery was satisfactory, with excellent wound healing and maintenance of eyelid dynamics, ensuring complete closure of the aperture, thus ensuring ocular protection and lubrication (Fig. 9)



DISCUSSION

Despite the various techniques described in the literature, reconstruction of the lower medial canthal region remains a challenge. This case report presents an innovative reconstruction technique using an eyelid-malar flap, yielding satisfactory results without the need for further interventions. The viability of the flap and eyelid functionality were confirmed during weekly postoperative follow-up.

REFERENCES

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