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Retroauricular Revolving Door Island Flap[☆]

Colgajo retroauricular en isla en puerta giratoria

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Description

The retroauricular revolving door island flap, first described by Masson in 1972,¹ is very useful for the reconstruction of large defects of the concha of the auricle of the ear. It is harvested from the retroauricular area and is raised as an island (Fig. 1) so that it can rotate like a hinge on its pedicle and pass through the defect in the auricle (Fig. 2). The flap is then sutured to cover the defect of the concha (Fig. 3), and the retroauricular area is closed by simple suture (Fig. 4).

Technique

The technique can be observed in video 1, included with the electronic version of this article, available at <http://www.elsevier.es/ad>

Indication

This technique is used only for defects of the concha of the auricle, particularly for lesions that require excision of the underlying cartilage.

The larger the defect of the concha, the better the results obtained, because it is possible to use a larger pedicle.^{2,3}

Contraindications

The retroauricular island flap is not indicated for small defects due to a risk of necrosis.

It cannot be used if the cartilage beneath the primary defect is still present.



Figure 1



Figure 2

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Figure 3



Figure 4

Benefits

The flap covers full-thickness defects of skin and cartilage in an area of difficult surgical management.⁴

It is one of the most elegant flaps in surgery of the head and neck, but it does require a degree of experience and time.⁵

Risks

Infection, chondritis, and necrosis.

Alternatives

The majority of defects of the concha of the auricle can be left to heal by second intention, with good cosmetic results.

Grafts are not usually a good option for the concha of the auricle due to the high risk of necrosis.

Appendix A. Supplementary data

Additional material is available with the electronic version of this article at <http://dx.doi.org/10.1016/j.adengl.2012.09.010>.

Bibliografía

1. Masson JK. A simple island flap for reconstruction of concha-helix defects. *Br J Plast Surg.* 1972;25:399.
2. Redondo P, Lloret P, Sierra A, Gil P. Aggressive tumors of the concha: treatment with postauricular island pedicle flap. *J Cutan Med Surg.* 2003;7:339-43.
3. Dessy LA, Figus A, Fioramonti P, Mazzocchi M, Scuderi N. Reconstruction of anterior auricular conchal defect after malignancy excision: revolving-door flap versus full-thickness skin graft. *J Plast Reconstr Aesthet Surg.* 2010;63:746-52.
4. Talmi YP, Liokumovitch P, Wolf M, Horowitz Z, Kopolovitch J, Kronenberg J. Anatomy of the postauricular island revolving door flap (flip-flop flap). *Ann Plast Surg.* 1997;39:603-7.
5. Humphreys TR, Goldberg LH, Wiemer DR. The postauricular (revolving door) island pedicle flap revisited. *Dermatol Surg.* 1996;22:148-50.