

Correction of Trapdoor Effect Following Nasal Pyramid Reconstruction With a Transposition Flap[☆]



Corrección de la deformidad en trampilla secundaria a colgajos de trasposición en pirámide nasal

The trapdoor effect is a common medium- to long-term postoperative complication after closure of some facial skin defects with local flaps. Transposition flaps are particularly susceptible to this complication. Compared with geometric Limberg or Dufourmental flaps, the risk of such complications is accentuated with the lobed flaps with rounded borders used on the nasal pyramid. Treatment of the trapdoor defect is not easy and the technique proposed by Correa et al.¹ provides a satisfactory outcome. It may be that the effectiveness of the approach, with reduction of the step without scarring or hypertrophy, is due to the depth of the shaving, which in turn depends on the degree of bulging. The nasal skin has abundant sebaceous glands and so superficial shaving that does not go beyond the glandular epithelium granulates and epithelizes more quickly, without the risk of a hypertrophic scar associated with pro-

cedures that extend beyond this level to reach subcutaneous tissue free of adnexal structures. We bear this in mind when we surgically profile the nose of a patient with rhinophyma through curettage and electrocauterization. We know from experience that hypertrophic scarring may occur if we reach too deep and, by analogy, this may also be the case with supershaving. To prevent hypertrophic scarring, it would be necessary to agree with the patient to perform a more superficial curettage, with the option of repetition if the first procedure was not sufficient, before performing an initial deeper one with possible side effects. The same applies when curettage of an intradermal nevus is performed for aesthetic reasons. It is preferable not to aim for excessive depth and leave a small bulge that can be corrected in a second procedure rather than leave a depressed scar that is much harder to correct at a later date.

Reference

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1578-2190/

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[☆] Please cite this article as: Redondo P. Correction of Trapdoor Effect Following Nasal Pyramid Reconstruction With a Transposition Flap. *Actas Dermosifiliogr.* 2019;110:2.

Is the Current Classification of Urethritis as Gonococcal or Nongonoccal Becoming Obsolete?[☆]



¿Se está quedando obsoleta la clasificación de las uretritis en gonocócicas y no gonocócicas?

The findings reported by Magdaleno-Tapia and coworkers¹ oblige us to reflect upon the current approach to the management of urethritis patients.

The authors report a higher frequency of isolation of *Haemophilus* species in urethritis patients than that reported in another Spanish study of a similar design.² An even more striking finding is the high percentage of urethritis cases in which only *Haemophilus* species were isolated. This observation points to *Haemophilus* species as the main

causative agent of urethritis in certain cases, and not merely a secondary agent, which it was believed to be until recently.

The profile of antibiotic sensitivity and resistance described by the authors is also striking, and calls into question the usefulness of currently recommended first-line empirical treatments for nongonococcal urethritis, in good agreement with the findings of a recently published study.³ It is possible that the current classification system, whereby urethritis is considered gonococcal or nongonococcal, is no longer practical; these cases of *Haemophilus* urethritis, which account for a considerable proportion of nongonococcal urethritis cases, were characterized by a purulent clinical presentation similar to that of gonococcal urethritis, and a high rate of resistance to first-line antibiotics for nongonococcal urethritis.

Given the conflicting results reported in the literature, and the important implications of these findings for the treatment of urethritis, a prospective, multicenter study of adequate statistical power should be conducted with a view to updating current guidelines for empirical antibiotic treatment of urethritis. We encourage the authors to lead such a study, perhaps under the auspices of the Sexually Transmitted Infections and AIDS (ETS/SIDA) Research Group of the Spanish Academy of Dermatology and Venereology (AEDV).

[☆] Please cite this article as: Leis-Dosil V. Is the Current Classification of Urethritis as Gonococcal or Nongonoccal Becoming Obsolete?. *Actas Dermosifiliogr.* 2019;110:2–3.

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1578-2190/

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