

Abstract:

Title : A case of primary cutaneous mucinous carcinoma of left eyebrow
Treated with wide local excision and eyebrow reconstruction with hair bearing
pedicle temporal parietal fascia flap.

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Primary cutaneous mucinous carcinoma(PCMC) is a rare malignancy of the skin and it has low metastatic potential. Recurrence is high due to incomplete resection and it often occurs at face, axilla and scalp.

It is frequently misdiagnosed due to lack of typical characteristics.

This is the case of a gentleman presented with left eyebrow lesion whom we thought was a lipoma. Initial histopathological examination sent reported cutaneous mucinous carcinoma. Computed tomography staging was done and it is confirmed that it is primary cutaneous mucinous carcinoma. Eyebrow is an important structure for face and any changes can affect the expression of face and decrease the self confidence of person. Thus, complete resection was done for this patient to achieve clear oncological margin. The defect was subsequently reconstructed with temporal parietal fasciocutaneous pedicle flap.

Conclusion : In conclusion, complete resection of primary cutaneous mucinous carcinoma is crucial to prevent local recurrence and metastasis. The usage of hair bearing pedicle temporal parietal fascia flap for reconstruction of eyebrow markedly improve aesthetic outcome.

OTOPLASTY FOR MODERATELY SEVERE CONSTRICTED EAR DEFORMITY: A MODIFIED CHONGCHET TECHNIQUE

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Abstract

Constricted ears showed a spectrum of deformities confined to the upper third of ear. Characteristically, constricted ears presented with four anatomical features including helical lidding, protrusion, decrease ear size and low ear position. Based on these features, Tanzer and Cosman had classified the deformities into groups and proposed treatment to each group. Numerous surgical techniques in correction of constricted ears had been described in the previous literatures. We demonstrated a simple one-stage modified Chongchet technique via posterior approach consisting of anterior cartilage scoring, mastoid hitch and an inverted triangular supra-auricular skin incision in the surgical correction of a moderately severe Tanzer IIA constricted ear deformity with satisfactory outcome. In addition, the details of surgical techniques including its benefits, shortfalls and outcomes were reported and literature review on surgical approach to moderately severe constricted ear deformities were shown.

Keywords: moderately severe constricted ears, Tanzer IIA, modified Chongchet technique, mastoid hitch

Skin Excess Regio Abdomen: Case Report and literature Reviews

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Abstract

Abdominoplasty is one of the most commonly performed aesthetic procedures, which encompasses not only aesthetic features but also structural reconstruction of the abdominal wall. Aesthetic enhancements include improvement in abdominal wall contour, reconstruction of a natural-appearing umbilicus, and optimal placement of the resulting abdominal scar. we report a case of skin ecess abdomen repair with abdominoplasty that was carried out at bahteramas hospital, kendari, In this case report, based on the results of the history, physical examination, and also supporting examinations, the diagnosis is Skin Excess Regio Abdomen and a surgical action plan, namely Abdominoplasty, was carried out. Postoperative evaluation was carried out for a few days before the patient went home by administering anti-infection prophylactic therapy with antibiotics, symptomatic therapy in the form of analgesics, and education on the provision of high-calorie, high-protein soft food diets, hygiene maintenance and control to the postoperative with plastic reconstructive and aesthetic surgery consultant.

Keywords: Abdominalplasty, reconstruction Skin excess

“The eye would not see what the mind does not know “

An Unusual Presentation of a Massive Malignant Melanoma: A Case Report

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We report a 60year old gentleman with a past surgical history of a saucerization of a what looked like a carbuncle of the upper back then which reappeared years later as a huge mass over the previous surgical scar. He was then diagnosed to have metastatic cutaneous melanoma with bilateral axillary lymphadenopathy. After which he underwent bilateral axillary clearance, an oncological resection of the tumor and soft tissue reconstruction for closure. This case is an unusual presentation of metastatic melanoma in which thorough history, proper examination and appropriate imaging enabled us to come to a diagnosis of malignant melanoma which in this case is rare as the previous surgical scar healed completely before a new lesion reappeared. Metastatic melanomas are often rare, misdiagnosis thus potentially jeopardizes patient’s health and survival. Melanoma metastasis is an ominous sign as it generally predicts a poor prognosis We discuss the importance of early diagnosis and appropriate management for a better survival and quality of life.

