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Standing cones

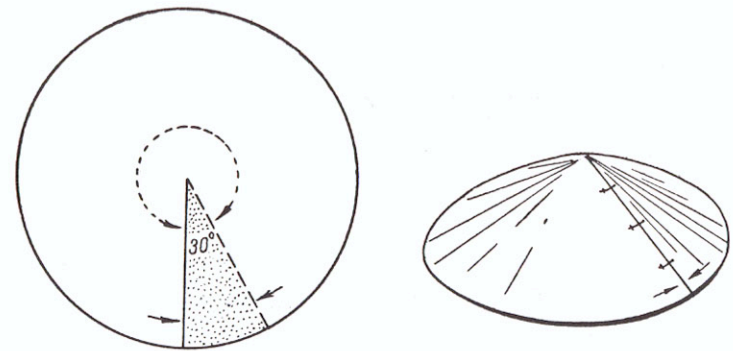
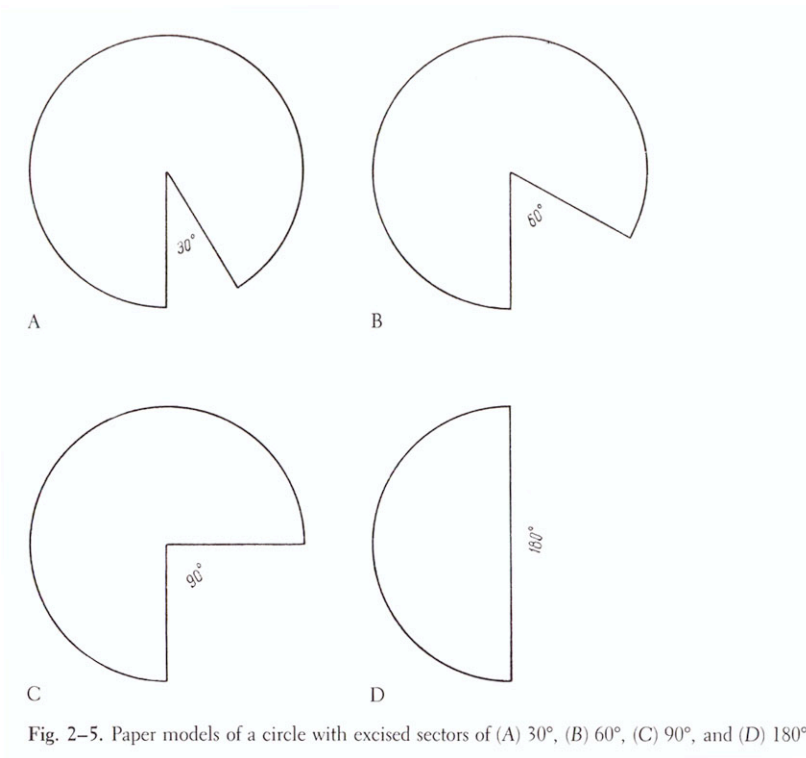
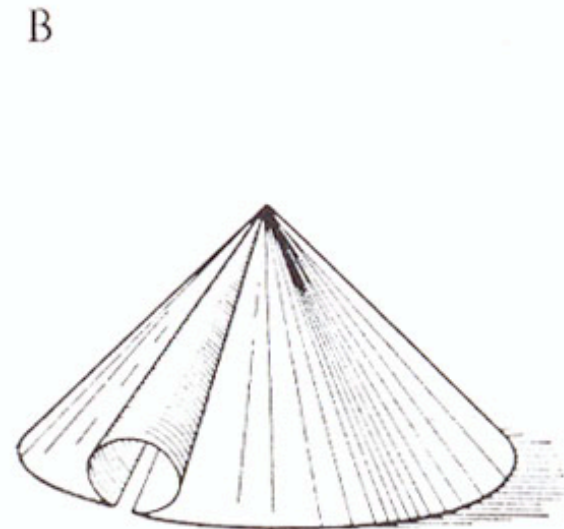
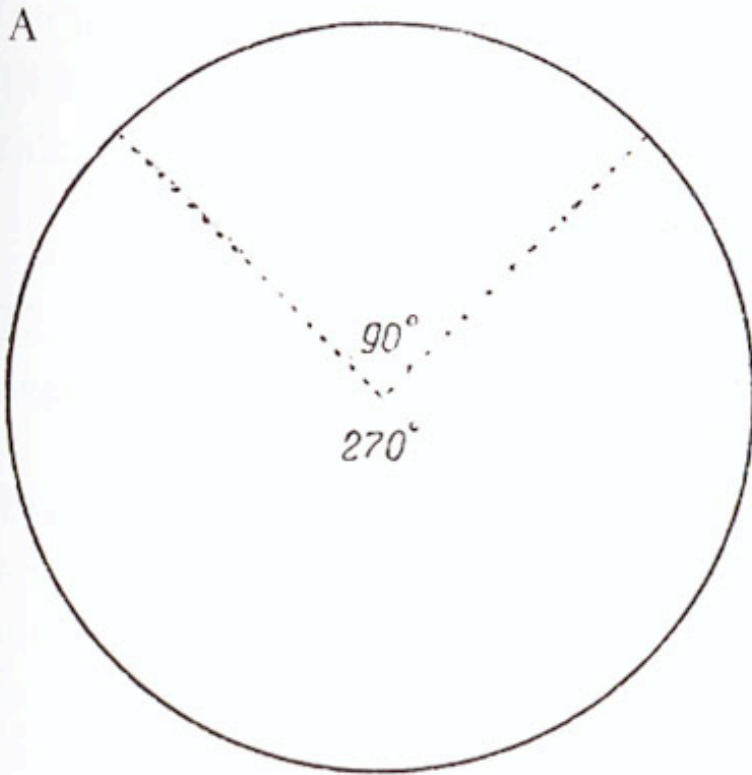


