



# BILOBED FLAP

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# Learning Objectives

- Discussion of bilobe flap construct
- Review of multiple clinical sites for utilization of this flap
- Bilobe flap utilization in digital mucoid cyst pathology

- I or related party have no financial relationship(s) to disclose

# LOCAL RANDOM FLAPS:

(ROTATION, ADVANCEMENT,  
TRANSPOSITION FLAPS)

## INDICATIONS:

- **FOR SMALL DEFECTS: 2 - 4 CM. DIAMETER**
- **LENGTH TO WIDTH RATIO: 1.5 TO 1**
- **BLOOD FLOW INTO BASE OF FLAP**



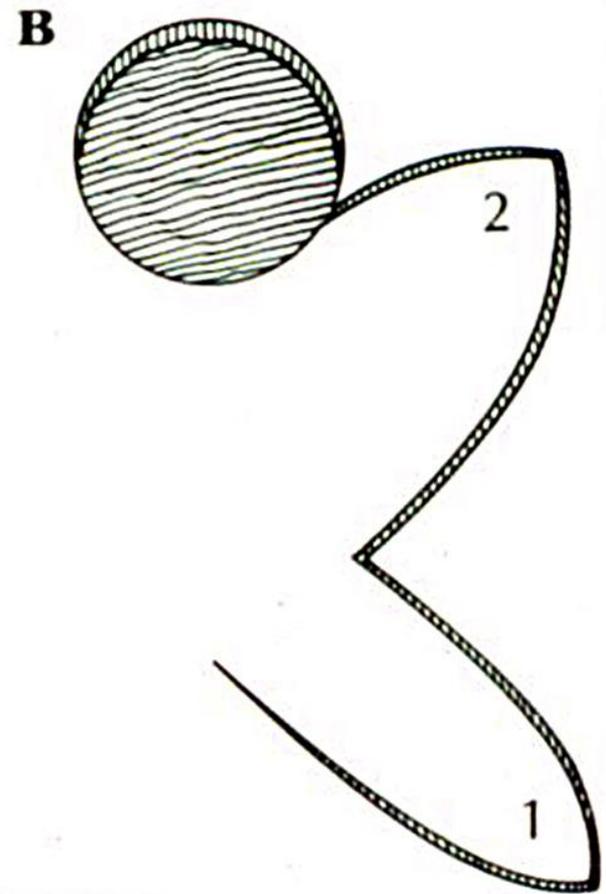
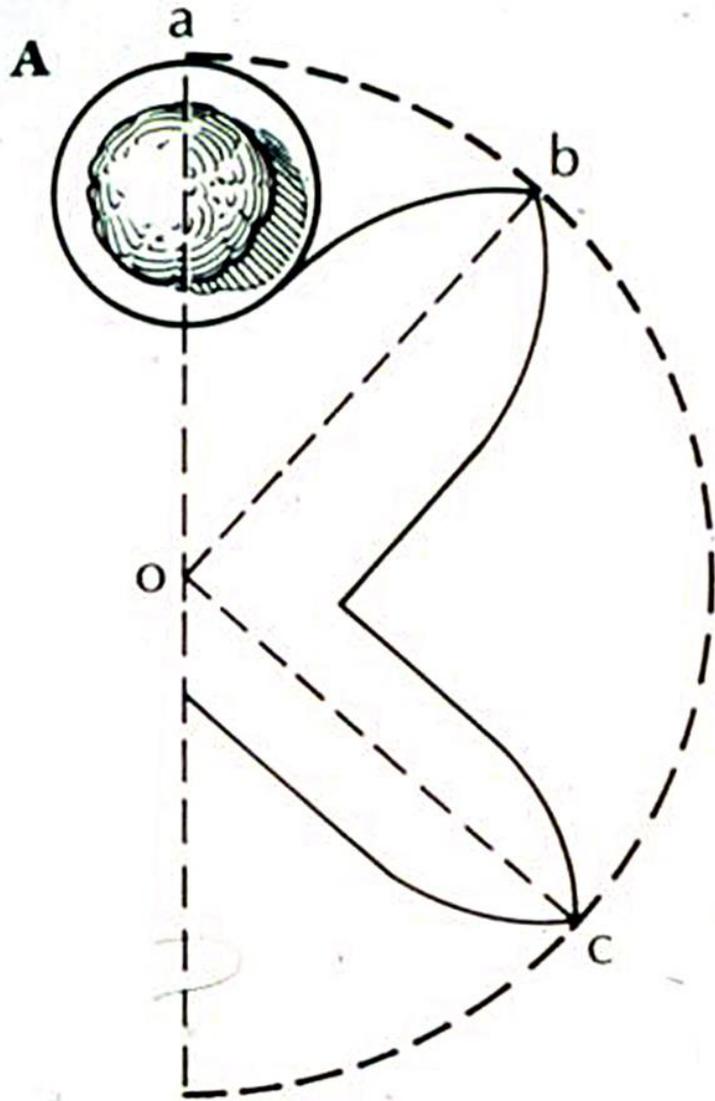
# **BILOBED FLAP**

- **FIRST FLAP**

- **SLIGHTLY SMALLER THAN DEFECT**

- **SECOND FLAP**

- **AT 90° TO FIRST FLAP**
- **1/2 WIDTH OF FIRST FLAP**
- **LOCATED IN LOOSE SKIN**



# Random Flap

- Circulation to random flap is provided in a diffuse fashion via tiny vascular connections from pedicle to flap
- Length:width ratio should be less than 3:1 without Doppler confirmation

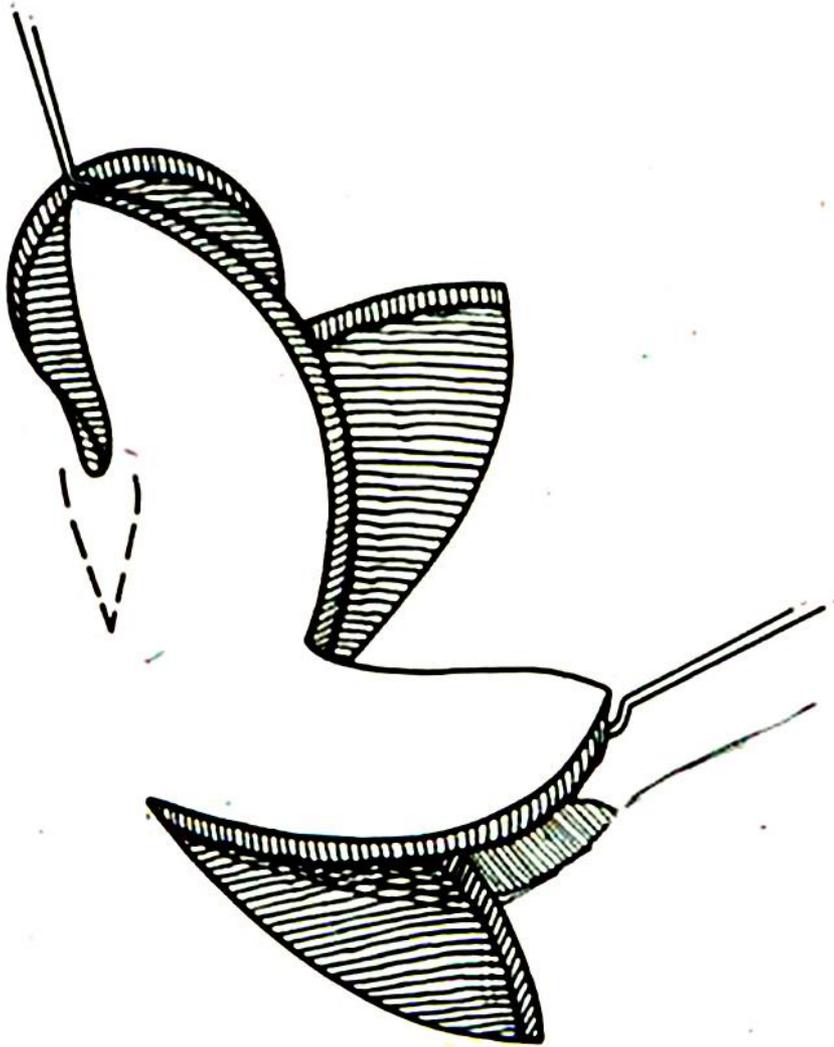
# Bilobed Flap

- Atraumatic technique is key
- Do not narrow base of flap
- Distal tip of flap in greatest jeopardy
- Too many sutures can cause ischemia
- Be careful with sutures near base of flap
- Tissue extensibility