Secondary Rhinoplasty using Rib Cartilage: A Case Report and Case Report and literature Reviews

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Rhinoplasty is a surgical procedure on the nose with functional indications, aesthetic indications or both. The use of alloplastic materials and autogenous rib cartilage has advantages and disadvantages. In this case the patient came with complaints of nasal deviation, pain and swelling. The patient has a history of rhinoplasty using Alloplastic materials. In this case, the revision was carried out by an open rhinoplasty procedure using autogenous rib cartilage. Postoperative, doctor administering anti-infection prophylactic therapy with antibiotics, symptomatic therapy in the form of analgesics. The goal of this procedure is to maximize the patient's functional and cosmetic outcomes. Revision rhinoplasty is a very complicated procedure that demands a deep understanding and appreciation for the correction of unwanted nasal deformities. Silicon implants are very often used in rhinoplasty procedures in Asian patients because they have an aesthetic result and low cost, but have complications such as infection, contractures, protrusion, and displacement.

Keywords: Rhinoplasty, Rib Cartilage

Title: ventral abdominal reconstruction: Melaka experience

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One technique that might be used for the reconstruction of the ventral abdominal wall is the component separation technique (CST). Ramirez made use of this method to great effect in 1990. However, alloplastic material is still often used to repair the ventral abdominal wall today.

The objective of the case series is to discuss the practical application of CST for ventral abdominal wall closure.

The first patient had an ampullary tumour, obstructive jaundice, and a history of a traumatic diaphragmatic hernia that had been repaired 13 years earlier but had been worsened by wound disintegration and split skin graft. The second patient was referred for incarcerated hernia and the Third patient the defect was composite requiring soft tissue reconstruction with abdominal based propeller flap surgery due to liposarcoma of the higher anterior abdominal wall.

There were no documented wound breakdowns or abdominal breaches in any of these patients. Although the results of these instances are still preliminary, no hernias have been seen thus far. CST is unquestionably one of the key considerations for reconstructing the ventral abdominal wall based on this experience.

Cranial vault reconstruction with serratus anterior osteomuscular free flap: Indication and a preliminary review of outcome

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Trauma and neurosurgical procedures, tumours, infections or congenital abnormalities can induce the lack of continuity of the cranial vault with consequent psychosocial, aesthetic, and functional implications. The purpose of cranioplasty is not only to repair the cranial defect but also to improve the patient's quality-of-life, providing a functional and aesthetic reconstruction. Neurosurgeons usually will resort to acrylic materials, hydroxyapatite, titanium, ceramics, polyether-ether-ketone (PEEK) or polymethyl-methacrylate (PMMA) for reconstruction of the cranium. However, in some cases which involves continuous or recurrent sub-infection of the dural lining and underlying parenchyma, these biomaterials are not suitable for reconstruction. Plastic Surgeons are usually consulted for these complicated cases. We present a novel method of reconstruction of the cranial vault using autologous vascularised bone flap by utilising several adjacent ribs which receive its vascular blood supply and drainage via the serratus anterior muscle. We performed this method on 3 patients so far. A stereolithography (STL) model is printed based on the CT skull preoperatively for adequate measurement of the defect and patient's education. Intraoperatively, the scalp flap was raised at the scar to expose the edges of bone. The serratus anterior with rib flap was harvested, inset and anastomosis of the vascular pedicle was done in lateral position. The

bone was fixed to the cranium using titanium plates. The chest wall defect was reconstructed with titanium plates. Patients were discharged after an average of 15 days in the hospital. Follow up revealed satisfactory outcome with minimal complications. This method is especially reserved for complicated cases which necessitates an intervention by a Plastic Surgeon to return the patient to a more pleasing aesthetic and functional outcome.

Urethrocutaneous Fistula Complication Of Hypospadias Surgery : Experience In Hospital Raja Perempuan Zainab II (HRPZII)

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Background: Hypospadias is a congenital abnormality of the male external genitalia characterized by abnormal urethral opening on the ventral penis, from the glans to the perineum. Hypospadias surgery comes with risk of complications. This study examines the outcomes of 131 hypospadias patients.

Methodology : It is a retrospective single-center study of hypospadias patients from January 2016 to August 2022. Retrospective review of case notes, including patient age at surgery, surgeon status, years of experience, surgery duration, technique, and urethrocutaneous fistula occurrence.

Results : The age of patients at time of surgery ranging from 5 year to 28 year old with a mean of 9 year old (SD 3.4). Operations performed were MAGPI (38) and Byar's Repair (93). Following second stage urethroplasty, urethrocutaneous fistula was the most common complication, occurring 17.5% (n=23) of the time. As for each surgeon, the number of fistula occurrence were consultant surgeon (11), surgeon (8) and junior surgeon (4). Hence, for each surgeon, the rate of fistula occurrence were consultant surgeon (30%), surgeon (47%) and junior surgeon (36%).

