

We have not found reports of DF with cholesterol deposits in a patient with HIV infection in the literature. Interestingly, seropositive patients frequently present both DFs<sup>9</sup> and dislipidemia,<sup>10</sup> and we therefore consider that the association we describe here is not due to chance. The term multiple eruptive DF is used to define the appearance of 5 to 8 lesions within the space of 4 months. They usually occur in patients with autoimmune diseases, particularly systemic lupus erythematosus on treatment with immunosuppressant drugs, hematological tumors, organ transplant, immunodeficiencies (HIV), and patients with Down syndrome, but are also seen in healthy individuals. In some patients with HIV infection, the lesions develop after starting combination antiretroviral therapy.<sup>9</sup> That treatment has been associated with a wide range of metabolic syndromes, such as peripheral lipodystrophy, dislipidemia, and insulin resistance. Dyslipidemias are common in the patients on antiretroviral treatment and present with different frequencies according to the drug used, and include isolated or combined elevations of the triglycerides and total cholesterol, with variable changes in the low and high density lipoproteins.<sup>6,10</sup>

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#### Conflicts of Interest

The authors declare no conflicts of interest.

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## Wedge Excision of the Pinna: How to Avoid a Notch in the Helical Border

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#### To the Editor:

The pinna is an anatomical structure with a high level of exposure to solar radiation; between 5% and 8% of all skin tumors occur here,<sup>1</sup> the most common being squamous cell carcinoma and basal cell carcinoma. Almost half of these tumors affect the helical rim.<sup>2</sup>

Although in a lateral location, the ears are prominent and symmetrical structures, so any defect is very visible from an esthetic point of view.<sup>3</sup>

Wedge excision is one of the most commonly used techniques to repair defects of up to a quarter of the circumference of the helix.<sup>1</sup> However, it is common for this type of surgical intervention to produce a notch in the free border of the auricle during the healing process.<sup>2,4</sup>

In order to avoid this complication we propose a technique for reconstruction of the border of the auricle. Once the wedge shape of the area to be removed has been marked on to the ear (Figure 1), the free skin border on



**Figure 1.** Squamous cell carcinoma on the helical border. Initial marking of the modified wedge.



**Figure 2.** Modified wedge resection. 1 of the 2 sides is extended to advance and overlap the other.



**Figure 3.** Final outcome one month after surgery. No deformity is visible on the helical border of the ear.

one side is advanced to a distance of about 0.5 cm, while the skin on the other side is resected by the same amount, allowing reconstruction to be performed with an overlap of the 2 borders (Figure 2). This reinforcement of the edge of the scar prevents a postsurgical notch from appearing (Figure 3). The wound is closed by tissue planes.

In conclusion, we describe a modification of the classic wedge that simply and effectively avoids the formation of an antiesthetic notch on the free border of the ear.

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