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개 교상 후 발생한 복합 상순 결손에 대한 점막 V-Y 전진 피판과 비순구 회전 피판을 이용한 재건

Subunit-Based Reconstruction of a Composite Upper Lip Defect Using a Mucosal V-Y Advancement Flap and Nasolabial Fold Rotational Flap Following Dog Bite Injury

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Purpose: Reconstruction of complex upper lip defects requires restoration of oral competence, anatomical continuity, and aesthetic harmony while respecting distinct lip subunits. Traumatic defects involving both the vermilion and adjacent cutaneous upper lip present significant reconstructive challenges. This case reports the functional and aesthetic outcomes of subunit-based reconstruction using a mucosal V-Y advancement flap combined with a nasolabial fold rotational flap following a dog bite injury.

Methods: A 64-year-old man presented with a 3 × 4 cm composite defect involving the left upper lip vermilion and adjacent cutaneous philtral column. Following initial wound care and infection control, definitive reconstruction was performed. The vermilion was reconstructed using a mucosal V-Y advancement flap to restore lip height and continuity, while the cutaneous upper lip and philtral column were reconstructed using a nasolabial fold rotational flap. Each aesthetic subunit was reconstructed individually according to its tissue characteristics. Flap inset was performed with meticulous alignment to the contralateral white roll and philtral landmarks to restore anatomical symmetry and continuity.

Results: Postoperative healing was uneventful, with no complications such as infection, wound dehiscence, or flap necrosis. At postoperative 1-month and 6-month follow-up, stable wound healing and satisfactory symmetry were observed

Oral competence was fully preserved, with no drooling or functional limitation. The reconstructed vermilion demonstrated good color and contour match, and the overall aesthetic outcome was favorable.

Conclusion: Subunit-based reconstruction using a mucosal V-Y advancement flap combined with a nasolabial fold rotational flap enables precise anatomical restoration and reliable functional preservation.

Fig. 1. Initial presentation.

Fig. 2. Immediate postoperative view.

Fig. 3. Postoperative 1-month follow-up.

Fig. 4. Postoperative 6-month follow-up demonstrating preserved oral competence.