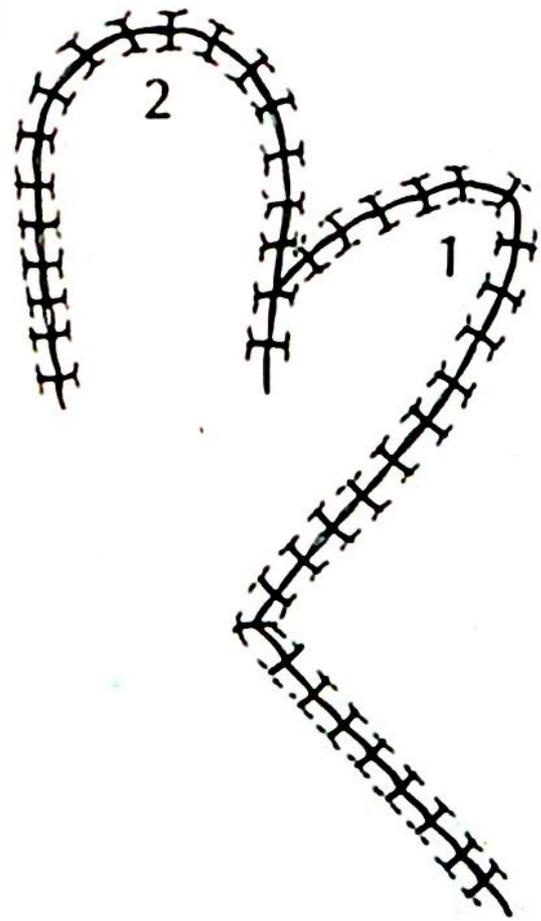




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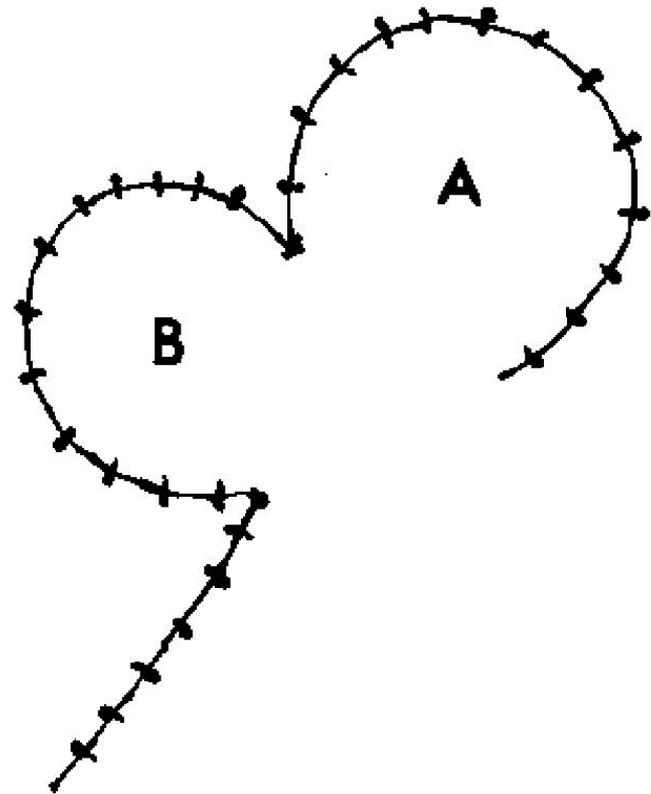
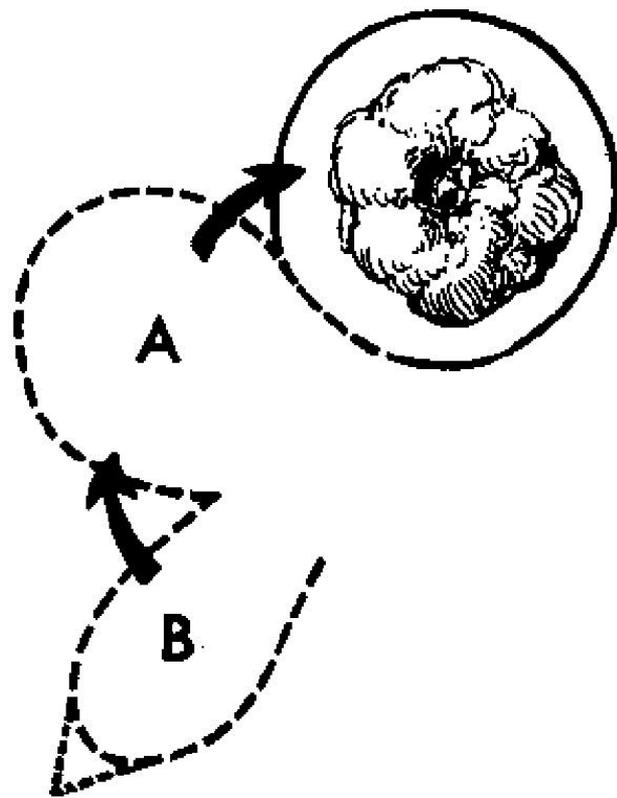




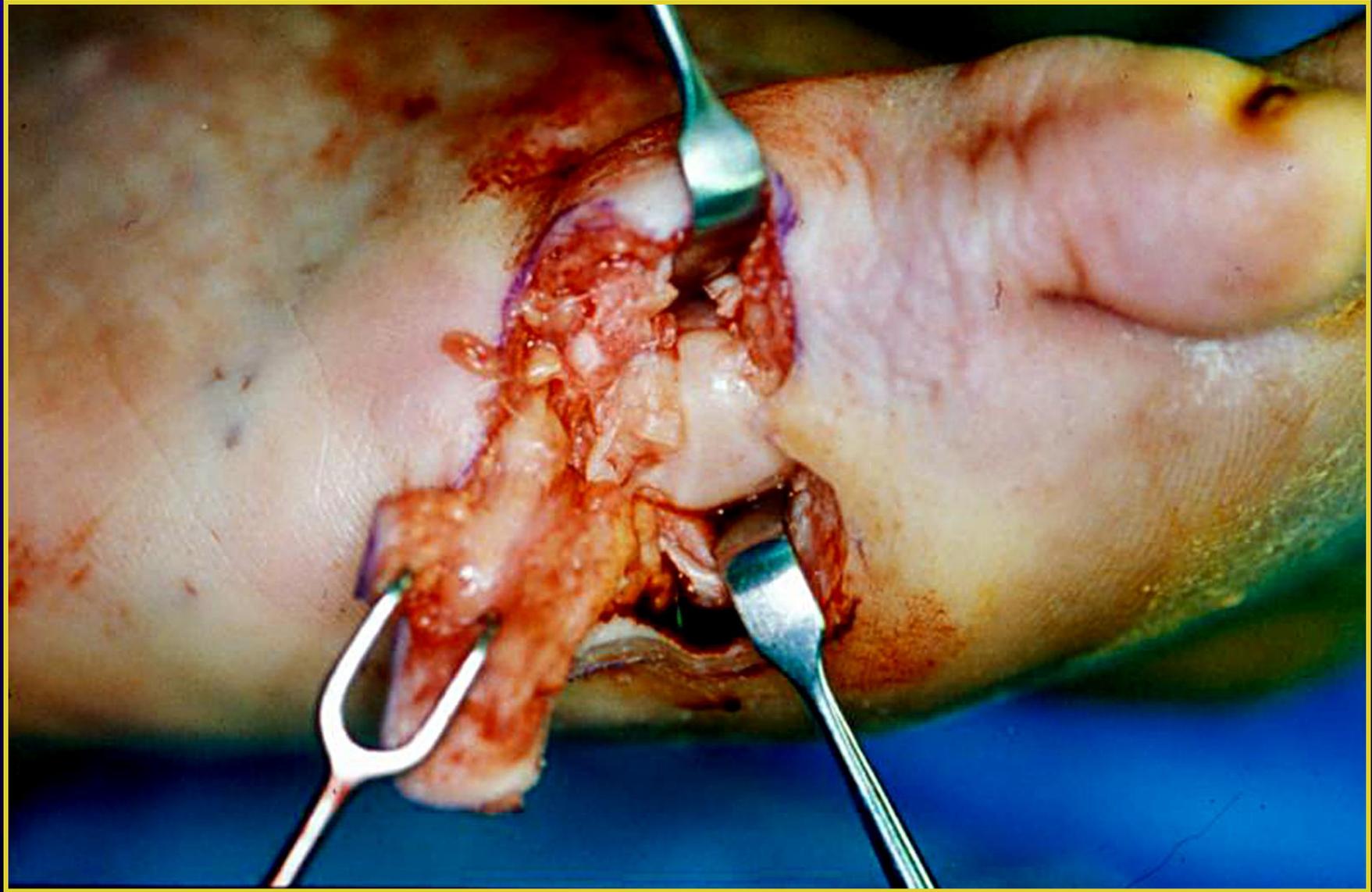






















# Digital Muroid Cyst Excision by Using the Bilobed Flap Technique and Arthroplastic Resection

Peter A. Blume, DPM, FACFAS,<sup>1</sup> J. Christopher Moore, DPM,<sup>2</sup> and David C. Novicki, DPM, FACFAS<sup>3</sup>

