Nasal Reconstruction in Traumatic Nasal Injury—Lateral Nasal Artery Perforator Flap Application in Case Report

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Nothing to disclose
Brief History

- 85/M farmer, with DM, HTN
- Traumatic injury by knife → subtotal nasal amputation
- 4*4 cm open wound with skin and soft tissue defect, deep into cartilage level
- Nasal sidewall, dorsum, bil. ala all involved
- Tip partial involved
Flap Design and Surgical Approach

Facial artery

Lateral nasal artery and perforator
Flap Elevated And Divided
Flap Inset and Immediate Post-OP

Perforator was seen

Lateral nasal artery perforator flap and rotate 135 degree
2 Weeks Follow Up
1 Month Follow Up

Mild depressed nostril
18 Months Follow Up

The patient got very satisfied about his nose.
Common Choices In Nasal Reconstruction

- Banner flap
- Bilobed flap
- Glabellar flap
- Dorsonasal flap
- Nasalabial flap
- Cheek flap
- Forehead flap
- Scalping flap
- Temporomasaoid flap (Washio flap)

- Size (small or large)
- Location (subunits involved)
- Individual consideration....
LNA Perforator Flap

• Size and location of the defect
• The LNA perforator flap can be adopted for defects in any fashion without any mobilizing restrictions
• It can be rotated 90~180 degrees as a propeller flap or transposed or advanced

➢ Venous congestion (30%, but all relief)

One Stage verse Two stage?

• Most were two stage and even three
• Literature showed that
  → LNA perforator flap not only contributes thin and pliable soft tissue coverage but also provide an one stage nasal reconstruction
• Individual consideration and patient’s opinion

Summery

• The LNA perforator flap provided pliable soft tissue coverage and enough volume in nasal reconstruction

• Donor site scar can be easily concealed

• Similar color, thickness and texture

• Need full evaluation and assessment, well communication and explanation
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