

Limberg flap for melanoma reconstruction.

A case report

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Case Report

Plastic Surgery



Background: Objective: To describe a case report of melanoma in situ and treatment with surgical resection with Limberg technique.

Introduction: Melanomas most frequently occur in sun-exposed areas of the skin (cutaneous melanoma of the trunk, extremities, head, and neck) but may arise in number of other sites such as the nail bed, palms, or soles (acral lentiginous melanoma), on the external genitalia, in mucous membranes (mucosal melanoma), or in the eye (uveal or conjunctival melanoma).

Case description: 67 year old female with a diagnosis of melanoma in situ which required wide resection and rotation of the Limberg flap.

Conclusion: Timely resection of melanoma in situ is a surgical procedure that helps reduce the risk of spread and improves the patient's prognosis.

Keywords: Melanoma, Oncoplastic surgery, Limberg, flap, resection, surgical.

Melanomas most frequently occur in sun-exposed areas of the skin (cutaneous melanoma of the trunk, extremities, head, and neck) but may arise in number of other sites such as the nail bed, palms, or soles (acral lentiginous melanoma), on the external genitalia, in mucous membranes (mucosal melanoma), or in the eye (uveal or conjunctival melanoma). For patients with melanoma in situ (Tis), there are no data from randomized trials to define the optimal extent of surgical resection. Guidelines from the National Comprehensive Cancer Network (NCCN) and the American Academy of Dermatology (AAD) recommend a margin of 0.5 to 1 cm. (1)

Melanoma is the most serious form of skin cancer. Early detection, accurate histopathologic diagnosis, and appropriate management are key factors for improving survival in patients with melanoma. (2)

Case report

A 67-year-old female began her current condition 8 years ago prior to being evaluated in a medical consultation due to the progressive growth of a mole she had had since birth. She therefore attended the dermatology department, where a biopsy was performed, which reported melanoma in situ. She was subsequently referred to the surgical oncology department with a diagnosis of melanoma in situ. Upon evaluation, a dermatosis located on her left cheek was observed, consisting of a macule approximately 2 cm in diameter, irregular, heterogeneous, and with multiple shades of brown and

black. Therefore, an elective outpatient oncoplastic surgery was scheduled, involving wide resection of the melanoma in situ and rotation of the Limberg flap. The patient was followed up with a medical consultation, where favorable clinical progress and wound healing were observed.

Discussion

Melanomas that infiltrate into the dermis are considered to be in a "vertical" growth phase and have metastatic potential. Nodular melanomas have no identifiable radial growth or in situ phase and appear to enter the vertical growth phase from their inception, resulting in thicker tumors at diagnosis. The probability of metastases with invasive, vertical growth-phase melanoma is most strongly predicted by measuring the thickness of the tumor (ie, Breslow depth), in millimeters, from the granular cell layer of the epidermis (or overlying area of ulceration) to the deepest malignant cell in the dermis or subcutaneous fat. (3)

Conclusion

Melanoma is a common skin cancer. When diagnosed promptly, appropriate surgical management can be achieved, leading to a favorable outcome and prognosis. In this case, the patient was referred to the service with a diagnosis of melanoma in situ, and a surgical protocol was established for optimal management. The patient subsequently achieved a favorable outcome and prognosis.

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Figure 1. Lateral view of left cheek with melanoma area and Limberg mark.



Conflicts of interests

It is declared that there are no conflicts of interest related to the publication of this work.

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