Surely, it is better to use an established technique that does not produce the bisecting and trapdoor effect of the long, narrow local flaps and does not leave the contouring effects of free grafting. That is to say, use of a dorsal flap. This is a large rotation advancement from the entire dorsum of the skin and has been very well described by previous authors.1-3

As pointed out previously, this flap does not suffer the disadvantages of a small, narrow-based flap and produces a smooth contour of natural local tissue coverage.

Therefore, I would finally suggest: Why publish a solution to a problem that itself should never have existed to begin with?

Bruce M. Rigg, M.D.
The Institute for Aesthetic Plastic Surgery
1730 Medical Drive, Suite 400
San Antonio, Texas 78229

REFERENCES

REPLY

Sir:

I believe that Dr. Rigg is overlooking some important points. A flap of dorsal nasal skin can be extremely useful. However, it too has its limitations. On a laterally placed full-thickness defect around the nasal ala it is difficult to conceive of a manner in which the dorsal nasal flap could be used without causing significant scarring all over the most obvious portion of the face. My point, however, is not that a nasolabial flap is preferable to another flap. Clearly, there are uses for both. What I am attempting to state is that when the nasolabial flap is the best choice in a particular reconstructive situation, one will frequently encounter the complication of the trapdoor phenomenon.

It therefore becomes desirable to have a means of effectively dealing with this problem. One solution would be, as Dr. Rigg proposes, to limit one's reconstructive alternatives. For those who do not wish to adopt this approach, the proposed method of revision, i.e., replacement of the flap skin with a full-thickness skin graft, should prove to be a suitable alternative.

Marcus Walkinshaw, M.D.
Assistant Professor
Division of Plastic Surgery
University of Washington
Seattle, Wash. 98104

THE NASOLABIAL FLAP

Sir:

Walkinshaw and Gaffey state in the January issue (Plast. Reconstr. Surg. 69: 30, 1982) that correction of the trapdoor deformity of a nasolabial flap with a full-thickness postauricular skin graft appears superior to elevation and thinning of the flap. In reviewing their photographs of patients who have had replacement with postauricular grafts, I have the impression that a superior cosmetic result would have been obtained had the skin of the nasolabial flap been replaced as a free graft rather than using a donor site that often is a poor cosmetic match for the skin of the lower nasal area. It has been my experience over the last 10 years that excellent results can be obtained with proper thinning of nasolabial flaps, very often requiring conversion of the flaps to essentially a free graft. I feel that the results obtained with proper thinning of nasolabial flaps are definitely superior to those presented in the article.

Frank R. Viruelli, M.D.
15 Dix Street
Winchester, Mass. 01890

BONE GRAFTING IN CLEFTS

Sir:

Dr. Weatherley-White's review of Dr. Millard's third volume of Cleft Graft (Plast. Reconstr. Surg. 69: 165, 1982) referred to a lively discussion on primary bone grafting between Professor Bengt Johansson and myself in a private hotel room on the University of Iowa campus in 1964. It was alleged that I had "snarled" at Professor Johansson. Allow me to correct an unfortunate impression created by this account. Then, as now, I maintain the highest respect and admiration for Professor Johansson. When the evidence became true to him, he was among the first of plastic surgeons to renounce the procedure. At his request, I accepted a member of his staff, Dr. Hans Friede, as a postdoctoral fellow in 1969. Dr. Friede returned to Goteborg, where he continues as a highly productive member of Professor Johansson's group. I could go on to cite other examples of the cordial relations that abide between us.

Since Dr. Millard delights in profiling personalities, the question may be asked: Who will profile Millard? There must be an untapped storehouse of stories about this colorful genius. May I begin the collection by contributing an anecdote that testifies to his creative imagination.

During the International Congress on Plastic Surgery held in Bratislava in 1965, Professor Denjen asked the two of us