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Quick Response Code:

A rare craniofacial anomaly

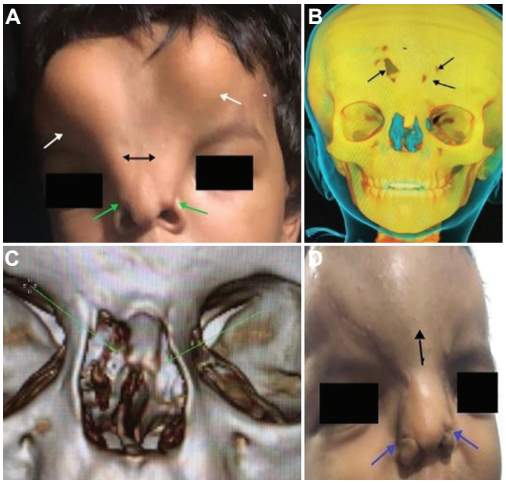

Figure. (**A**) Para-median subcutaneous forehead bulges (white arrows), hyper-telorism and broad nasal bridge (black arrows) and bilateral Tessier Cleft 1/13 (green arrows). (**B**) Multiple small bony gaps in the frontal bone with no evidence of meningocoele or encephalocoele (black arrows). (**C**) Absent nasal process of the frontal bone on both sides suggestive of bilateral Tessier Cleft 1/13 (green arrow). (**D**) Rotation of alar flap to meet the columellar tip was done bilaterally (blue arrows). Pedicled dermofat graft was raised from bilateral forehead bulges and sutured in the midline (black arrows).

A 16 month old male child[†] presented to the department of Plastic Surgery, Guntur Medical College, Guntur District, India in September 2019, with a rare craniofacial anomaly comprising para-median subcutaneous forehead bulges, hyper-telorism, broad nasal bridge and bilateral cleft ala nasi (Figure A). The child had normal developmental milestones and no other associated anomalies. X-ray and computed tomographic scan revealed multiple small bony gaps (Figure B) in the frontal bone, with no evidence of meningocoele or encephalocoele and absent nasal process of the frontal bone (Figure C) on both sides, suggestive of bilateral Tessier Cleft 1/13. A staged reconstruction was planned. In the first stage, rotation of the alar flap to meet columellar tip was done bilaterally. Pedicled dermofat grafts were raised from forehead bulges and sutured in midline. Excessive skin and subcutaneous tissue were excised from both forehead and nasal area (Figure D). Sutures were removed on the seventh day post-operatively and followed up one month after surgery. Further corrective surgery was planned in March 2020. This is a rare form of frontonasal dysplasia presenting with bilateral forehead bulges and bilateral cleft ala nasi.

***Conflicts of Interest*:** None.

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[†]Consent to publish clinical information and images obtained from patient's parents.

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