Reconstruction of Postburn Scar Contracture of the Thigh Using the Anterolateral Thigh

V-Y Advancement Flap

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Abstract

Background

For the release of burn scar contractures, split thickness or full thickness skin grafting can be

often done. But it requires longer immobilization, and usually results in relapse.

The reconstruction using the flap provides large and well vascularized tissue that will prevent

future contracture¹.

This report presents our resent experience with use of the pedicled anterolateral thigh² V-Y

advancement flap for reconstruction of soft tissue defects after the release of burn lateral thigh

contracture.

Methods

A 70-year-old man had a scar contracture with ulceration involving the left lateral thigh to

lateral knee region. After the excision of the scar and the release of the contractures, 11 X 7 cm

soft tissue defect had occurred. The perforating vessels of the anterolateral thigh region were

mapped with a handheld pencil Doppler probe. The flap was designed over the perforator at the

medial region to the defect. The flap was elevated in the subfacial plane for identification of the

perforators. The flap based on two perforators (one musclocutaneous and one

septocutaneous) was transposed with V-Y advancement to close the defect (Figure.1).

Results

The flap survived completely. One year after the operation, the patient demonstrated a full

range of knee motion and was satisfied with the aesthetic and functional result (Figure.2).

Conclusion

We found the anterolateral thigh V-Y advancement flap to be a useful option to the reconstruction of postburn thigh scar and contracture band.

References

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Figure 1. The anterolateral thigh flap based on two perforators was transposed with V-Y advancement.



Figiure 2. One year after the operation