*There are a number of proposed causes and treatment approaches for digital muroid cysts. The described treatment outcomes for this cyst have been variable, with the highest success rate reported with complete excision and single-lobe skin flap closure. This report describes a bilobed flap reconstruction in conjunction with resection of the head of the middle phalanx. A retrospective review was undertaken to evaluate the recurrence rate, complications, and patient satisfaction with this combined procedure. Fifteen patients with an average follow-up of 4.6 years were evaluated. There were no recurrences, flap failures, or other major complications. The use of this flap allows for greater exposure than traditional semi-elliptical incisions while allowing the wide excisional defects to be closed primarily. (The Journal of Foot & Ankle Surgery 44(1):44-48, 2005)*

Key words: bilobed flap, muroid cyst, interphalangeal arthroplasty



# Muroid Cyst

- Proximal Nail Fold
  - Usually not directly confluent with IPJ or tendon sheath
  - Fibroblast proliferation within dermis ↑ in hyaluronic acid production
    - Leading to focal cutaneous mucinosis and cyst formation

# Muroid Cyst

- Lesion on dorsal or dorsal-lateral IPJ
  - Causes herniation of tendon sheath or joint lining
    - Similar to ganglion















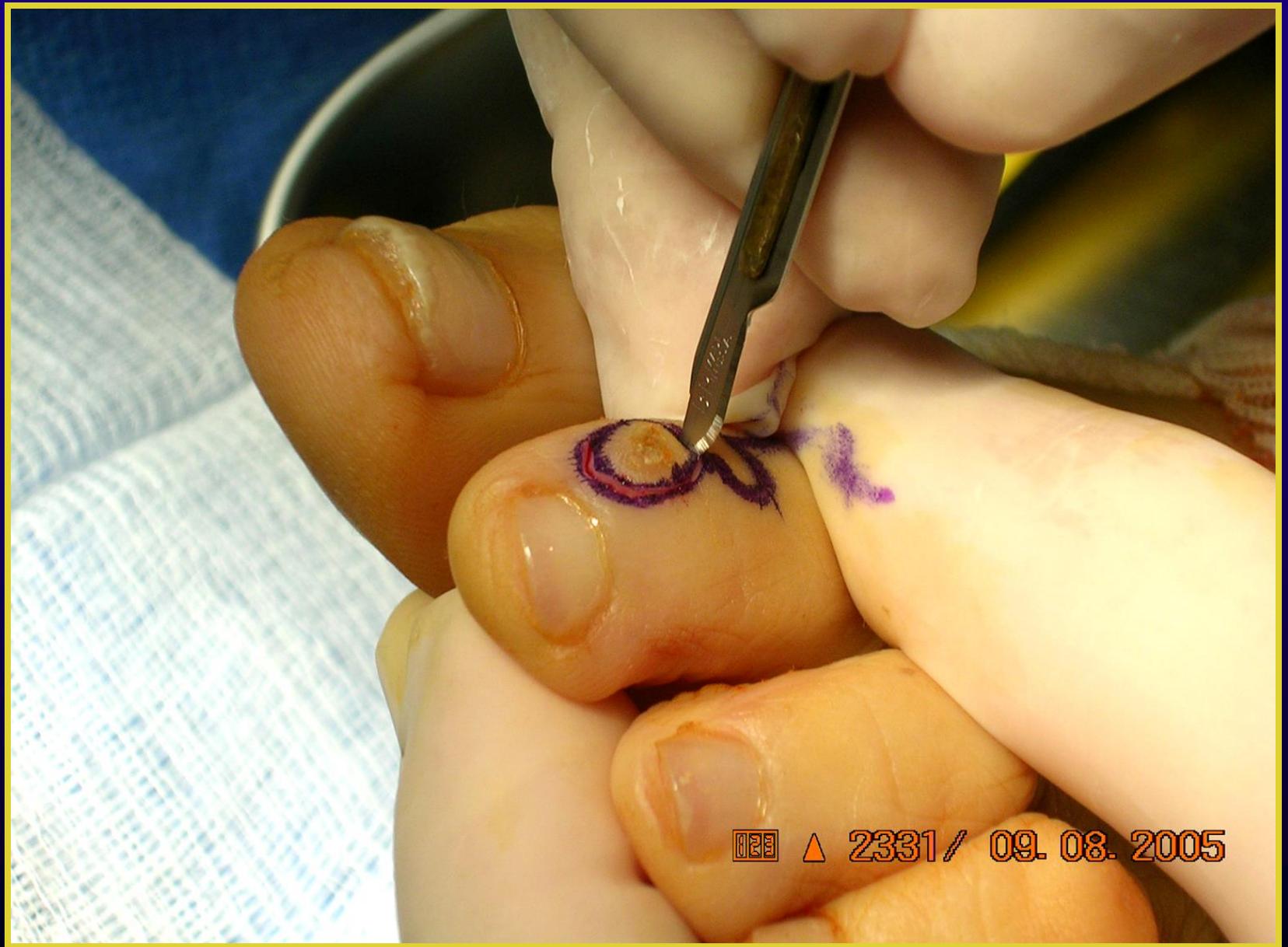




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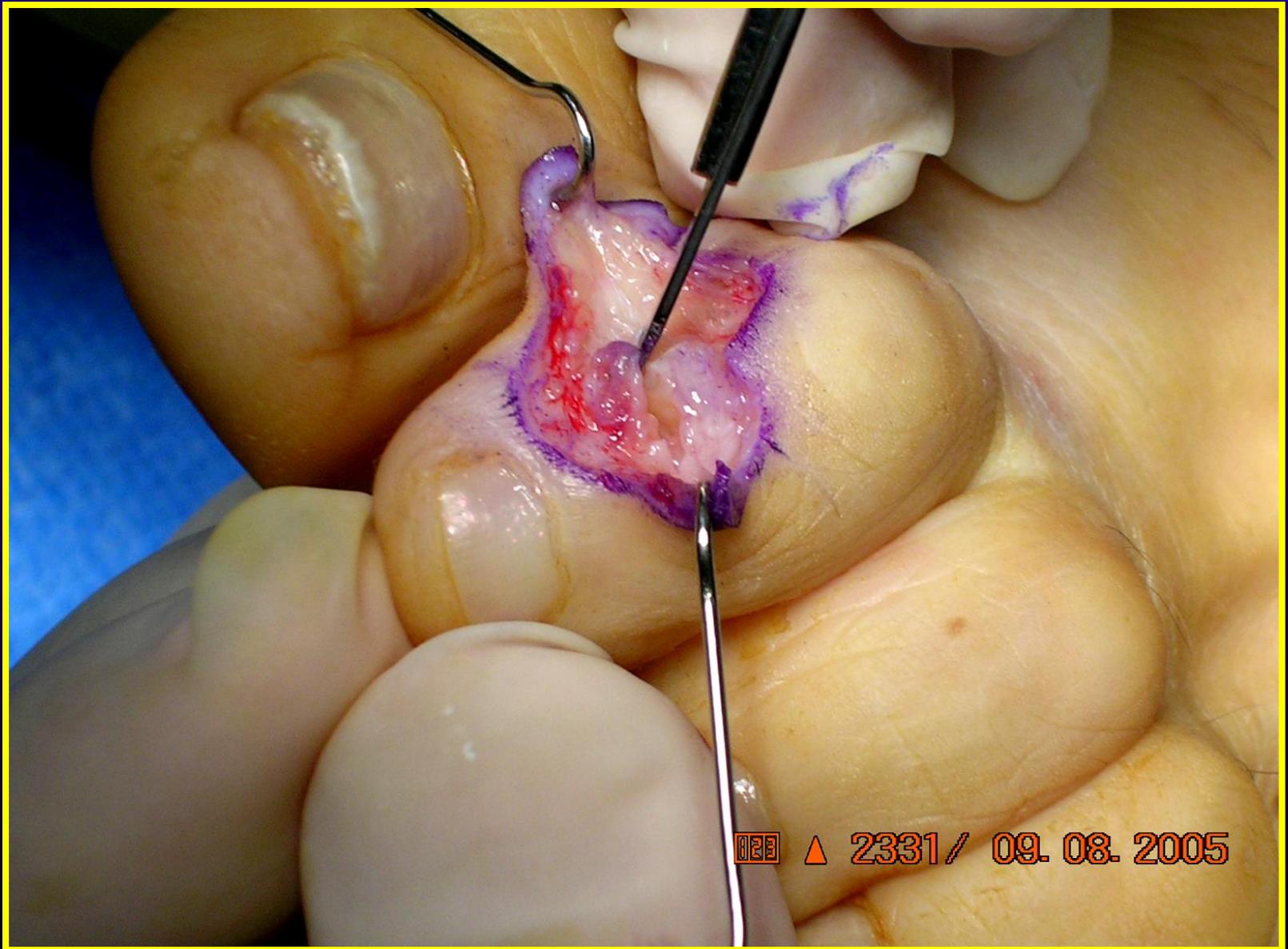
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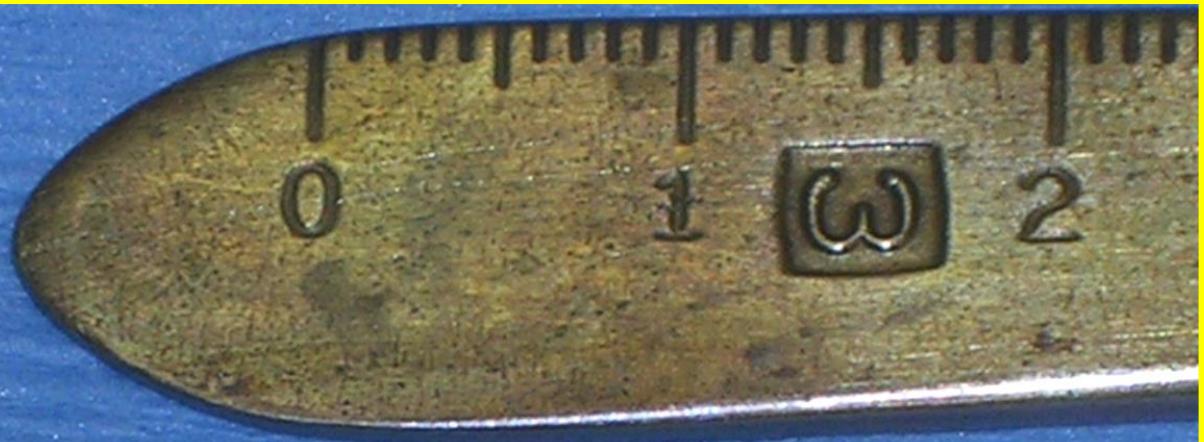