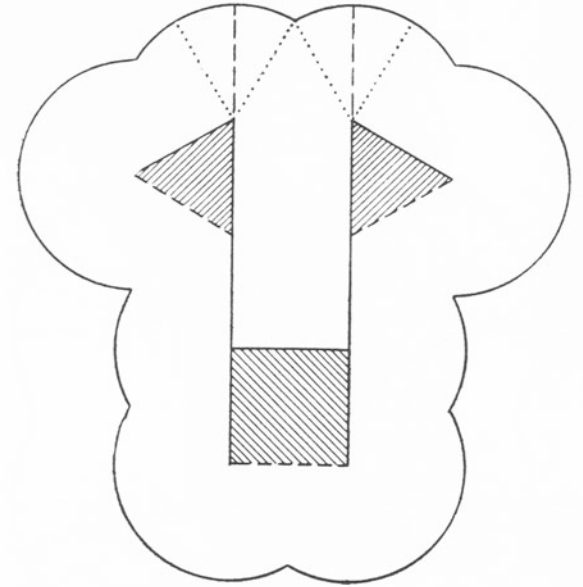
Fig. 3-1. Paper model of a circle after excision of a 30° sector.

Standing and lying cones

Fig. 3-6. (A,B) Paper model of two combined convex cones from sectors of 270° and 90° .



Advancement flap



Closure of a rhomboid defect

Fig. 4-8. (A,B) Paper model of the closing of a rhomboid defect.

