

"Sorting hat" flap as a modification of the classic A-T flap

Giulio Gualdi, Alessandra Petruzzellis, Cesare Ariasi, Paolo Amerio, Paola Monari

¹Dermatologic Clinic, Department of Medicine and Aging Science, University G. D'Annunzio Chieti-Pescara; ²Dermatology Unit, Policlinico Tor Vergata, University of Rome Tor Vergata, Rome; ³Department of Dermatology, ASST Spedali Civili di Brescia, University of Brescia, Italy

Abstract

This article presents a case study of a novel modification of the A-T flap, known as "Sorting Hat" flap, employed in dermatologic surgery for facial reconstruction. In the treatment of an 89-year-old male's squamous cell carcinoma lesion on the forehead, the "Sorting Hat" flap, introduced as an innovative alternative, eliminates the need for Burrow triangles and relies on flap shape for inconspicuous scarring and favorable cosmetic outcomes.

Correspondence: Alessandra Petruzzellis, Policlinico Tor Vergata, University of Rome Tor Vergata, viale Oxford 81, 00133, Rome, Italy

E-mail: alessandrapetruzzellis.ap@gmail.com

Key words: flap; skin cancer; dermatologic surgery.

Contributions: the authors contributed equally.

Conflict of interest: the authors declare no potential conflict of interest.

Availability of data and materials: all data underlying the findings are fully available.

Ethics approval and consent to participate: No ethical committee approval was required for this case report by the Department, because this article does not contain any studies with human participants or animals. Informed consent was obtained from the patient included in this study.

Consent for publication: the patient gave his written consent to use his personal data for the publication of this case report and any accompanying images.

Received: 14 December 2023. Accepted: 12 January 2024.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0).

©Copyright: the Author(s), 2024 Licensee PAGEPress, Italy Dermatology Reports 2024; 16:9907 doi:10.4081/dr.2024.9907

Publisher's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

Introduction

The main goals of dermatologic surgery are to ensure surgical radicality, specifically the complete eradication of the tumor, and to obtain the best possible functional and aesthetic results. ¹⁻³ These objectives drive surgical procedure planning, and reconstructive options must include flaps and grafts. A-T plasty has been a long workhorse to close defects on the forehead, chin and lips. ⁴ The flap's design usually depends on the doctors' training and experience. Here, we present the case of a 89-year-old male with a lesion in the forehead area, that was excised with a modified A-T flap, that we called "Sorting Hat".

Case Report

A 89-year-old male presented with a lesion on the forehead of 1.2 cm compatible with squamous cell carcinoma. Excision was programmed with a A-T plasty reconstruction.

Technical note on A-T flap

The A-T flap can be described as half of a double advancement flap:⁵⁻⁶ firstly, the circular defect is converted into a triangular defect, then two incisions are placed tangentially at the base of the triangle to release the tension (Figure 1). Then, the triangle's two base tips are connected to the base's midpoint to form an inverted T-shaped closure. Burrow's triangles are positioned at the base of the triangular flaps, designed to ease the sliding and to fit the various measures of the two edges, preventing skin redundancy. Depending on the side, the size of the skin defect, or the suppleness of the skin, burrow triangles may be designed on either one or both sides of the defect, lateral and perpendicular to the closure axis (Figure 3 a,b). Wound size, developing standing cutaneous cone, and closeness to nearby noble structures all influence the dimensions of the hypothetical triangle that regulates the formation of this flap. The basal incision can be hidden along the eyebrow or hairline, along the mental crease or the vermilion border.

Although the Burrow triangle cuttings are typically made in natural creases or subunit junctions, sometimes the boundary of the cosmetic unit is intersected, which may cause the eyebrow or hairline to become disrupted, or undesirable scars to persist.

Modified A-T advancement flap: "Sorting hat" flap

The region over the eyebrow, close to the vermilion lines, or underneath the hairline are challenging to reconstruct, since even the smallest error in judgment can rupture aesthetic lines and cause obvious asymmetry and/or distortion.

In order to attain the benefit of an undetectable postoperative scar with a generally good cosmetic look (Figure 2), we suggest an alternative to the conventional A-T flap that does not necessitate burrow triangles, based strictly on flap shape (Figure 3 c,d).





Discussion

Advancement flaps, such as the A-T flap, play a crucial role in restoring facial deformities after skin cancer treatment. The article introduces the "Sorting Hat" flap as a modification of the conventional A-T flap, particularly suitable for challenging reconstruction areas near the eyebrows, vermilion lines, or underneath the hairline. The modification eliminates the need for burrow triangles and relies on flap shape to achieve an undetectable postoperative scar with a favorable cosmetic appearance, preserving the natural contours of lips, eyebrows, and hair.



Figure 1. Preoperative design of flap.

Conclusions

Following the treatment of skin cancer, advancement flaps—random-pattern flaps—are widely utilized in the restoration of surgical deformities on the face. For consistent aesthetic effects, careful planning and execution are essential. The "Sorting Hat" flap, called after the famous talking hat from the Harry Potter novels and movies, is a safe and practical alternative to surgical repair that maintains the natural contours of the lips, brows, and hair.



Figure 2. Postoperative outcome, 30 days after surgery.

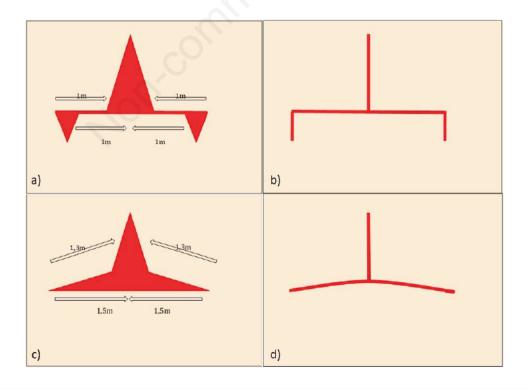


Figure 3. a) classic A-T flap incision; b) classic A-T flap outcome; c) "Sorting Hat" flap incision; d) "Sorting Hat" flap outcome.





References

- Gualdi G, Monari P, Apalla Z, Lallas A. Surgical treatment of basal cell carcinoma and squamous cell carcinoma. G Ital Dermatol Venereol 2015;1504:435-47.
- Gualdi G, Monari P, Crotti S, et al. Matter of margins. J Eur Acad Dermatol Venereol 2015;29:255-61.
- 3. Gualdi G, Venturini M, Zanca A, et al. Pre-surgical basal cell carcinoma margin definition: the smart approach. J Eur Acad
- Dermatol Venereol 2016:30:474-6.
- Brunetti B, Tenna S, Poccia I, et al. Aesthetic Reconstruction of the Frontotemporal Region. The Extended A-T Plasty, A Workhorse Revisited. Ann Plast Surg 2017;79:34–38.
- 5. Stevens C R, Tan L, Kassir R, Calhoun K. Biomechanics of Ato-T Flap Design. Laryngoscope 1999;109:113–7.
- 6. Krishnan R, Garman M, Nunez-Gussman J, Orengo I: Advancement Flaps. A Basic Theme with Many Variations.

