

March 2021: Quality of life, dermatologic surgery, and the forehead flap



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In this issue of *JAAD International*, Felcht and Wetzig highlight that the traditional 3-4 week delay before pedicle division for the paramedian forehead flap may not be necessary in select patients.¹ Dermatologic surgeons rely on staged reconstruction when approaching defects that may benefit from regional flap repairs; while nasal reconstruction with the forehead flap provides outstanding tissue match and volume restoration, patients are sometimes reluctant to consider this repair option when faced with the prospect of caring for—and looking at—a bulky pedicle for several weeks. The authors found that some patients with clinical engraftment can undergo pedicle division in as little as 1 week.

Future studies, potentially employing advanced imaging techniques, may help establish clinical criteria that could be used to permit consistently safe early division, though it will be important to carefully consider appropriate outcomes, such as degree of vascularization, long-term edema and cosmesis, and the ability to thin the flap, when designing such studies. Indeed, while division may

be possible after one week, the aggressive thinning that could help with long-term cosmesis (and potentially abrogate the need for a third stage) cannot be safely performed at this timepoint.² Still, since some have suggested that flap thinning should always occur months later at a third stage, when this approach is planned it may be reasonable to consider early division in select cases—though further research will be needed before early division can be broadly advocated.³

Conflicts of interest

None to report.

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