The **Zitelli bilobed flap** on skin coverage after **mucous cyst excision**. A consecutive series of 33 cases

1- **Introduction**

✧ Nonsurgical management of mucous cysts of the digits is the rule if asymptomatic, but excision may be necessary if the overlying skin is thinned or if the patient reports important symptoms.

✧ Numerous treatments have been reported from aspiration to DIP joint fusion to avoid cyst recurrence.

✧ Authors advocate for skin excision using local flaps to cover the defect to bring an optimal skin over the joint.

- Retrospective cohort of **33 digits in 31 patients**
- **Inclusion criteria**: DIP joint mucous cyst with thinned and eroded skin over the cyst, 12-months-minimum FU
- **Exclusion criteria**: Septic DIP arthritis and subungueal cysts resulting in severe nail deformity
- Surgical technique as described by Zitteli (Jager T, Vogels J, Dautel G. *Tech Hand Surg*. 2012)

2- **Methods**

- 24 women and 9 men
- Average age 59 (range, 40–87) years.
- Mean follow-up 41 (12–120) months.
- Most affected finger was ring finger.
- Thumb 5, 7 Index, **16 middle**, 1 ring, 4 small finger.
- Mean mucous cyst size 7.1 x 5.8m

3- **Results**

- All flaps survived and the wounds healed in 14 days on average.
- There were **no major complications** (defined as DIP septic arthritis or flap necrosis) and no nail deformities.
- Donor area skin necrosis on the distal part of the first lobe occurred in 1 case. Healed by secondary intention.
- Superficial infection in **3** cases. Successfully treated by oral antibiotics.
- **One cyst recurrence** (3%) at final follow-up.

4- **Conclusions**

✧ The Zitelli bilobed flap is **simple** improving its reliability and **facilitating its design**.

✧ Provides **good quality skin** coverage over the DIP joint.

✧ It allows the excision of the cyst and thinned skin with **no added risk** to the nail matrix.

✧ The **final aesthetic result** appears to be satisfactory.