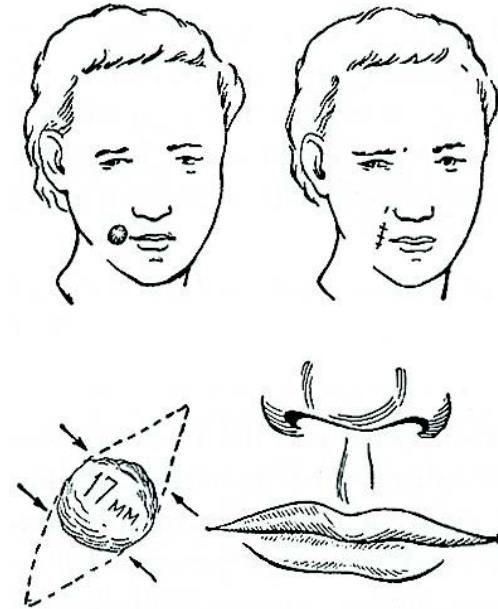
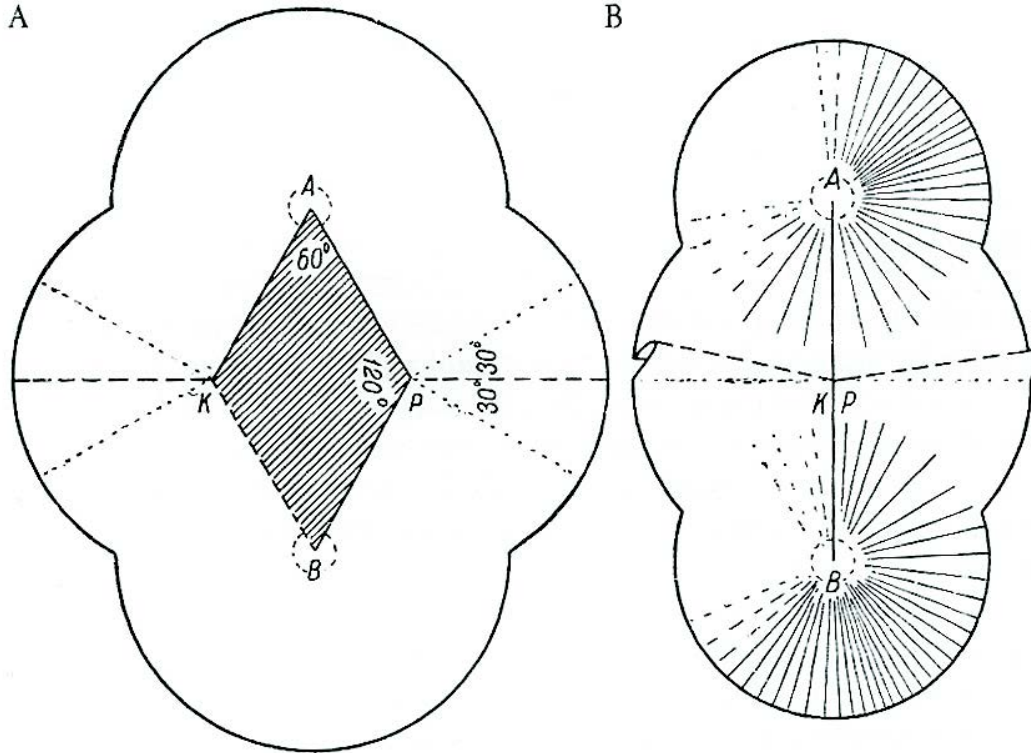


Fig. 4-9. Rhomboid excision of a pigmented birthmark.

Convergent triangular flaps

Fig. 7-44. Two-paired complex figure of convergent triangular flaps with 45° angles of the lateral incisions.

