Reconstruction of extensive lesion in the ear with a "saloon door" flap

Reconstrução de extensa lesão de orelha com retalho em “porta de Saloon”

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ABSTRACT
Basal cell carcinoma (BCC), also known as basal cell epithelioma, is the most frequent epithelial neoplasm in the dermatological practice, being more common in men. The authors report the case of a 75-year-old female patient with a BCC in the concha, anti-helix and triangular fossa regions of the right ear. The lesion was completely excised, including the cartilage. The surgical defect was repaired by means of a "saloon door" flap, which yields good aesthetic and functional outcomes. The posterior auricular flap is a versatile option for partial reconstruction of defects in the ear.

Keywords: Carcinoma, basal cell; Skin neoplasms; Surgical flaps

RESUMO
O carcinoma basocelular, também conhecido como epitelioma basocelular, é a neoplasia epitelial mais frequente em nosso meio, sendo mais comum em homens. Relata-se o caso de paciente do sexo feminino, de 75 anos, portadora de um carcinoma basocelular nas regiões da concha, anti-hélice e fossa triangular da orelha direita, que foi completamente excisado, com inclusão da cartilagem. A reparação do defeito foi feita por meio de retalho do tipo "porta de saloon", com bom resultado estético e funcional. O retalho auricular posterior é opção versátil para a reconstrução parcial do defeito da orelha.

Palavras-chave: Carcinoma basocelular; Neoplasias cutâneas; Retalhos cirúrgicos

INTRODUCTION
Basal cell carcinoma (BCC), also known as basal cell epithelioma, is the most frequent epithelial neoplasm in Brazil, being more common in men. Its incidence increases in higher age groups, and it is estimated that in the last 30 years it has increased from 20% to 80%. The mean age at diagnosis is 68.1

Masson introduced the retroauricular island flap – also known as “saloon door” flap, revolving door flap, or flip flop flap – in 1972. Several authors later on modified the technique, and the indication for its use was extended for extensive auricular defects.

CASE REPORT
A 75-year-old female patient sought care describing the emergence of a lesion in the right ear’s concha roughly one year before. Physical examination showed an erythematous, infiltrated plaque in the central portion adhered to the cartilage. Dermoscopic examination revealed arboriform vessels and hypochromic leaflet-like structures (Figure 1). A previous biopsy indicated the presence of BCC, nodular subtype. During surgery planning the lesion was marked using dermoscopy, with a 5mm margin. The flap was also marked in the retroauricular region. Local infiltrative anesthesia was used. The exeresis of the lesion and underlying cartilage were performed, followed by the cre-
Reconstruction of extensive lesion in the ear

it is necessary to attempt to preserve facial aesthetics. Alternatives to the reconstruction of the defects are: second intention closure, skin grafts, and wedge excision – all of which entailing the reduction of the auricular height.

Some studies have shown that when dermoscopy is used for demarcating the margins, there is a high rate of complete excision of the BCC (95% - 98.5%). Thus, it is critically important to demarcate the lesion’s margins via dermoscopy when micrographic Mohs surgery is not available.

The posterior auricular flap is a versatile option for the partial reconstruction of the ear defect. Planning, choosing an appropriate and individualized technique depending on the type of tumor, the location of the lesion and conditions of the patient are key to achieving a good aesthetic outcome.

**DISCUSSION**

To reconstruct partial defects of the ear while preserving decreasing its size and changing its natural contour and shape has always been a challenge. In this location, in addition to the cure,
REFERENCES

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