

Extra Nasal Affair: Bilobe Flap of the finger

¹Maniventhan Nachimuthu, ²Syauqat Athir, ¹Chua Wei Siong, ¹Gauthaman Punganan ³Krishnan Manoharan
Orthopedic Department, Hospital Raja Permaisuri Bainun, Jalan Raja Ashman Shah,
30450 Ipoh, Perak Darul Ridzuan, Malaysia

INTRODUCTION:

Originally described by Esser in 1918, and the modification described by Zitelli in 1989, bilobe flap is a local transposition flap used primarily for the reconstruction of small to moderate-sized cutaneous nasal defects. We describe here the remarkable recovery of our patient with cutaneous defect over her middle finger following excision of recurrent soft tissue osteochondroma of the right middle finger.

REPORT:

A 36 years old lady having done excision over dorsum of her right middle finger 2 years prior, had similar swelling with pain. Initially suspecting granuloma, she underwent excision which revealed soft tissue osteochondroma. Her surgery was complicated with slight contracture of her middle finger limiting active full flexion of the middle finger. She represented with recurrent swelling for which she was planned for another excision and to address the existing contracture. Bilobe flap was done, with excellent recovery of her wound and much to the patients delight, restoration of her previously limited movement.



Lateral view of the right middle finger



Intraoperative Bilobe flap preparation



Follow up wound condition at 6 weeks

DISCUSSION:

Often described for closure of wound defects, the techniques of this surgical method is well described and can be used for primary wound closure. The small size of such wounds and the richly vascularized local flap increases chances of adequate wound healing.

CONCLUSION:

Extra nasal bilobe flap, is rarely reported for closure of wound for finger skin defects. We however demonstrate that this method is also ideal to tackle the primary closure of the wound post excision and provide good functional recovery.

REFERENCES:

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