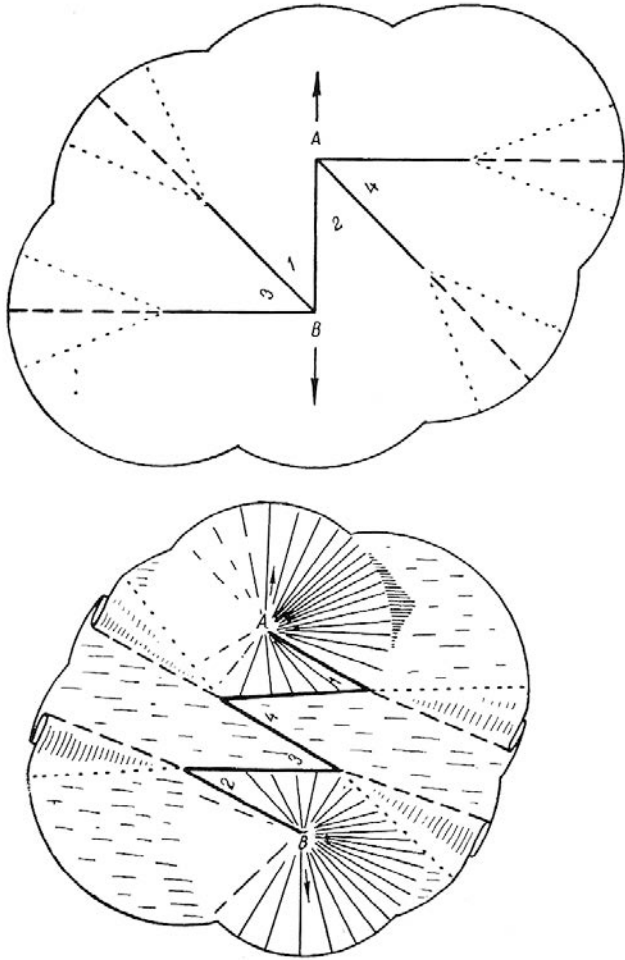
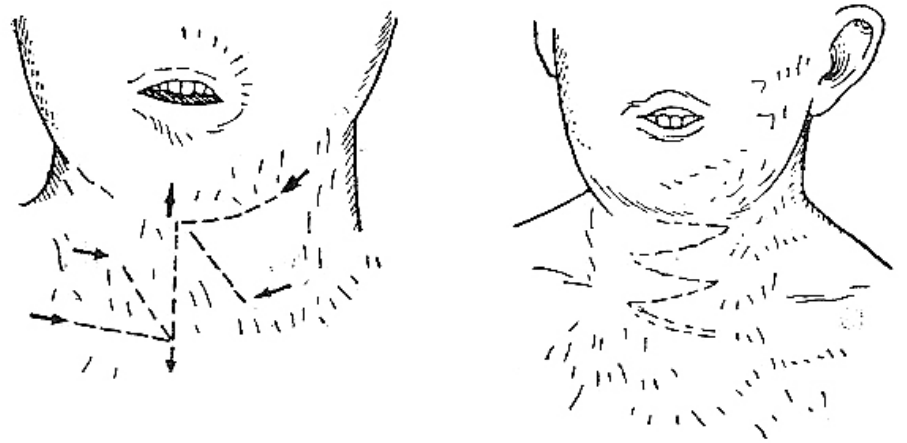
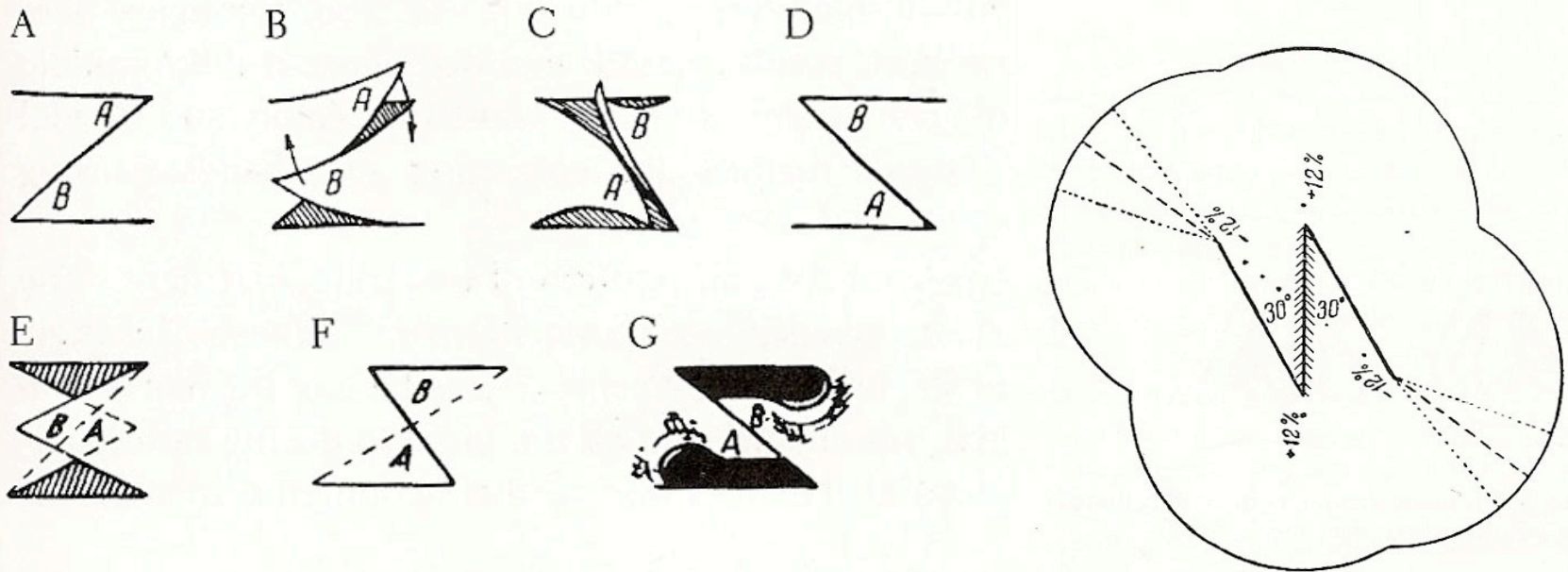


