

Dagregorio and Darsonval present an interesting approach to reconstruction of full-thickness defects involving the superior or mid portions of the auricle.

Smaller defects in these locations may be reconstructed using a wedge-excision technique; however, wedge-excision repair of defects greater than 1.5 cm in width risk distortion and cupping of the ear. Defects up to 2 cm may be reconstructed using composite grafts from the contralateral ear. This procedure involves harvesting a wedge-shaped chondrocutaneous graft so that the contralateral ear is shortened in height to provide structural and covering tissue for the recipient ear. This provides tissue for reconstruction, but risks complications in both ears and grafted cartilage survival may be tenuous, especially for grafts larger than 1 cm.

Defects larger than 1.5 or 2 cm may be approached in one of two ways: 1) a two-stage procedure in which grafted cartilage is placed in a well-vascularized flap and the pedicle later divided or 2) mobilization of a local flap utilizing ipsilateral conchal cartilage and overlying skin.

The former would include staged transposition flaps from

the postauricular scalp combined with cartilage from either concha or septum. The latter would include random or axial chondrocutaneous flaps, utilizing ipsilateral conchal cartilage and overlying skin and soft tissues. Dagregorio and Darsonval describe their experience with an axial flap based on the blood supply of the superior auricular branch of the superficial temporal artery and retrograde flow through an anastomotic network to the posterior auricular artery. Their clearly illustrated article demonstrates a clever design to rebuild the cartilaginous framework and provide lateral surface skin and helical rim for reconstruction of the auricle. The axial basis of the flap helps assure viability of the chondrocutaneous flap, and the concept of retrograde flow through vascular anastomoses begs the question of where else might this concept be considered in reconstruction of the highly vascularized head and neck region.