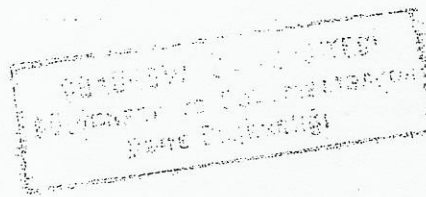




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TRIANGULAR DESIGN AND V-Y CLOSURE OF DONOR SITE OF POSTERIOR INTEROSSEOUS ARTERY FLAP

Sir:

The posterior interosseous artery flap is one of the flap choices in hand defect reconstructions. It can be designed in various shapes and dimensions.¹ One of the disadvantages of the flap is that it leaves an unaesthetic scar in a visible area

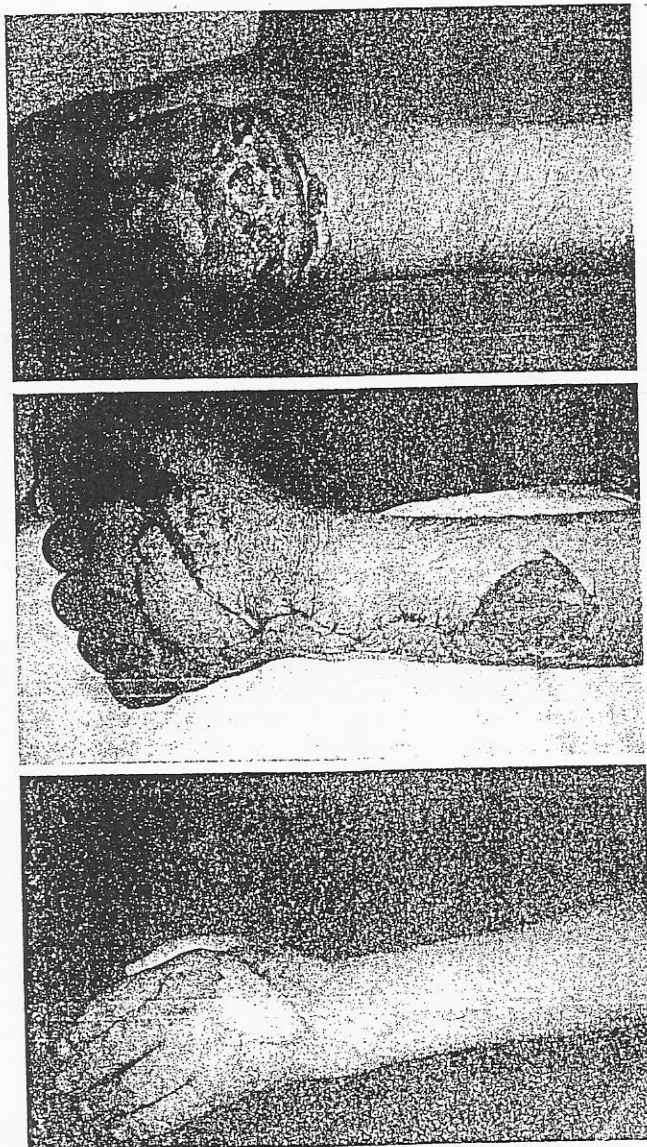


FIG. 1. (Above) Preoperative view of a defect over the dorsum of the hand caused by a burn injury. (Center) Early postoperative view shows the defect of the donor site closed with a skin graft. (Below) View of the V-Y closure of the donor site after complete healing.

if it is not treated with further surgical interventions (i.e., tissue expansion). We have found a simple solution to this donor-site problem. When the flap is triangularly designed and its long axis is transversely oriented, a triangular donor-site defect is obtained, which can easily be closed by V-Y advancement of the sides of the donor-site defect. We applied this triangular design in appropriate cases (Fig. 1) and have found it useful in reducing donor-site morbidity. The key point in planning of the triangular flap design is that the apex of the triangle must be settled toward the distal forearm. We believe that this simple solution can reduce donor-site morbidity of the flap.

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EVALUATION OF THE ADVANTAGES OF INTEGRA FOR COVERING CHINESE FLAP GRAFT DONOR SITES: A SERIES OF 10 CASES

Sir:

Primary closure of the forearm donor site after removal of a radial forearm flap is not always possible. In those cases, a thin skin graft is usually used. This approach generally results in an ugly scar that adheres to the underlying muscles and tendons.

Between 2001 and 2002, we performed 10 radial forearm flap procedures in our unit. The flexor carpi radialis, palmaris longus, and brachioradialis tendons were exposed in all cases.

A total of 10 patients were included (seven men and three women) with a mean age of 46.5 years (range, 25 to 77 years). Details of sites of skin loss as well as surgical indications are listed in Table I. In all patients, the donor site was covered with Integra (Integra Life Sciences, Plainsboro, N.J.) (Fig. 1).

The cosmetic result of healing was evaluated on a scale of 1 (ugly scar) to 10 (perfect healing) by the patients and by a physician not involved in the actual surgical procedure. The area of healing (grafted with Integra) was considered free of adhesion if the examiner could create a skin fold and if passive and active mobilization of the wrist in flexion/extension did not result in concomitant mobilization of the adjacent area of healing.

Integra took successfully in nine cases. One failure was seen in a smoker with poor discipline who failed to return for bandaging. In addition, this patient was lost to follow-up. In two patients, further epidermal grafting was required due to partial failure of the initial graft.

For the nine patients seen again, time to assessment was 12.7 months. Mean time to wound healing was 4.8 weeks