Fig. 7-48. Scarring of the face, neck, and anterior chest following



Convergent triangular flaps

Fig. 6-27. Z-shaped incisions for (A-D) exchange of neighboring areas of skin (Joseph, 1931); (E-G) reduction and transposition of flaps.



V- Shaped incision

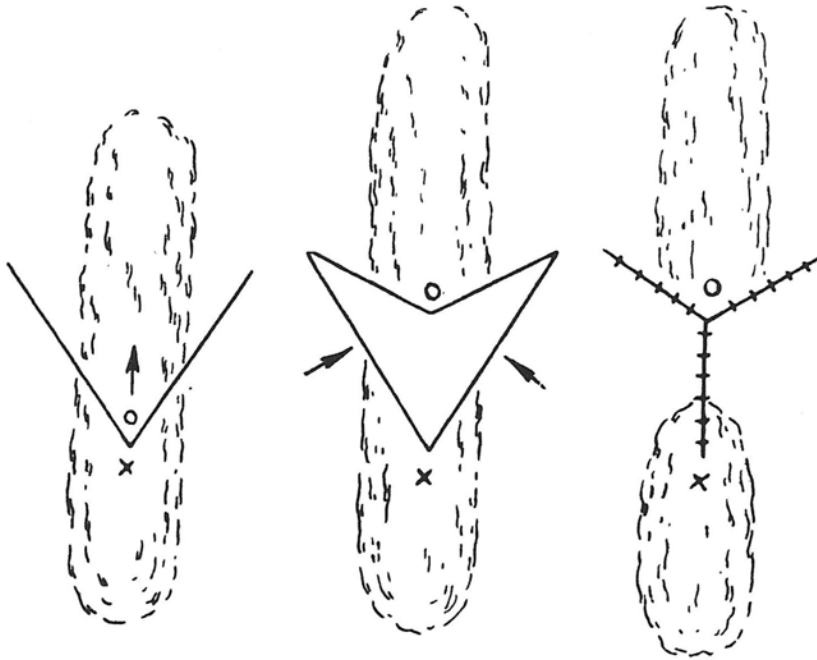


Fig. 4-80. V-shaped incision, after Dieffenbach (1845), for contractures caused by single scar bands (Parin, 1946).

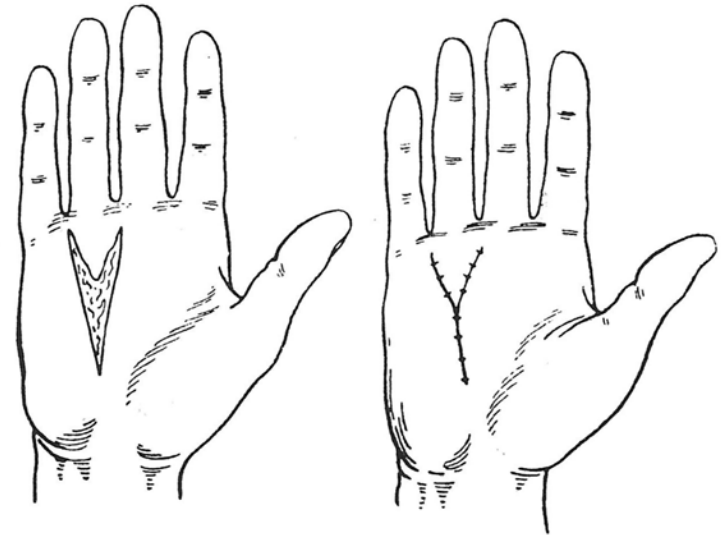


Fig. 4-81. V-shaped incision, after Dieffenbach (1845), for contracture with subsequent closure (Davis, 1919).

