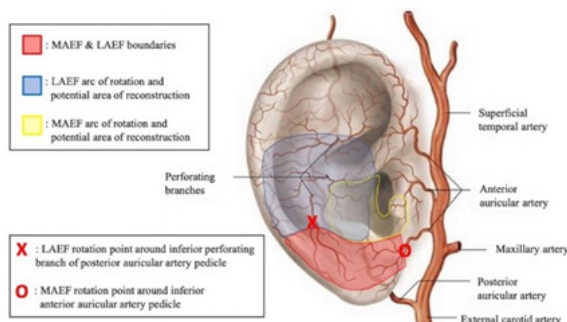


The anterior earlobe flap: A point of technique

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The auricle is a common site for cutaneous malignancies. We describe a novel technique utilizing the anterior earlobe as a flap to reconstruct defects across the lower half of the anterior auricle. This flap can be medially based (medial anterior earlobe flap; MAEF) or laterally based (lateral anterior earlobe flap; LAEF). The incised cranial margin of both flaps is along the most cranial portion of the lobule where it hangs from the cartilage of the auricle. The caudal edge of the flap can extend down to the inferior free border of the lobule. The MAEF is based on the inferior branch of anterior auricular artery, whereas the LAEF utilizes the inferior perforating branch of the posterior auricular artery. The MAEF can cover defects over the tragus and anti-tragus and can also be passed through the intertragal notch to resurface the cavum concha and medial, inferior, and lateral aspects of the external auditory canal. The LAEF can extend into the cymba concha, the lower and middle parts of the anti-helix and the posterior half of the cavum concha, and occasionally up to the external auditory canal, as well as the anti-tragus. Either flap can also be raised with a posterior earlobe skin paddle to allow reconstruction of through-and-through defects of the ear. The anterior earlobe flap offers greater versatility compared to other flaps described in the literature, without compromising circulation.



Biography

Jasmine Bawa having graduated from Cambridge University, now working as foundation year doctor in London and Oxford respectively. Her interest is in Plastic Surgery. Mentored by Mr. Barabas have achieved success in their various audits, QI projects and publications. This anterior earlobe flap: A point of technique was developed through his personal experience with earlobe reconstruction following skin cancer removal.

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