Introduction – Objective: Full-thickness skin grafts are most frequently used for repair of defects of the face. This is due to certain properties of these grafts: they look like normal skin, their tendency to contract is limited, they maintain their size and shape fairly well, their color is quite stable with little pigmentation. In addition and in comparison with local flaps, no other incisions of the face are visible. Composite grafts including skin and cartilage are used in the areas of columella or alar margin. The purpose of this paper is to present the follow-up of patients suffering from tumors of the nasal pyramid, who have been treated with the use of different grafts.

Methods: Eight patients (5 males and 3 females) with tumors of the nasal dorsum, the alar margin and the base of the nose are included in this paper. The age range of the patients is from 29 to 88 years. All of them were treated with full thickness excision of the tumor and cover of the defect with full-thickness skin grafts obtained from the supraclavicular area, except for the one involving the alar margin, which was covered with composite graft (skin – cartilage – skin) obtained from the auricle. All operations were conducted in one step. Histology proved 5 basal cell carcinomas, 1 squamous cell carcinoma and 2 benign tumors.

Results: The follow-up lasts from 4 months to 14 years. One graft has been rejected: it happened in an 80-years-old male suffering from lymphoma undergoing chemotherapy. Another minor early complication was a case of skin allergy to the adhesive tape. Two patients were suffering from diabetes mellitus, a factor which is described in literature as being aggravating for operations involving grafts. No tumor has recurred – at least up to now – though one patient was operated for the recurrence of a tumor already operated elsewhere. Five of the malignant tumors were T1N0M0 and one was T2N0M0. All of them were excised with a surgical margin of at least 3mm. Neither lymphatic nor distal metastases have been noticed in cases of squamous cell carcinoma. A death has been recorded, but it was due to irrelevant reason. No patient expressed dissatisfaction with the final aesthetic result.

Conclusion: The treatment of tumors of nasal pyramid with the appropriate graft offers the best results both from the oncologic and aesthetic point of view. Our results are strongly supported by current literature, according to which a surgical margin of 3mm when excising a basal cell carcinoma is indicated.

References: