







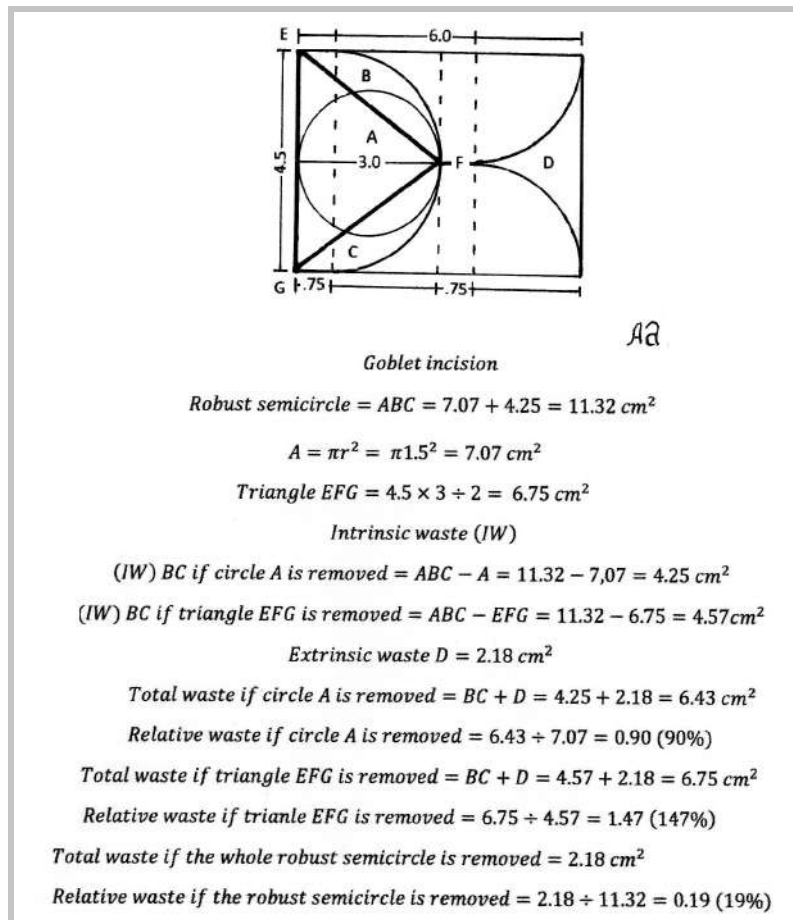








The Goblet Incision [Figure 15] has an intrinsic waste BC of 4.25 (11.32-7.07) and an extrinsic waste (D) of 2.18 cm<sup>2</sup> so the total waste is 6.43 cm<sup>2</sup> which represents a relative waste of 90% (6.43 ÷ 7.07) if circle A is removed. Now, if the triangle EFG is removed the total waste is 6.75 cm<sup>2</sup> (4.57 + 2.18) which represents a relative waste of 147% (6.75 ÷ 4.57). But, if the whole traced area is removed the relative waste is 19% (2.18 ÷ 11.32) only.



**Figure 15:** Shows the geometric analysis of the Goblet incision where the relative waste of the skin is 90% (6.43 ÷ 7.07) if circle A is removed. It also shows a relative waste of 147% (6.75 ÷ 4.57) if the obtuse isosceles triangle EFG is removed. If the whole robust semicircle ABC is removed, the relative waste of the skin is 19% (2.18 ÷ 11.32) only. On the other hand, the suture line length is 13.5 cm which is twice the length of the new triangular incisions described here.

## Discussion

We can use a variety of incisions to close triangular skin defects when the skin lesions have a triangular shape. These situations could happen when closing large meningomyeloceles [5-7], or when resecting pilonidal sinuses [8] or when removing triangular defects of the infraorbital region [9]. The Triangular Incisions presented here are easy to trace and to memorize, and more important, they have wide base flaps which will minimize the risk of ischemia or necrosis. Furthermore, the resultant suture lines are away from the central area of the incision and the edges of the suture line complies with the principle of reciprocity so the approximation of the edges ends up even thus avoiding the formation of wide gaps that could be very difficult to close. In addition, the Triangular incisions presented here have the advantage of producing a short suture line in relation to the Sakai-Soeda L-shaped Flap and the Mutaf Triangular Closure which will reduce significantly the number of sutures required to close the wound. In conclusion, each incision has its own advantages and disadvantages depending on the local anatomy and the skin conditions so the surgeon should decide which incision is more appropriate.

## References

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