



Bilateral Melolabial Flaps and Free Temporalis Fascia Graft; A Unique Solution to Caudal Septal Reconstruction

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Objectives:

Defects to the caudal nasal septum from an oncologic resection pose a technically challenging reconstructive dilemma in the highly aesthetic region of one's midface. The objective of this case presentation is to describe novel options for both resection of a carcinoma and a staged surgical reconstruction.

Materials and Methods:

The case of a 74 year old female with cutaneous squamous cell carcinoma of the nasal vestibule measuring 3.0 x 3.5 centimeters with extension onto the inferior aspect of the caudal septum is presented as a novel approach to surgical resection and reconstruction. A Dermatologic Moh's surgeon was utilized to perform intraoperative oncologic margin analysis to minimize tissue loss. Bilateral melolabial flaps were used to reconstruct the caudal septum. Cadaver cartilage and autologous auricular cartilage were used to provide strength and resiliency to the anterior septum and medial crura respectively. Finally, a large temporalis fascia free graft was inset to the remaining septal mucosa to close the large septal perforation that persisted after oncologic resection.

Results:

The interpolated melolabial flaps provided robust vascularized tissue that supported the new cartilage framework to the caudal septum and medial crura of the lower lateral cartilage. Six months after initial resection, the patient has adequate nasal tip support with complete re-mucosalization of the septal perforation created from the cancer.

Conclusions:

The authors describe a novel approach to the resection of an epithelial cancer of the nasal vestibule and caudal septum, as well as successful reconstructive effort using multiple levels of the reconstructive ladder.



Slide A shows the tumor suspended from the inferior medial crura of the lower lateral cartilage. Slide B depicts the interpolated bilateral melolabial flaps.