DISCUSSION

The advantage of the guidewire is that it readily passes through a tortuous duct or the valves of Heister without difficulty and allows the cholangiogram catheter to slide over it with ease. Ultimately, this Seldinger method should save time, avoiding multiple attempts at manipulating the catheter into the correct position within the cyst duct.

Reference

1. Dasgupta D, Stringer MD. Cystic duct and Heister's 'valves'. *Clin Anat* 2005; **18**: 81–87.

'Scarless' removal of forehead lipomas

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BACKGROUND

Traditionally, excision of forehead lipomas is performed via a transverse incision camouflaged in a forehead crease. This approach necessarily violates the frontalis, under which these lipomas reside.[1] Additionally, transection of the overlying supraorbital and supratrochlear nerves leads to paraesthesia of the forehead and anterior scalp. To minimise such morbidity, an indirect approach is advocated that can be performed as a day case local anaesthetic procedure.

TECHNIQUE

The border of the lipoma is marked (Fig 1; dots) and a subgaleal field block of local anaesthesia is infiltrated from the scalp incision down towards the forehead in the subgaleal plane to achieve hydrodissection. A vertical incision (Fig 1; arrow) is made 1cm behind the hairline through the galea to reach the loose areolar subgaleal (and subfrontal) plane. Blunt dissection deep to the frontalis preserves the supraorbital and supratrochlear nerve branches and the lipoma is released from the surrounding tissues using blunt 'spreading scissor' dissection. Digital pressure (exerted by sliding the finger along the forehead from inferior to superior) allows the lipoma to be 'pushed' up into the hairline incision (Fig 2). A drain is not required as there is minimal bleeding when accessing the lipoma via this plane. Using this technique, visible forehead scars are eliminated (Fig 3).

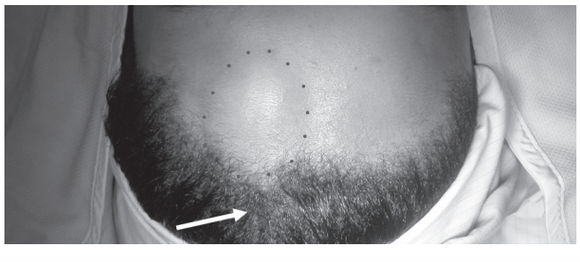

Figure 1 The border of the lipoma is marked (dots) and a vertical incision (arrow) is made behind the hairline.

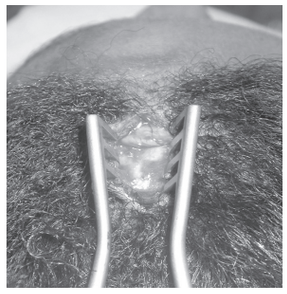

Figure 2 The lipoma has been 'pushed' up into the hairline incision by sliding a finger along the forehead.

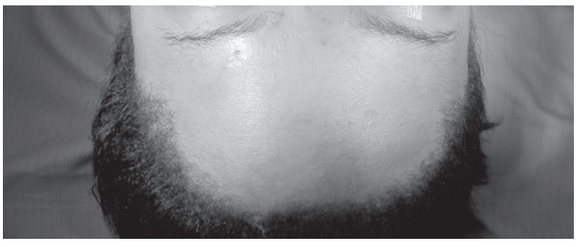

Figure 3 There are no visible forehead scars.

DISCUSSION

While similar results can be achieved with liposuction[2] or endoscopically,[3] the described method is cheaper, faster and delivers the lipoma intact (Fig 4). This method is suitable for lipomas in the upper two thirds of the forehead; below this, the contour of the forehead presents a difficult approach without additional instrumentation.

Reference

1. Knize DM. Reassessment of the coronal incision and subgaleal dissection for foreheadplasty. *Plast Reconstr Surg* 1998; **102**: 478–489.
2. Wilhelmi BJ, Blackwell SJ, Mancoll JS, Phillips LG. Another indication for liposuction: small facial lipomas. *Plast Reconstr Surg* 1999; **103**: 1,864–1,867.
3. Cronin ED, Ruiz-Razura A, Livingston CK, Katzen JT. Endoscopic approach for the resection of forehead masses. *Plast Reconstr Surg* 2000; **105**: 2,459–2,463.

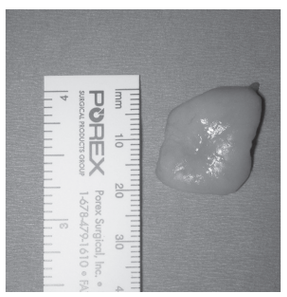

Figure 4 The lipoma is delivered intact.