



**EXCISION OF BASAL CELL CARCINOMA AT DORSUM OF NOSE AND NASASANDHANA (REPAIR WITH ZITELLIS BILOBED FLAP METHOD)- A CASE STUDY**  
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**ABSTRACT:**

*Sandhankarma* as explained by *Aacharya Sushruta* is a very old scientific method of surgical repair which can be compared with the plastic surgery or reconstructive surgery in recent times. The advancement of plastic surgery is closely related and based on operative techniques used in ancient India. *Acharya Sushruta* has explained *Sandhankarma* in *Sutrasthana*. *Sushruta* has also explained *Nasasandhana* in *Sutrasthana*. Basal cell carcinoma is a type of skin cancer which is locally destructive and spreads to adjacent structures. Present patient had complaints of non-healing ulcer on nose since last one year. Ulcer was classical basal cell carcinoma clinically, ulcer of size 1×1cm, at supra-tip area of nose, raised/ everted edges with blackish brown discolouration. Granulation at floor of ulcer and firmly adherent to underlying tissue, no on touch bleeding, not with much inflammatory signs. No lymphadenopathy, no vascularization in surrounding area.

**Keywords:** Basal cell carcinoma, *Sandhankarma*, Zitellis bilobed flap method

## INTRODUCTION:

*Shalakyatantra* is a branch of *Ashtanga Ayurveda*. It deals with diagnosis and treatment of disease above neck organs, such as eyes, ears, nose, mouth and head. *Sushruta* is supposed to be the pioneer of plastic surgery. He has already explained rotational flap method to fill gap of skin loss. He has explained *Nasasandhana* for split nose by taking pedicle flap from cheek/scalp.<sup>[1]</sup> *Sushruta* the father of surgery, highlighted detailed account of surgical disease, especially wounds. The causes, types, patterns, treatment, prognosis and almost everything regarding wound has been mentioned in details in *Sushruta samhita*.<sup>[2]</sup> There are several basic principles or *Siddhanta* of *Sushruta* which are root of today's surgery. *Sandhan-upakrama* is one of the sixty measures of treatment described for wound called *Shasti Upakrama*, which is enlightened by *Sushruta*.<sup>[3]</sup> *Aacharya Dalhana* well known commenter of *Sushruta Samhita* has described *Sandhana* as union of split organ.<sup>[4]</sup>

Basal cell carcinoma does not cause secondary lymphadenopathy. It is locally invasive, aggressive and destructive but slow growing, and no tendency to metastasize. It develops on skin area, which has been exposed to the ultraviolet rays of sun. It appears on nose as a thin yellow area, a

reddish patch, a clear bump, or an open sore that will not heal. Surgery to remove tumour is a treatment of choice. 80% of all skin cancer in people is basal cell carcinoma. Types 1. Nodular 2. Sclerosing 3. Superficial spreading 4. Pigmented. It can be treated by surgical removal, radiation, immunotherapy, and cryotherapy.<sup>[5]</sup>

## CASE REPORT:

A 55yrs old female patient visited to ENT opd of *Shalakyatantra* department government ayurved college and hospital nanded on 1 september 2022 with chief complaint of non-healing ulcer, non healing and gradually increasing in size, on nose since about one year. Ulcer of size of 1x1 cm, at supra-tip area of nose, with blackish brown discolouration. She was diagnosed as a case of basal cell carcinoma clinically.

### Personal history:

Female, 55yrs, non diabetic, non hypertensive patient

Diet- Nonvegetarian

Appetite-Normal

Bowel-Regular

Habbits- No

### **Ashtavidha Parikshana:**

*Nadi- Vatpradhan Pitta*                      *Shabda- Prakruta*

*Mala- Prakruta*                                      *Druka-Prakruta*

*Mutra- Prakruta*                                      *Akruti-*

*Madhyama*

### *Jivha- Nirama*

#### **Local examination-Nose**

Ulcer of size 1×1cm, at supra-tip area of nose, raised/ everted edges with blackish brown discolouration. Granulation at floor of ulcer, firmly adherent to underlying tissue, no on touch bleeding, not with much inflammatory signs. No lymphadenopathy, no vascularization in surrounding area.

#### **Treatment:**

After routine investigations, surgical excision biopsy and histopathological study planned.

#### **Procedure:**

Under all aseptic precautions and local anaesthesia, with infiltration of Lignocain 2% with Adrenaline 1/200000, circular excision of lesion done with 1mm healthy tissue margins. At base it was freed with keeping thin layer of healthy connective tissues attached to the lesion. Haemostasis achieved with bipolar cauterization. This excision has left a circular gap of about 1cm diameter. To fill this gap bilobed flap, keeping pedicle attached, was harvested from surrounding tissue. Broad flap of bilobed flap was placed at site of excised lesion, narrow flap was placed at the donor site of broad flap. Site of narrow flap was repaired by approximating edges and suturing. Suturing was done with Vicryl 5-0 with intermittent sutures and dressing done. Routine antibiotics, NSAID and Vitamin C were

given for seven days. Sutures were removed on 7<sup>th</sup> day. Histopathological study of excised tissue proved basal cell carcinoma.

Wound healed in uncomplicated way. Nose appeared cosmetically good. Now patient has no recurrence after 10 months.

#### **Bilobed flap:**

The Zitellis bilobed flap for nasal reconstruction. It is a simple double transposition flap and is designed to move skin, without deformation, over a larger distance. It is used for defects involving lateral tip, supra-tip, or tissue near tip. On lower third of the nose where the skin is least mobile, the bilobed flap allows surgical site to be filled with nearby skin and matched for color and texture. The initial lobe should be the same size as the defect but secondary lobe may be slightly smaller to allow for donar site closure with minimal distortion. Angle of transposition is 45-50% for each lobe Angle of transposition is 45-50% for each lobe.<sup>[6,7]</sup>



**Figure no. 1: Pre-operative of nasal Basal Cell Carcinoma**



**Figure no.2: Post-operative of nasal Basal Cell Carcinoma**

### **Histopathoogical report (17/9/2022)**

Impression: Basal cell carcinoma. Margins are tumour free.

### **DISCUSSION:**

If we observe carefully, then it is found that, all the basic principles of plastic surgery like planning, precision, haemostasis and perfection has its roots in *Sushruta Samhita*. *Acharya Sushruta* has described various reconstructive methods or different types of procedures like release of the skin for covering small defects, rotation of the flaps to make up for the partial loss and pedicle flaps for covering complete loss of skin from an area has been observed. Disbelief has been raised as, how in the absence of anesthetics, the Indian surgeons carried out such major operations. *Sushruta* writes that "wine should be used before operation to produce insensibility to pain. All these are clear proofs of the expertise ability and Inventiveness of *Sushruta* in the field of surgery. Thus in real

sense *Acharya Sushruta* is "The father of surgery".

### **CONCLUSION:**

Basal cell carcinoma can be treated by excision with healthy margins and repair with rotational bilobed flap method. It is extremely useful and it prevents recurrence of it. *Sandhankarma* is useful to treat skin gap.

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