

Para-median Forehead Flap for Nasal Reconstruction

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A 24-year-old male presents to the Emergency Department with nasal tip and nasal dorsum soft tissue triangular injury after motor vehicle accident for 2-hours duration. The injury was full thickness with exposed cartilage as shown in (Panel A and B). There were no other associated injuries. With these injuries, the best option for reconstruction is a regional flap. The optimal regional flap is a para-median forehead flap. The forehead skin has the same color, thickness, and texture of the nasal tip lobule. The main pedicle of the flap is the supratrochlear artery (Panel C and D). The procedure was done in two stages; the first stage consists of flap elevation under general anesthesia and interpolated to defect and the flap was fixed in place by 5/0 Prolene, and the donor site sutured at the same time. After 21 days the flap was separated as a second stage. Nasal reconstruction aims to gain a normal esthetic appearance and nasal function. Although para-median forehead flap achieves these two goals in the majority of patients, it carries some functional problems like nasal obstruction, crustation, dryness of the nose, snoring, epistaxis, smell and voice abnormalities in the minority of them. At one-year follow-up, the patient was satisfied with the result of the operation, both functionally and aesthetically (Panel E and F).

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