Conclusion : Urethrocutaneous fistula is the commonest complication and is subjected to multifactorial in nature contributed by both patient, and surgeon factor.

Title: A review in surgical approach in the treatment of thoracic wall pathology in University Malaya Medical Centre.

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The referral for chest wall surgical approach followed by closure and reconstruction has been increasing in number by the cardiothoracic team in UMMC. The multidisciplinary treatment has become a standard following resection of large chest wall tumour and resection of tumour whereby standard thoracotomy is very challenging (difficult location). The surgical approach by the PRS team spared the division of latissimus dorsi, intercostal muscles and nerve (despite very long surgical incision), thus providing markedly reduced post operative pain, allowing painless, early breathing exercise and physiotherapy. In addition, the surgical approach also resulted in improved surgical visual area and access, providing safe resection and achieving safe oncological margin. Medical records of all patients who had undergone chest wall resection and reconstruction were reviewed. Patients' demographics, length of surgery, reconstruction method, length of use of patient controlled anaesthesia, size of tumour and chest wall defect, histopathological result, complications and hospital stay were assessed. From 1st June 2021 to 1st Sep 2022, a total of 20 patients underwent chest wall reconstructive surgery by single surgeon at our centre. The median age was 50 years, with 10 females and 10 males. Fourteen patients (70%) had malignant disease and 6 patients (30%) had benign disease. Six patients underwent rigid reconstruction (titanium mesh and titanium plates), 6 patients had rigid and pedicle flap reconstruction, and 8 patients had myocutaneous flap reconstruction. In our review, CTS related complications is approximately 35%. Nearly all patients who has underlying large space occupying tumour in the pleural cavity, or having lung resection leading to poor lung reserve develop infection. Patients who only required soft tissue chest wall coverage whom did not undergo rib reconstruction or breach in pleural space had minor complications. There were 3 patients (25%) with wound related complications especially those patient with underlying lung pathology. In total, none of the patients had flap failure, rib osteomyelitis or infected implants that require removal. There was 1 mortality (5%) in this series. In conclusion, chest wall resections involving large defects requires prudent clinical judgment and multidisciplinary assessments in determining the choice of chest wall reconstruction to improve outcome.

Evaluation Of Smartphone Thermal Camera In Perforator Detection: Preoperative Flap Planning Using Dynamic Infrared Thermography.

Thermography with the FLIR One Pro smartphone attached Infrared camera was evaluated for perforator selection and flap planning. Three methods were compared for hotspot detection on forty DIEP and eighty ALT donor sites using standard thermography protocol; Dynamic Infrared Thermography (DIRT) using fan cooling, ice pack as cold challenges and Static Infrared Thermography (SIRT) against hand held doppler (HHD) signals as a gold standard.

DIRT with fan cooling has the highest accuracy for HHD signal detection (overall PPV 98.4%; First appearing hotspot (FAH) PPV 99.4; Sensitivity 68.9%). All methods are highly reliable (ICC >0.9; p<0.001). There is no overall correlation between the temperature difference of the cooling methods with number of hotspots detected however ice pack cooling resulted in highest incidence of subject reported discomfort (8.3%). SIRT results in higher ratio of FAH/total Hotspots (31.5%). Fan cooling provides more uniform cooling and rewarming pattern, compared to ice pack resulting in better distribution of hotspots. FLIR One Pro camera allows modification to SIRT technique to simulate and achieve comparable accuracy to DIRT.

DIRT with fan cooling is the better method for perforator detection with FLIR One PRO. Qualitative assessment of matching hotspots provides additional value to improve accuracy of flap planning.

**Title: Evaluation Of Smartphone Thermal Camera In Perforator Detection:
Preoperative Flap Planning Using Dynamic Infrared Thermography.**

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ABSTRACT

Single Centre Long Term Outcomes of Soft Tissue Reconstruction in Tessier Clefts – A Case Series

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Purpose of study

Craniofacial clefts display complex deformities which often pose challenges to reconstructive surgeons. We present a case series of facial cleft Tessier 0, Tessier 3 and Tessier 4, who have been treated in our centre. Their demographic data, clinical presentations, surgical approaches and outcomes are described in our series.

Methodology

3 patients who presented to us between 2009 and 2015 were included in this study. Retrospective evaluation of the demographic data, clinical findings and operative notes were performed.

