**EP-098**

# 하안검 및 외안각에 발생한 피지샘암에 대한 복합 이식과 회전 피판술을 이용한 재건 : 증례 보고

(Sebaceous Gland Carcinoma of the Lower Eyelid and Lateral Canthus Reconstructed with a Composite Graft and Rotation Flap : A Case Report)

경희대학교 의과대학
성형외과학 교실

**차은총, 김영진, 범진식, 박준, 강상윤★**

**Purpose:** Sebaceous carcinoma (SC) a rare and aggressive malignancy, usually arising in the periocular region. The primary goal of reconstruction is to restore both function and aesthetics. While vascularized flaps combined with mucosal grafts are commonly used, these procedures can be technically demanding and time-consuming. Here, we introduce a case of successful reconstruction of lower eyelid and lateral canthus with composite graft and rotation flap.

**Methods:** An 85-year-old female presented with a persistent, firm, solitary nodule on the right lower eyelid visited our clinic. The size of tumor was 7x8mm with extension into the lateral canthus and the palpebral conjunctiva. A wide excision resulted in full-thickness defect involving the lateral canthus, upper and lower eyelid margins. A composite graft was harvested from the lateral aspect of contralateral lower eyelid. The posterior lamella of the graft was positioned in line with the conjunctiva margin, while the anterior lamella was rotated 90 degrees counterclockwise to provide more extensive skin coverage. Finally, the lateral canthal defect was reconstructed using a rotation flap.

**Results:** Permanent pathology revealed sebaceous carcinoma with tumor-free margins. There were no wound complications following the surgery. The horizontal palpebral fissure lengths for both eyelids were 25mm, indicating symmetry. This method successfully restored structural integrity and the lateral canthal contour.

**Conclusion:** Composite grafting is a valuable technique to avoid asymmetry compared to direct closure. It is also more convenient in reconstructing anterior and posterior lamella simultaneously. By combining it with a rotation flap, it can be effectively used in the reconstruction of lateral canthus and upper eyelid defects.

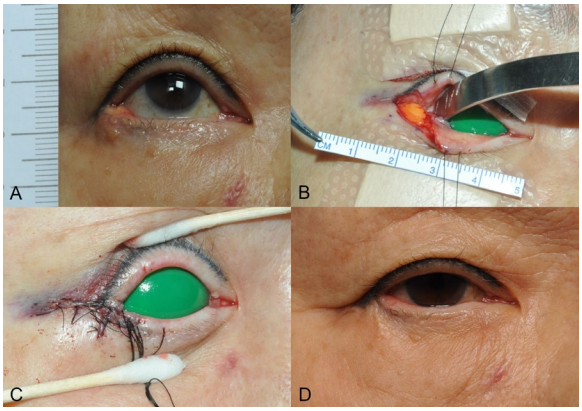


**Fig. 1.** Intraoperative and postoperative clinical photos (A) showing a solitary nodule in the right lower lid involving lateral canthus, (B) a full-thickness defect of upper and lower eyelid and lateral canthus, (C) the defect was reconstructed with composite graft combined with a rotation flap, (D) postoperative view at 6-month follow-up.

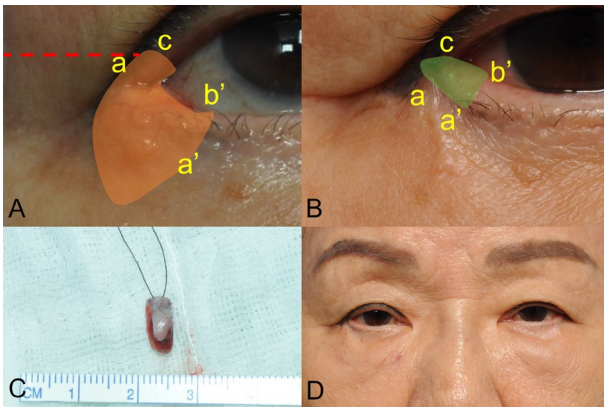


**Fig. 2.** Schematic illustration of a combined rotation flap and composite graft for lateral canthal reconstruction. The orange-shaded area indicates the primary defect, and the green-shaded area represents the composite graft. The red dotted line indicates the additional incision line for the rotation flap (A, B). A harvested composite graft with a horizontal length of 5 mm (C). Postoperative view at 6 months, demonstrating favorable symmetry of both eyelids and palpebral fissure length (D).