Fig. 4-82. Closure of an elliptical defect with a V-shaped accessory excision (Shimanovskiy, 1865).

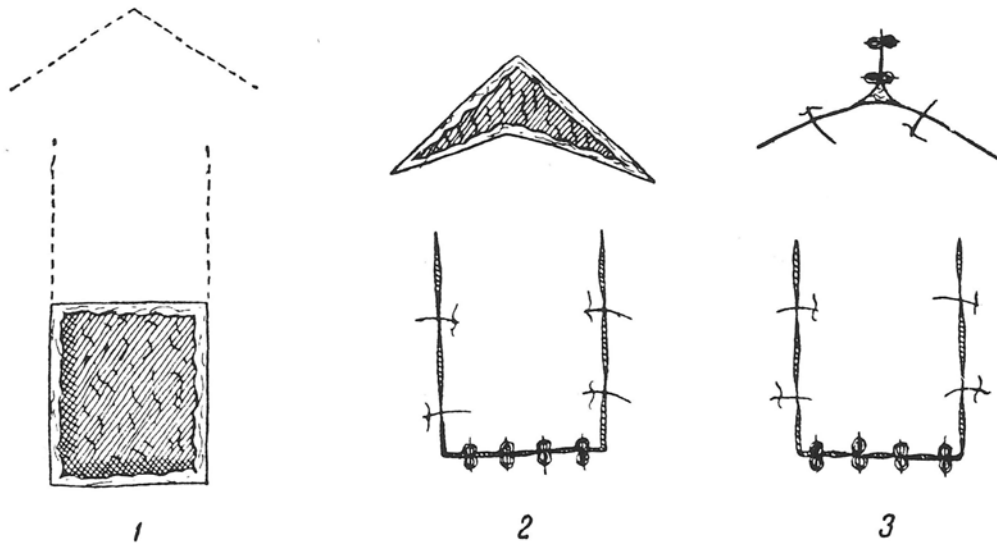
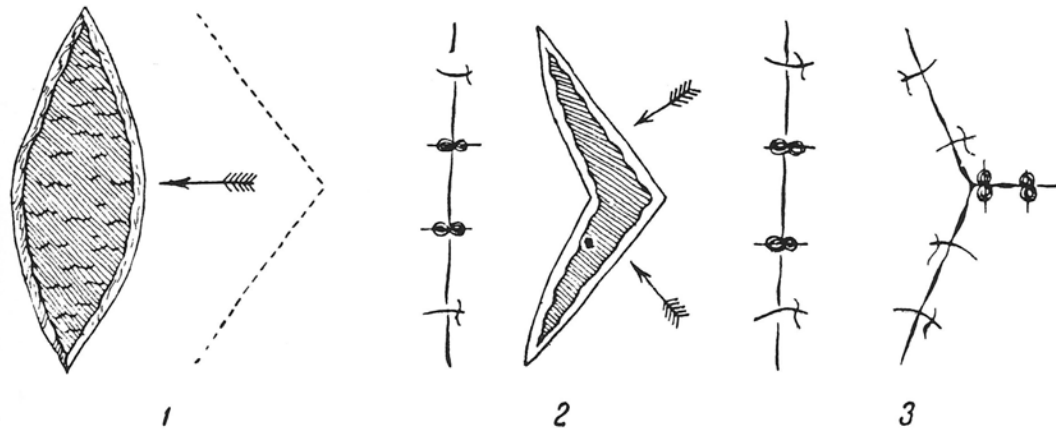


Fig. 4-83. Use of an angled incision to decrease tension in an advancement fl (1865).