

Letter to the Editor / Editöre Mektup

Giant Hairy Nevi Excision Defect Repair with Perforator Flap

Perforator Flap ile Dev Kılaklı Nevüs Eksizyon Defekti Onarımı

Yakup ÇİL

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Dear editor;

Giant hairy nevi (GHN) may cover a large skin surface area, and patients are often referred for excision due to cosmetic concerns as well as the associated risk of malignant degeneration.^[1] Studies have shown that most cases of prepubertal metastatic melanoma associated with giant hairy nevi occur in the first three to five years of life.^[2] Therefore, these lesions should be excised as early as possible. There are numerous surgical options to resurface the resultant cutaneous defect after excision of the nevus.^[3] The simplest of these options consists of serial excision and direct closure of the defect in stages.^[3] However, if the defect cannot be closed by direct cutaneous advancement, other options for wound resurfacing include split- or full-thickness skin graft, tissue expansion, and free tissue transfer.^[3] Most cases of GHN are treated with tissue expanders. This process may be painful and time-consuming for the patient, requiring multiple procedures and visits to the office for serial expansion.^[4] A 20-year-old man was admitted to our clinic due to a giant hairy nevi on his left scapula (Figure 1). The patient did not want skin grafting, and expander usage. Patient was especially concerned about hairy region of GHN. We decided to use a thoracodorsal perforator flap (TDPF) after the GHN was excised and the defect created. Maximal dimensions of TDPF (25X8 cm) were planned (Figure 1). The patient was positioned in the lateral decubitus position with the arm in 90 degrees of abduction under general anesthesia. Flap skin perforator was preserved and transferred to the defect in the same way as a pedicular fasciocutaneous flap. Histopathologic examination of the specimen revealed a compound melanocytic nevus without malignant degeneration. The patient recovered smoothly after surgery,



Figure 1. Preoperative view of giant hairy nevi (above, left). Thoracodorsal perforator flap (TDPF) plan is seen (above, middle). TDPF and perforator vessel (arrow) is seen (above, right). After GHN was excised (inset figure) and flap is seen (below, left). Postoperative view of TDPF: one week (below, middle), six months (below, right). Abbreviations: TDPF: Thoracodorsal perforator flap, LDM: Latissimus dorsi muscle.

and the recipient site contour was smooth and natural (Figure). Since 1995, the thoracodorsal artery perforator flap has been widely investigated and researched in reliable anatomical landmarks for identification of skin perforators in clinical usage.^[5] The well known perforator flap may be a useful option for large defects created by excisional biopsy. To the best of our knowledge; we present the first report of perforator flap usage for reconstruction of giant hairy nevi excision defect. Surgeons should consider alternative surgical techniques for giant hairy nevi treatment.

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