S AN DIEGO — Some closures may be too complex for
Knowledge of Fusiform, Z-Plasty Aids New Mohs Surgeons

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“They’re the ones who can spend the time
to do this at a reimbursement
that’s more reasonable for them than me,
frankly,” he said.
The CPT code for the cost of the Botox
care is J0985. He advised checking
to be sure both the payer and the office
billing system are capable of accepting
multiple digits in the units code.

The “majority of skin flaps can be
explained simply by exploring what
makes a fusiform work,” Dr. Gross said.

Fusiform flaps generally have 30-
degree angles at their tips, based on
principles of plane geometry, but
the skin is not a flat plane, and
whether a lesion will close with 30-
degree angles depends on the
anatomic location.

“The purpose of making 30-degree angles at the ends
of the fusiform is to allow closure without a standing
cone,” said Dr. Gross, a dermatologic surgeon in private
practice in San Diego.
The fusiform consists of three components: the
central defect to be closed (depicted as a circle) and two
Burov’s triangles.
The shape of the defect usually forms the short
axis of the fusiform. The surgeon uses the Burov’s tri-
angles at each end of the fusiform to bring the defect
to 30-degree angles or to the angles necessary to close
the wound without creating a standing cone at the ends
of the excision.
The Burov’s triangles also can be rotated at the ends
of the fusiform as needed to achieve the best cosmetic
result. “The Burov’s triangle can even be rotated 90 de-
grees,” Dr. Gross pointed out. “You should do whatever
type of Burov’s triangle is needed to make the best pos-
sible closure.”

If the location of the defect prevents the use of a
Burov’s triangle at one or both ends of the fusiform,
the surgeon can offset the Burov’s triangles, Dr. Gross
explained.

“This will result in the creation of what we call an ad-
vancement or a rotation flap. If the location of the defect
is offset to two sides, the result will be a bilateral flap,
such as the bilateral advancement or the A to T flap,” he com-
mented.

“If the surgeon is in doubt about
how to close a wound, he or she may start by drawing a fusiform and then
[assessing] whether the fusiform lies in the relaxed skin tension lines and
whether it causes distortion of sur-
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If the fusiform does interfere with important anatomy, the sur-
geon must decide where to offset the
Burov’s triangles at one or both ends of the fusiform—thereby creating an advancement or rotation flap that
interacts with important anatomy or de-
grades the cosmetic result.
He noted that about 90% of his Mohs closures are vari-
ations of rotation flaps.

Although rotation flaps are generally larger than oth-
er types of flaps, they yield bet-
ter cosmetic results than rotation flaps because
the resulting scar lines can usually be placed in junctions be-
tween anatomic units.

Transposition flaps are based primarily on z-plasty
movement. If you understand the movement of a z-plasty, you will under-
stand how all transposition flaps move and why they
move the way they do,” Dr. Gross said at the meeting.

‘If you understand the movement of a z-plasty,…’

By Heidi Splete
Skin & Allergy News • April 2006

New CPT Codes for Hyperhidrosis

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New CPT Codes for Hyperhidrosis

are to be coded as 64999, a “miscella-
neous” code.

“You all know what the dreaded –99 on the
end of a code means. That means it
cannot be submitted electronically. It has
to be submitted manually and will be sub-
ject to individual medical review—a pain
in the you-know-what. But that is the proper
way today to code for the hands
and feet,” Dr. Pariser said, adding that it
will take payers some time to get used
to the New Botox codes.

In the meantime, he advised contacting
regional payers to find out how they want
bills for hyperhidrosis therapy to be sub-
mitted. Some insurers will request the
former code 64640 (“destruction by neu-
rotomy agent”) or the subspecialized injec-
tion code 90782, even though these are
now incorrect.

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movement. If you understand the movement of a z-plasty, you will under-
stand how all transposition flaps move and why they
move the way they do,” Dr. Gross said at the meeting.

Think of a z-plasty as two Burov’s triangles sharing a
common side, called the central limb. When planning a
z-plasty, think about using imaginary skin hooks to pull
the central limb longer, Dr. Gross said.

While the central limb lengthens and rotates, there is
concomitant shortening of tissue approximately 90 de-
grees from the axis of the central limb.

The amount of central limb lengthening, and the
amount of rotation and shortening in the z-plasty
is determined by the total of both angles of the Burov’s
triangles in the z-plasty.

“You can combine 45-degree and 90-degree angles in
the same z-plasty, and in fact the Burov’s triangles of
transposition flaps never have the same-sized angles,”
Dr. Gross said.

This is the reason some surgeons don’t recognize the
z-plasties that lie at the heart of all transposition flaps:
They are accustomed to seeing z-plasties in textbooks
that are drawn with equal angles.
As long as there is sufficient tissue in the opposite di-
rection to allow shortening without disrupting the
surrounding anatomy, as well as enough of the skin lasty, the
surgeon can use whatever size z-plasty angles are need-
ed to produce the amount of central limb lengthening
that will close the defect.

The three transfusion flaps most frequently discussed and
used by dermatologic surgeons are the Limberg, Webster,
and Dufourmentel flaps.

The only difference among them is the total angle of the
z-plasties used to create the flaps. The larger the sum
of the total angles of the z-plasty of the transfusion flap,
the greater the lengthening and degree of rotation of the
central limb and the greater the shortening of tissue in
the opposite axis.

These actions result in the movement of tissue into the
defect known as a transfusion flap closure. Overall, the
amount of tissue that is “wasted” is similar in both a z-
plasty and a rotation flap, Dr. Gross said.

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BY HEIDI SPLLETE
Sensus Weiser

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