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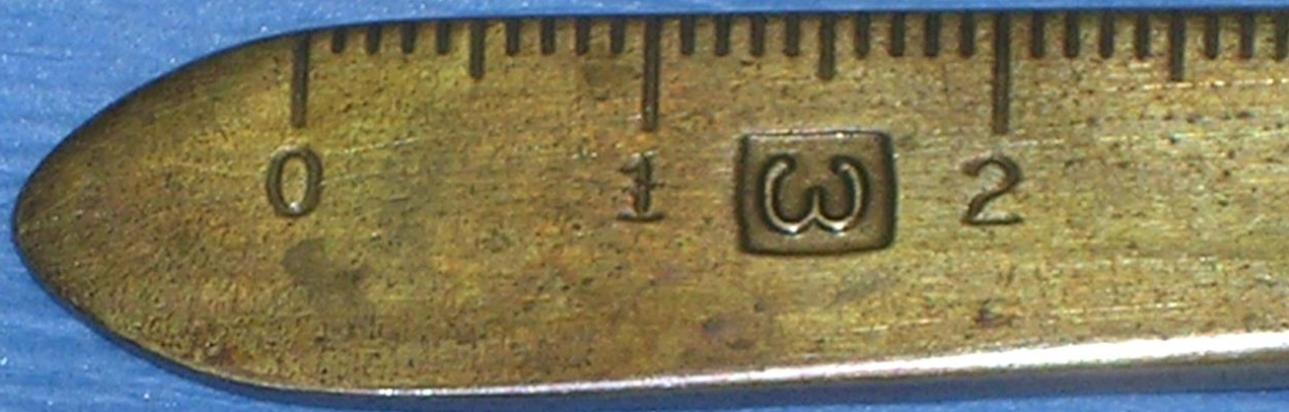
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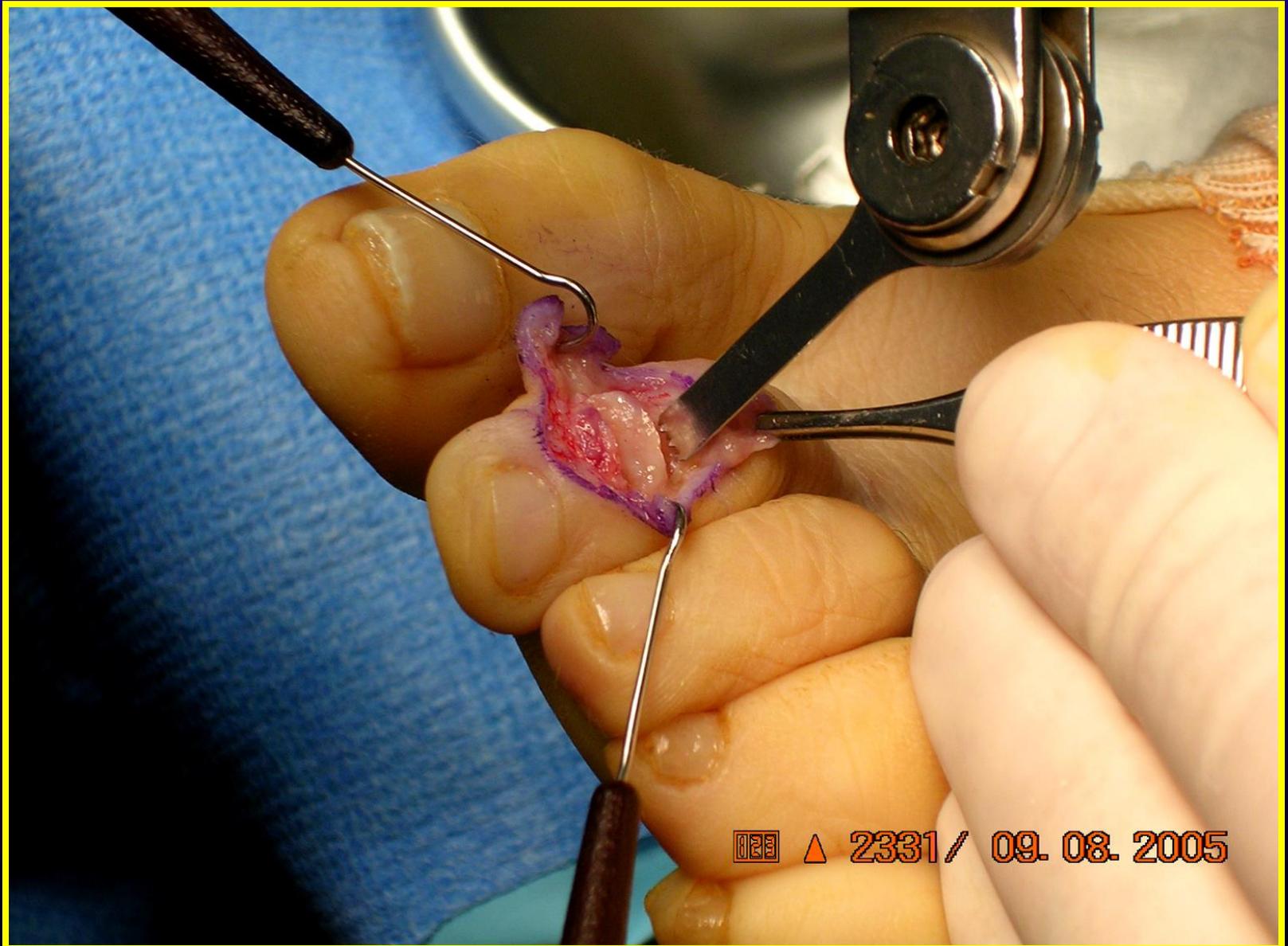
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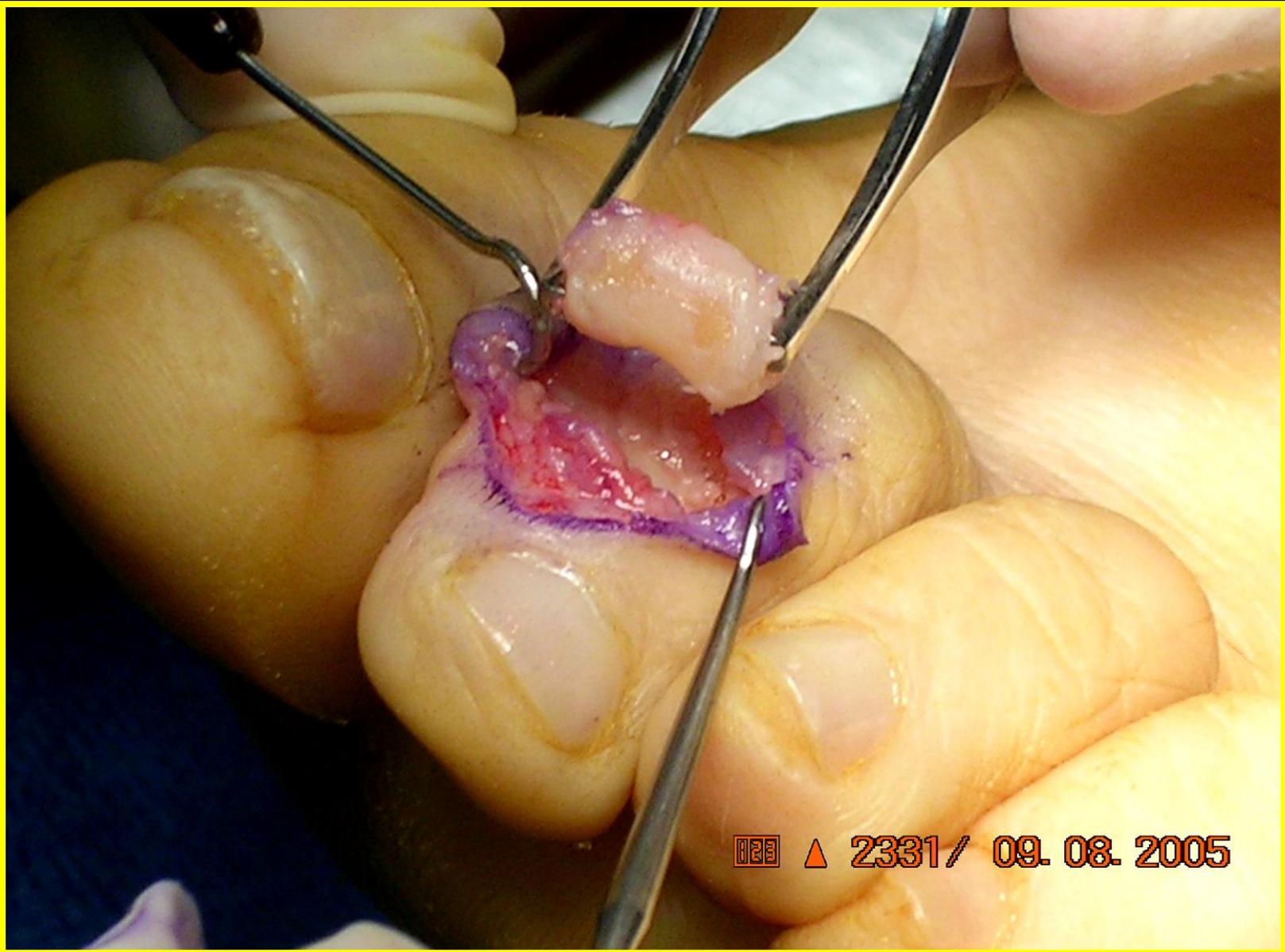
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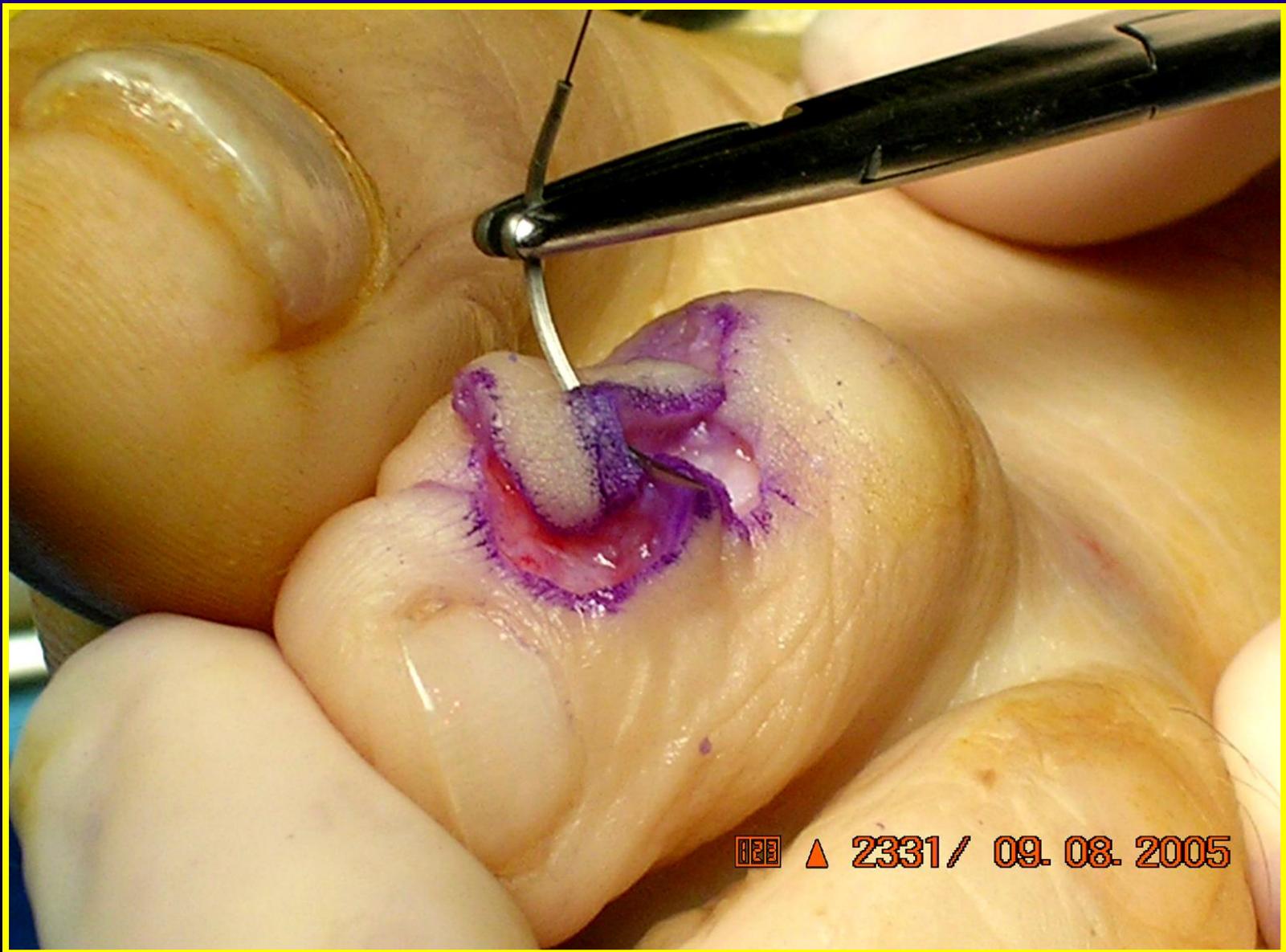
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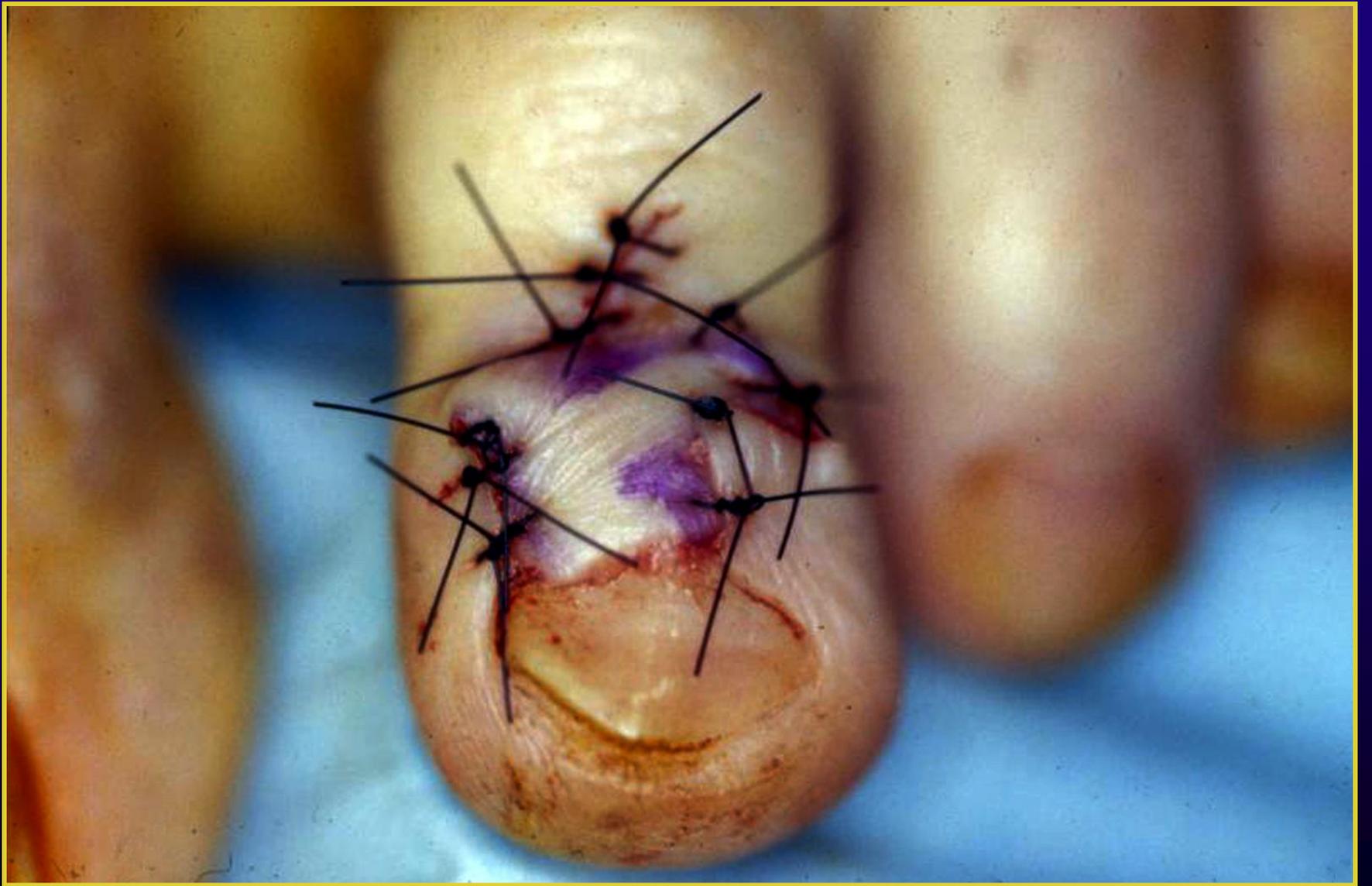
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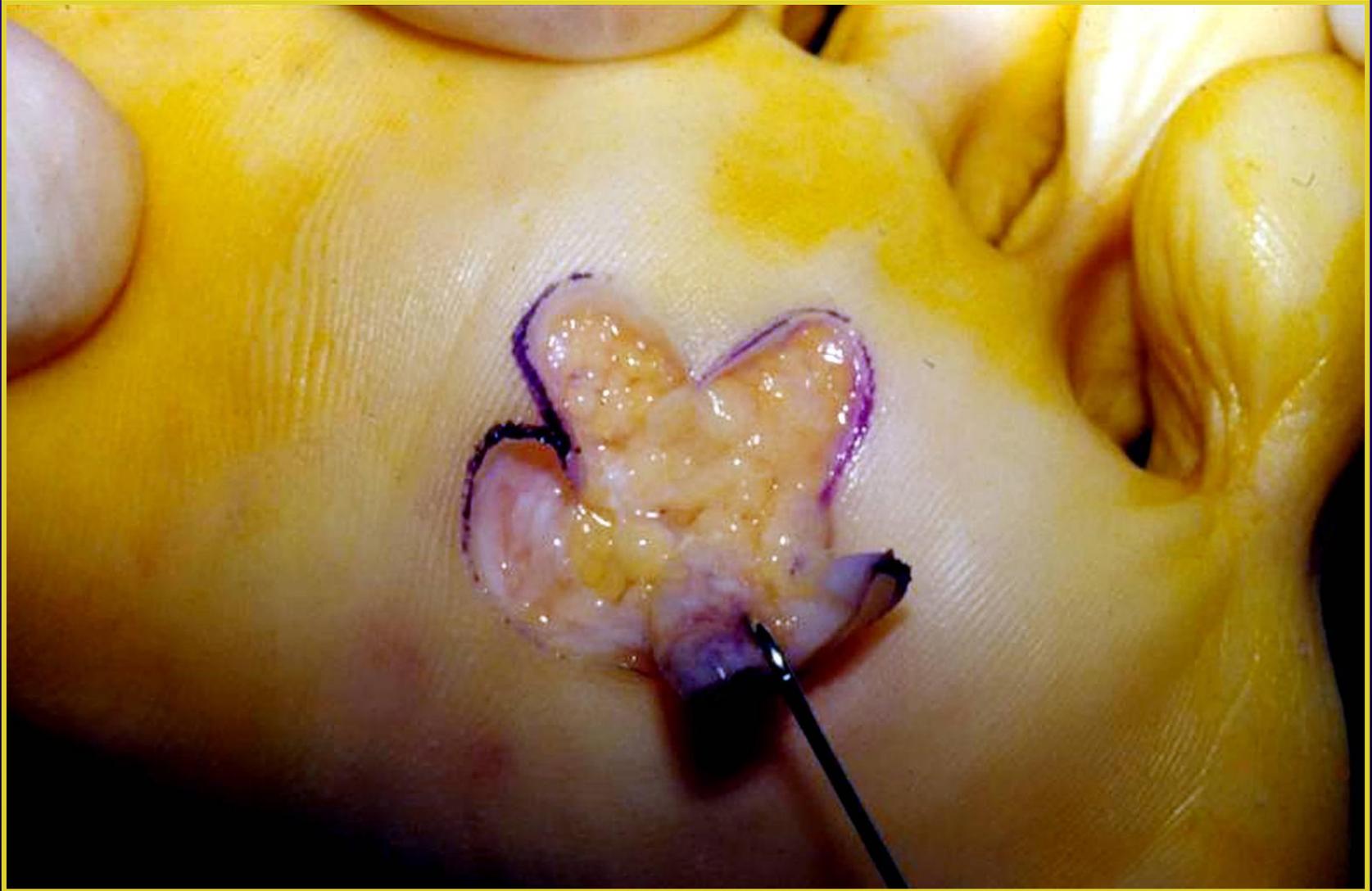


