

RECONSTRUCTION OF THE COLUMELLA WITH ALAR MARGIN FLAPS

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As stated by Converse (1977) "The columella is probably one of the most difficult structures to reconstruct, especially when it is totally destroyed either by trauma or by excision for malignant disease".

Since Joseph (1922) published his report on reconstruction of the columella with a composite graft from the ala, a multitude of techniques have evolved. Some of these advocate the use of forehead or cervical flaps. These are unnecessarily drastic and disfiguring manoeuvres which require two stages. Composite grafts are unreliable and often contract with time.

A more logical approach is to use local flaps from the upper lip or as subcutaneous pedicle flaps from the nasolabial folds (Kaplan, 1972).

Another source of tissue suggested by Edgerton *et al.* (1967) is the nasal tip, from which a subcutaneous pedicle flap can be obtained.

This paper describes a simple one-stage method of columella reconstruction using two medially based alar margin flaps.

This technique is somewhat similar to the double margin or wing flap method described by Gillies in 1949. Although extremely useful and ingenious, it is little known and there has been no further mention of it in more recent literature, apart from a brief note in the book by Gillies and Millard (1957).

TECHNIQUE

Bilateral flaps based on the nasal tip are marked on the alar margin (Fig. 1). The flaps are raised with a wedge of subcutaneous tissue, thus leaving on the alar margin a thinned fish-mouth edge, similar to that left after alar margin sculpturing (Millard, 1967). In this way, a rounded bulky alar margin is avoided at the donor site.

The flaps are sutured together except at their distal ends which are inset into the upper lip in such a fashion as to simulate a nostril sill (Fig. 2). The lining is provided by a return flap based on the upper lip.

A case treated by this technique is illustrated in Figures 3, 4 and 5.

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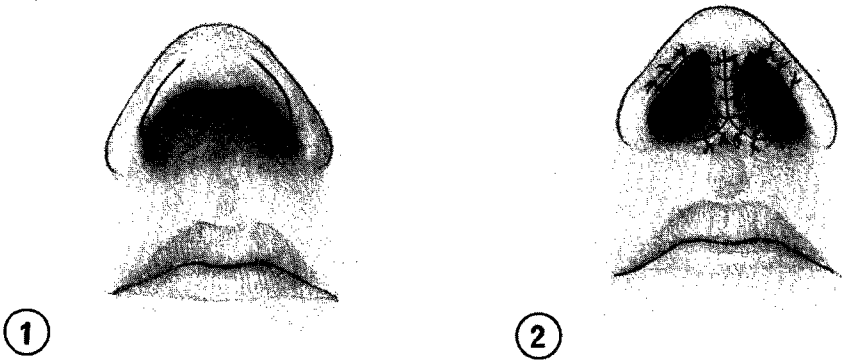


FIG. 1. Diagrammatic representation to show complete loss of the columella and the design of bilateral alar margin flaps.

FIG. 2. The two alar flaps are now transposed medially and sutured together to form a new columella. The defect in each alar margin is closed by direct approximation.

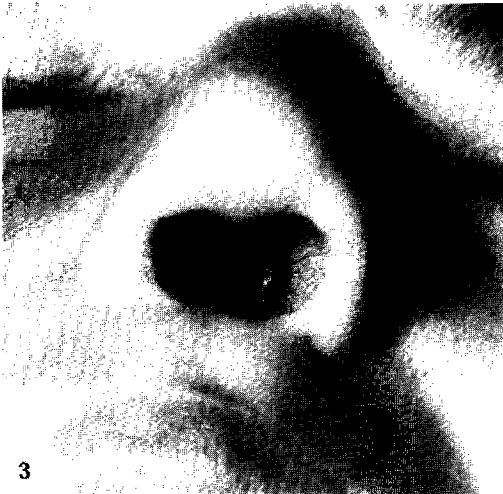
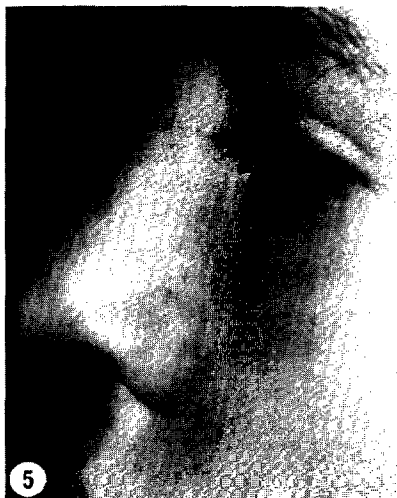


FIG. 3. Preoperative view to show the original defect.



FIG. 4. Postoperative view from below to show postoperative result.

FIG. 5. Lateral view to show a nice profile to the reconstructed nose and columella.



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