

# Total lower lip reconstruction by the Webster - Bernard type bilateral full thickness triangular cheek advancement flap for a defect created by the excision of a capillary haemangioma

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**Key words:** Lip reconstruction; Webster Bernard; capillary haemangioma

### Introduction

The lips are of great functional importance in day to day activities. The lack of any substantial fibrous framework, unique colour, texture, elasticity and lack of satisfactory prosthesis make reconstruction challenging. Therefore local tissues provide the best results [1].

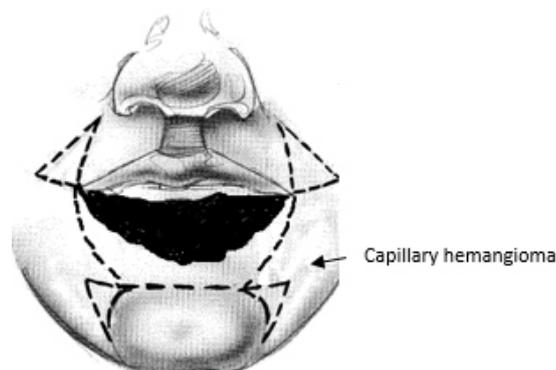
### Case presentation

The patient was a 66 year old male, who had a capillary haemangioma which was growing for 16 years to involve the entire lower lip (figure 1). The flap design was made by marking the length of each cheek limb which was taken as one half of the length of the lower lip lesion.

Adrenaline was injected to the upper and lower flap markings prior to the incision, which was then extended up to the level of the mucosa. Burow's triangles were resected along with the upper skin incision. The mucosal resection margin was placed 2-3mm superior to the skin incision margin. Then the mucosa was sutured to the skin creating the vermilion border.

### Discussion

The Webster-Bernard flap is a useful reconstructive option for the lip defects created by surgical procedures involving the lip [1]. Possible complications includes early post operative wound dehiscence, notching of the middle part of the lip and gapping of the gingivobuccal sulcus [2]. Since it is an adynamic reconstruction, care should be taken to keep adequate tension in order to maintain oral competence specially when it used for the lower lip. Wael Hussein Mahmoud M. D. in his retrospective analysis of 15 patients reports that excellent outcome in terms of flap survival and microsomia while 13% of temporary incontinence to oral fluids with full recovery after 8-10 weeks of follow up [3]. Previous surgeries involving head and neck dissections can



**Figure 1.** Capillary haemangioma



**Figure 2.** The medial edges of each flap were insert with a three-layer closure

hamper the micro circulation in the face which needs special attention before planning the surgery [2].

All authors disclose no conflict of interest. The study was conducted in accordance with the ethical standards of the relevant institutional or national ethics committee and the Helsinki Declaration of 1975, as revised in 2000.

### References

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