

Fig 2. Flap for benign skin lesion of the scalp.

designing may help in understanding skin biomechanics.

*Rakesh K. Sandhir, MCh
C-31/Z1, Block C
Dilshad Garden
Delhi-110095
India*

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Modified Quadrapod Flap

We would like to submit a modification of the quadrapod flap technique [1, 2] for the reconstruction of the nipple, supplemented by reconstruction of the areola with skin grafting from the upper inner thigh, which offers skin with a tan similar to that of the areola [3].

The procedure is performed in the practice under local anesthesia and lasts about 45 minutes, including harvesting of the skin graft.

The position and size of the nipple-areolar complex is determined according to the opposing nipple in the standing and supine positions, and its size is set to 4 to 5 cm. We

cut an electrocardiographic pad to the shape and size of the areola to help determine the exact position of the new nipple-areolar complex.

After harvesting a full-thickness skin graft from the upper inner thigh, we proceed with the design of the flap (Fig). The peripheral ring is deepithelialized, the width of the ring depending on the desired size of the areola. We proceed with the deepithelialization of the shaded triangular areas. The four wings of the flap are elevated retaining their medial attachment and a transverse circular incision is performed on the dermis, which is deepened through the subcutaneous tissues until the whole complex can be elevated without resistance, taking care not to detach it.

The wings of the flap are sutured together in their lower eight corners with absorbable 6/0 sutures. The future areola is covered with the skin graft.

We have applied our technique on 54 patients (57 breasts): 48 patients (51 breasts) reconstructed with permanent tissue expanders and 6 patients reconstructed with the latissimus dorsi musculocutaneous flap. Our results are very satisfying in regard both to nipple projection and areola pigmentation.

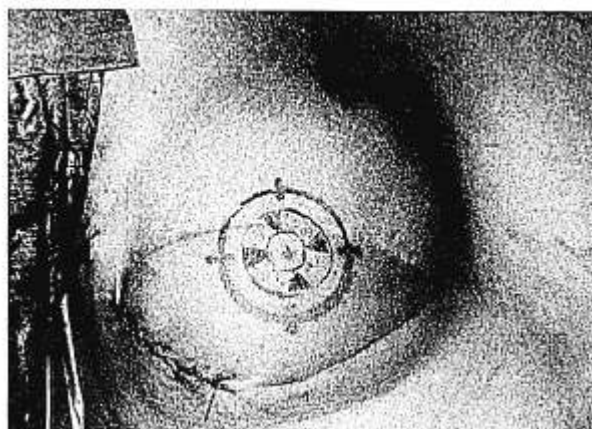
*A.D. Mandrekas, MD
G.J. Zambacos, MD
ARTION Plastic Surgery Center
11 Dem. Vassiliou Street
N. Psychiko
Athens 15451
Greece*

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Re: Rectosigmoid Neocolpopoiesis for Male-to-Female Transsexuals: Amsterdam Experience

With interest we read the comments of Dr Laub and coworkers (*Ann Plast Surg* 1996;36:662-663) regarding our article on the Amsterdam experience in rectosigmoid neocolpopoiesis for male-to-female transsexuals (*Ann Plast Surg* 1996;36:388-391). Laub's view on gender-confirming surgery is highly valued



Design of the flap.