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Reconstruction with Dorsal Nasal Flap after
Excision of Basal Cell Carcinoma of the
Nose: A Study of 4 Korean Patients



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Purpose: Non-melanoma skin cancers frequently arise on the nose, where reconstruction demands precise contour restoration. Korean patients present added complexity due to thicker, more sebaceous skin prone to alar distortion. This study evaluates outcomes of the dorsal nasal flap for nasal skin cancer defects in a Korean cohort.

Methods: A retrospective review of four Korean patients (3 female, 1 male; ages 66–86) who underwent wide excision followed by dorsal nasal flap reconstruction. Cancer locations included supratip (n=2), nasal tip (n=1), and alae (n=1), with post-excisional defects ranging from 1.4 to 2.6cm.

Results: All flaps were successfully transposed in a single stage with no revision required. No flap necrosis, infection, or alar distortion occurred. Patient satisfaction was high across color match, contour, and scarring.

Conclusion: The dorsal nasal flap is a reliable, single-stage reconstructive option for Korean patients, whose thick and sebaceous nasal skin often makes other techniques like skin grafting aesthetically inferior. Our findings suggest that for medium-sized distal nasal defects in this demographic, the dorsal nasal flap offers a predictable, complication-free, and highly aesthetic outcome.

Table 1. Summary of Patient Demographics, Clinical Characteristics, and Surgical Outcomes.

Case No.	Age/Sex	Diagnosis	Defect size (cm)	Location	Follow-up	Complications
1	71/F	BCC	1.4*1.3	Nasal ala	6 months	Minor pin-cushioning
2	66/F	BCC	2.6*1.5	Supratip	4 months	None
3	67/M	BCC	1.8*1.3	Supratip	4 months	None
4	86/F	BCC	1.7*1.7	Nasal tip	1 month	None

Note. M, male; F, female; BCC, basal cell carcinoma

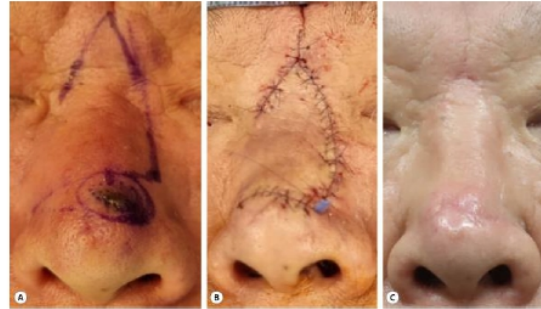


Fig. 1. Representative case of dorsal nasal flap reconstruction. (A) Preoperative view of a basal cell carcinoma on the nasal supratip with planned 5mm excision margins. (B) Immediate postoperative result following rotation and advancement of the dorsal nasal flap. (C) Clinical follow-up at 6 months showing favorable color match and minimal scarring without distortion.