Summary of findings/results

3 female patients with presentation age at 1 month, 3 months and 5 months old came with facial cleft Tessier 4, Tessier 0 and Tessier 3 respectively. None has family and environmental predisposition to facial cleft. Each of them demonstrates various defects. Tessier 4 – left cleft lip and alveolus between cupid's bow and oral commissure extends lateral to nasal ala, along with lower lid coloboma involving canaliculi, Tessier 0 – bifid nasal tip with hypertelorism and midline nasal cartilage defect. Tessier 3 – cleft through philtrum and shortened left nasal ala. All of them underwent early soft tissue correction without bony reconstruction. Surgical procedures were tailored to their defect. The long term outcome was satisfactory.

Conclusion and significance/contributions of study

Tessier clefts present with complex craniofacial defects that require multi-staged, individualised reconstruction. We perform early soft tissue repair without bony reconstruction, tailored to our patient demographic. This reduces the psychosocial impact of having a facial cleft. In conclusion, early soft tissue repair without bony reconstruction can provide good long term outcomes and is an option for certain patients.

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Navigating Our Way Through Difficult Wound, Back to Basics!

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Wound healing is challenging, especially for chronic wounds. Still, we may navigate based on TIME principles, a concept of wound bed preparation popularized by Falanga for two decades. We report two cases of chronic wounds with successful wound healing with our dedicated plastic surgeon.

Case 1- A 69 years old lady presented with a chronic wound over her bilateral upper limbs. She had an autoamputation of bilateral hands at the wrist joint with extensive skin necrosis over bilateral forearms secondary to septic emboli. The primary team manage her wound for three years but to no avail. She underwent debridement and a skin graft by our plastic surgeon. However, postoperative one week, the donor site became infected and was managed conservatively. Case 2- A 44 years old lady underwent an excision biopsy of right supraclavicular swelling in February 2021. The wound got dehiscence postoperative one week and developed multiple discharging sinuses. The wound finally healed with proper wound bed preparation based on TIME principles.

Successful wound care requires ongoing wound assessment and identifying the barriers that could halt any stages of wound healing. There are new advancements in wound care. Nonetheless, the TIME principle is still relevant in this modern era and has withstood the test of time in helping clinicians navigate through and successfully manage chronic wounds.

Abstract by,

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Title: Reconstruction of huge oncologic lateral abdominal wall defects

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Abstract:

Reconstruction of the lateral abdominal wall(LAW) requires a comprehensive understanding of anatomy and methodical planning. Given the complexity of the defects, lateral abdominal wall reconstruction remains as a challenging and ever-evolving field. We report two cases of huge LAW defect following wide local excision of dermatofibrosarcoma protuberans. Every individual with a sarcoma in the LAW will require an individualized management plan. The goal of management should be the same and adhere to the well-established principles, namely to reduce wound morbidity, minimize complications, provide a static repair that will not attenuate and form a hernia over time. The reconstruction was done by harvesting the pedicled anterolateral thigh fasciocutaneous flap and some other locoregional flaps. Mesh was not used in both of the cases. The options of further management after the patients developed wound complications were also discussed. Based on our experience, the reconstruction of huge full-thickness LAW defect following an oncological resection with combination of simpler locoregional flaps could produce satisfactory functional and aesthetic outcome. The multi-disciplinary management is essential to the successful treatment of the sarcoma and also durability of the abdominal wall reconstruction.

Declaration:

One of the cases was published as case report in the Annals of Medicine and Surgery, Vol 71, November 2021, 102933.

The forehead flap for nasal reconstruction after malignant tumor resection: 10 years
Retrospective Study in Sarawak General Hospital

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Purpose of study:

To review nasal reconstruction with the use of forehead flap after malignant tumor resection

Methodology:

Retrospective study representing a series of 12 cases of nasal reconstruction after nasal cancer surgery from 2012 to 2022 at Sarawak General Hospital

Summary of results:

A total of 12 cases were encountered within the study period. 7 patients (58%) were men and 5 (42%) were women. The mean age for both men and women is same, 62 years old. Nasal defects were repaired using the forehead flap after excision of basal cell carcinoma (n= 8) or squamous cell carcinoma (n= 4). Tumors arise primarily on the nasal tip in 5 patients, on the ala in 3 patients, on the bridge in 2 patients and sidewall in 2 patients. 2 patients had 2 lesions involving nasal unit and upper lip that were simultaneously treated. Structural support needed in 3 patients (16%); from the ear (n=2), and rib (n=1). Secondary revisional procedures were performed in 11 patients (91%). Debulking of the flap was performed in 4 patients. Functional goals and good aesthetic value are achieved in all patients. No significant complication occurred in this population.

Conclusion:

The forehead flap represents the gold standard and one of the best methods for repair of extensive nasal defects