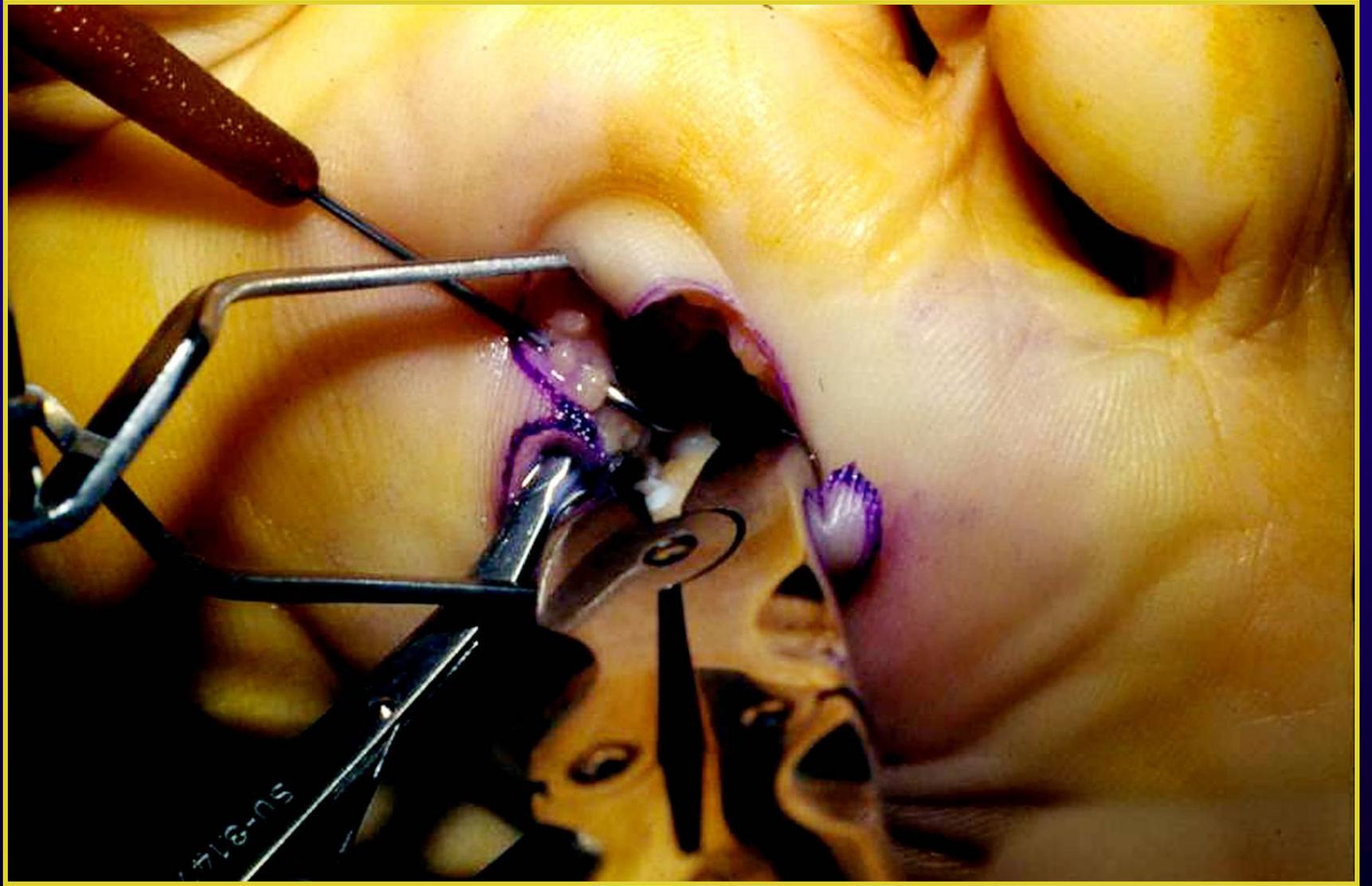




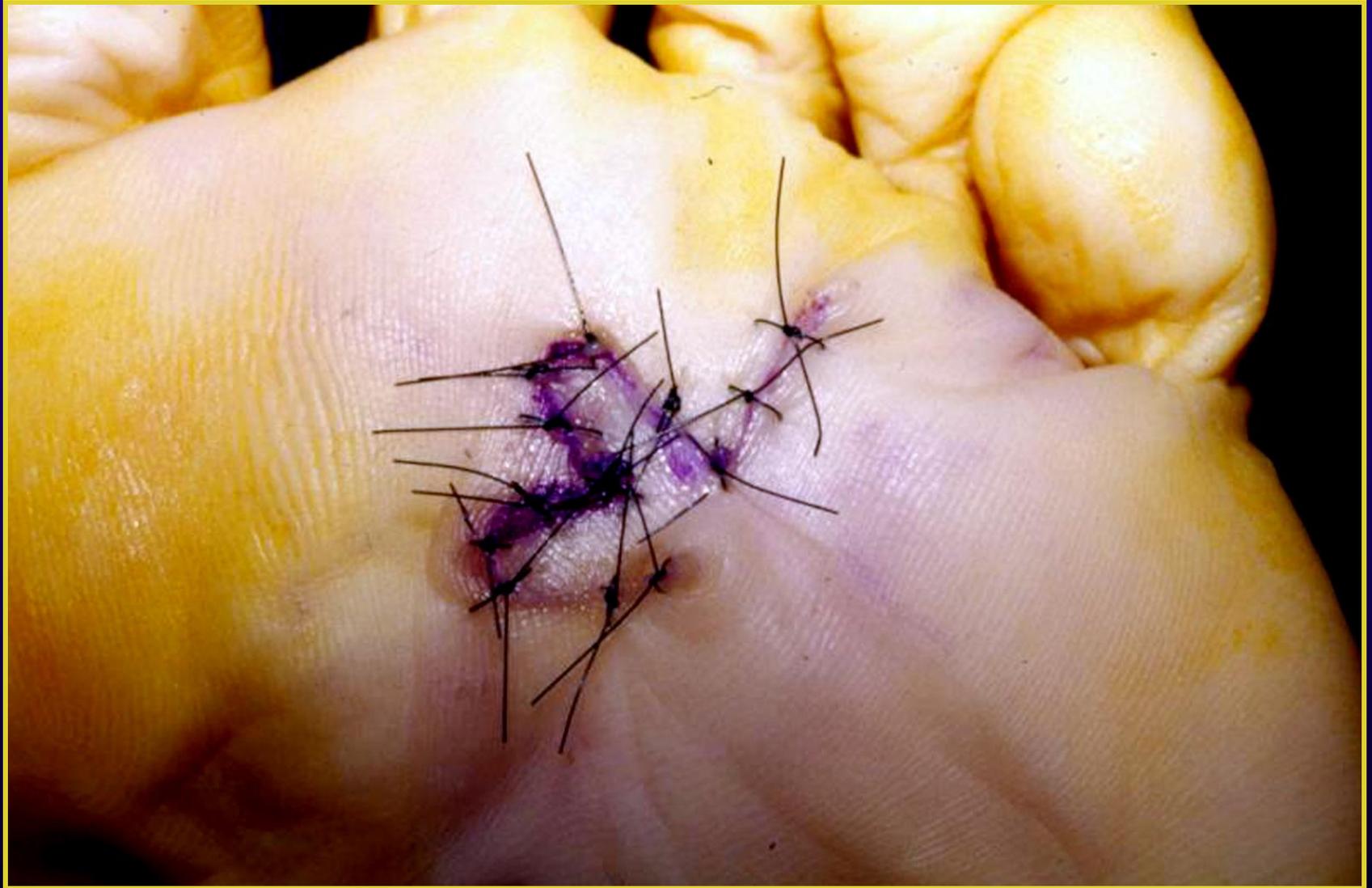
















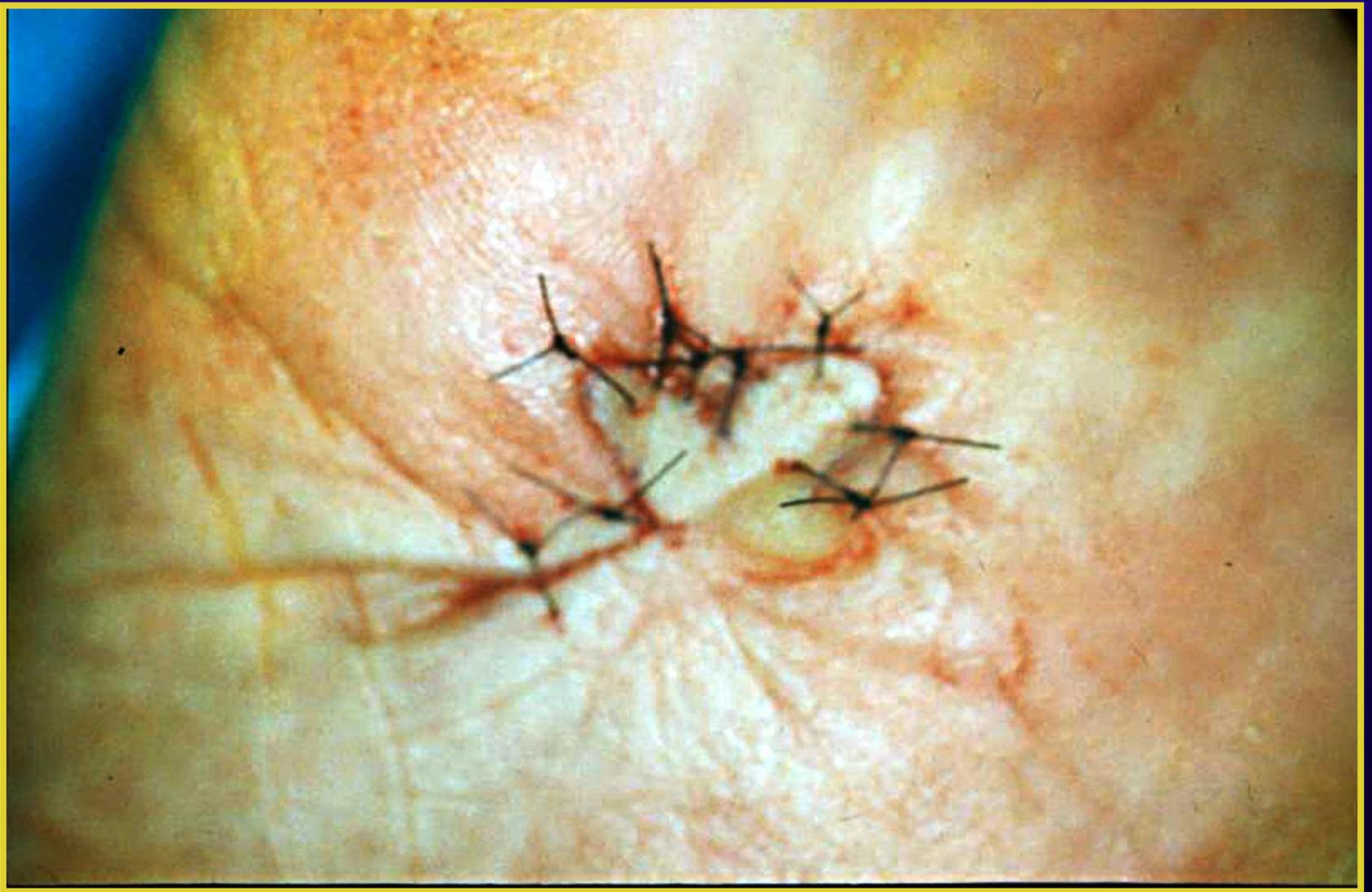












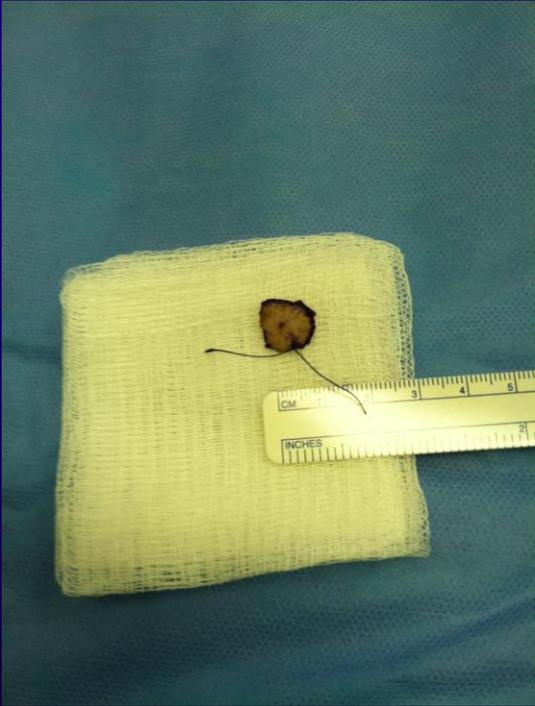












- Mark anatomic position with suture for orientation purposes

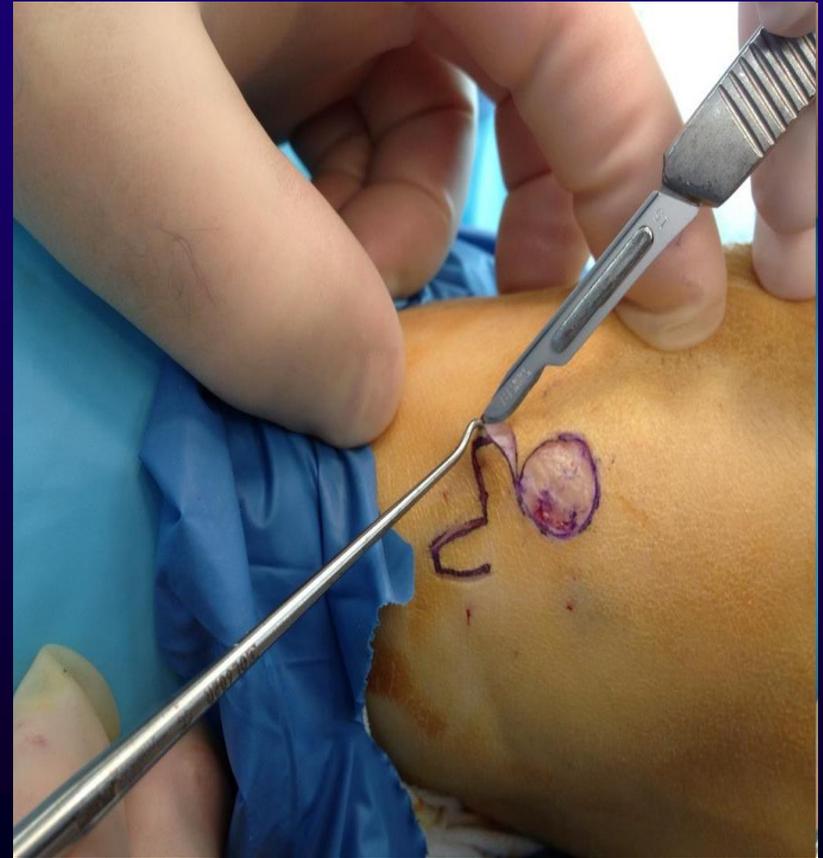
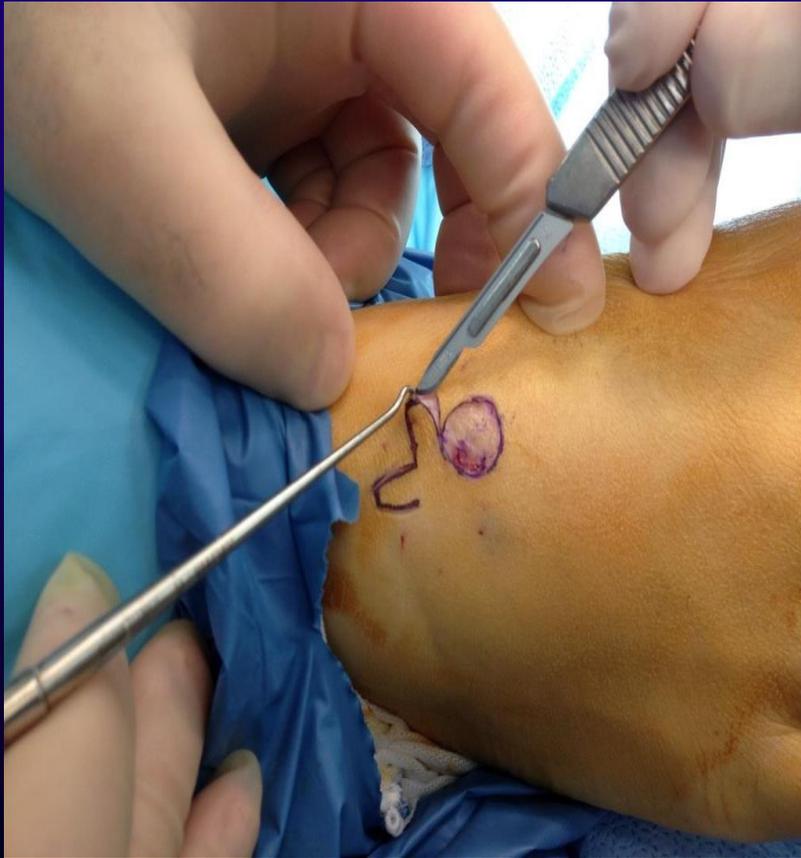




