

Bilateral Fan flap in Reconstruction of Lower Lip—A Case Report

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SURGICAL treatment of carcinoma of the lip has adherents to both radiotherapy and surgery. Statistical studies of results by both methods show that with surgery there is a shorter stay in hospital, and as radiotherapy increases the sensitivity of tissues to solar radiation in later life, surgery is preferable.

Case Report

S. L. 70 year old farmer, presented himself with a greyish coloured elevated growth with vertical furrows which had been there from the last six months (Fig. 1). It



Fig. 1

started at the outer edge of the lip in the middle of the vermillion border and then it gradually extended to involve almost the

whole of the lower lip short of the commissures. It extended on the inner side of the lower lip up to the gingivolabial fold and externally involved the skin of the lip just beyond the vermillion border. It was firm in consistency. Submental lymph nodes were not palpable. In order to differentiate it from a benign lesion like hyperkeratosis, fissure, fibroma, lymphoma and haemangioma etc, a piece of tissue was sent for biopsy. The pathologist reported it to be a squamous cell carcinoma—grade 1.

As the growth was extensive, almost the whole of the lower lip was excised (fig. 2 & 3).

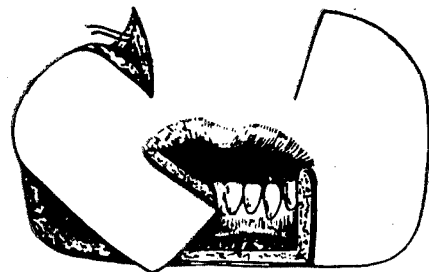


Fig. 2

This defect was made good by two whole thickness rotation-advancement flaps from the cheek so that the vertical cut margin of the lip took a horizontal position. Skin to mucosa sutures were applied to reconstitute the lower lip border. The secondary defects opened up by the raising of the flaps were made good by undermining of the wound edges and direct closure. The final shape after

reconstruction is shown in (Fig. 4 & 5). The wound was left without dressings. The patient made an uneventful recovery. Marked oedema of the face during the first 24 hours gradually subsided in the subsequent days. The patient was put on fluids fed through a Ryles tube for 7 days.

Discussion

It is essential in treating malignant tumors of the skin, that the surgeon should separate in his mind the extent of excision of tumor from the problems attending the repair of the defect.

Summary

The bilateral fan flap has the following advantages over other methods :—

1. The lip so formed does not narrow the oral aperture.
2. As the flap contains muscle it does not droop down by gravity as in case of tube pedicle repairs.
3. By virtue of providing a symmetrical half of the lip from either flap and by leaving behind symmetrical scars on the face it gives a better cosmetic appearance.
4. Unlike unilateral fan flaps the blood

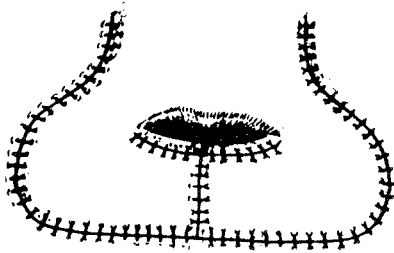


Fig. 3

An ideal reconstruction of the lower lip besides being cosmetically acceptable should also provide normal function, and enough aperture for insertion of dentures.



Fig. 4



Fig. 5

supply in the twin flaps is less extended and the secondary defect is more evenly distributed on the face. It is as such to be preferred over the unilateral method.

References

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