# Pigmented Lesion



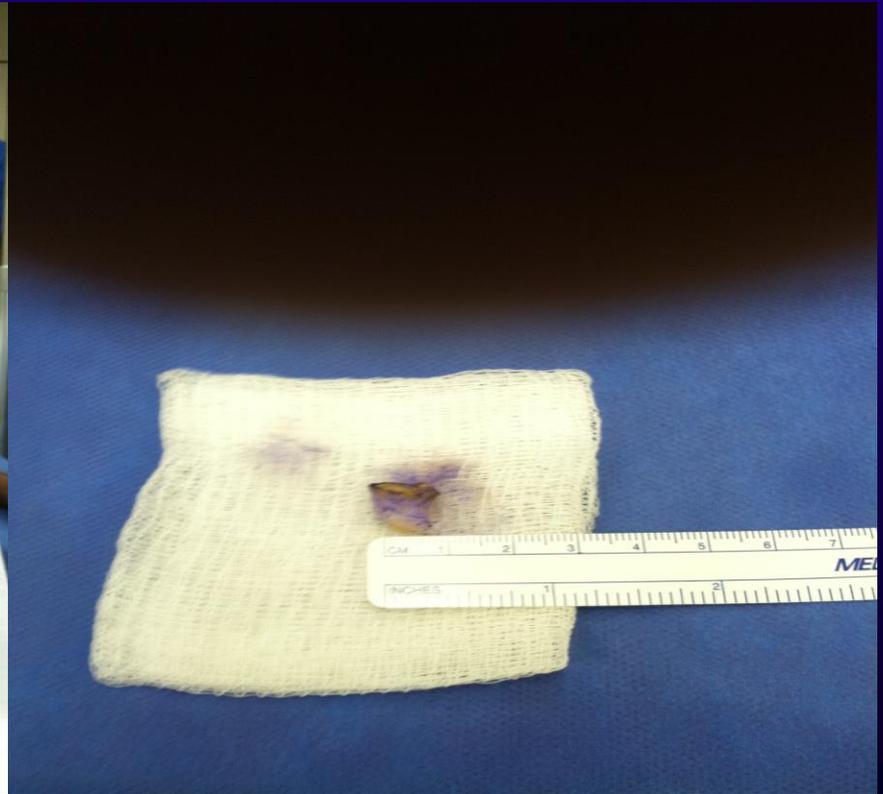
# Pigmented Lesion



# Pigmented Lesion



# Foreign Body



# Foreign Body



# Foreign Body





# **RHOMBOID (LIMBERG) FLAP**

## **● DESIGN**

- 4 EQUAL LENGTH SIDES WITH 60° AND 120° ANGLES**
- SHORT DIAGONAL LENGTH EQUAL TO SIDE LENGTH**
- DESIGN IN LOOSE SKIN**
- 4 POSSIBLE FLAPS ARE POSSIBLE**

