

Plastic Surgery The Meeting 2014

Cone-shaped

Anterolateral Thigh Flap for Heel Reconstruction

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Background

- Plantar heel full thickness defect challenge
- Various reconstruction option
 - Skin graft → less favorable
 - Moderate defect → Local flap (ex. V-Y flap, instep flap)
 - Large defect → Free flap (ex. ALT, RFFF, LD, VL, Lat. Arm, Scapular, Rectus abdominis... etc.)

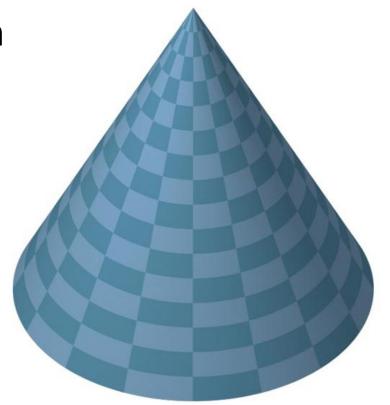
~~ Robin P et al. Plas Reconstr Surg. 2007 Mar

~~ Mourougayan V et al. Ann Plast Surg. 2006 Feb

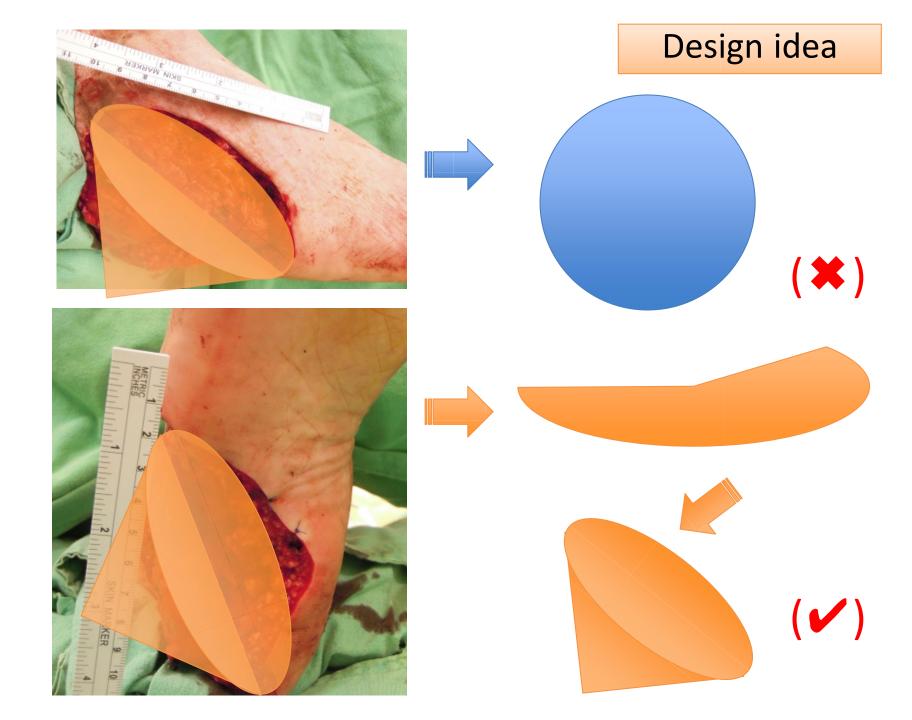
~~ Hollenbeck ST et al. Plast Reconstr Surg. 2010 Mar

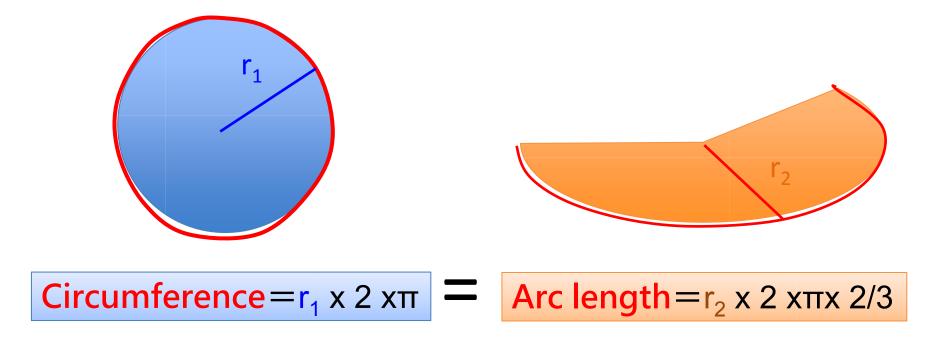
Materials & Methods

- From 2012.5~2013.12
- 5 heel reconstruction
- Retrospective review



| Pt No. | Age & Sex | Co- morbidity | Cause of defect | Size of defect | Size of flap | Post op event |
|-----------|-----------|---------------------------|----------------------------------|----------------|--------------|-------------------------|
| 1 | 50 y/o F | Nil | Left heel nodular melanoma | 7x6 | 9x4 | nil |
| 2 | 61 y/o F | Nil | Left heel acral melanoma | 6x6 | 11X4 | Venous thrombosis |
| 3 | 79 y/o M | Nil | Right heel acral melanoma | 11X8 | 18X6 | nil |
| 4 | 69 y/o M | DM, HTN, CKD | Left heel acral melanoma | 7X7 | 15X4 | Distal partial ischemia |
| 5 | 20 y/o M | Neuropathy Parapledgia | Guillain- Barre syndrome | 7x6 | 10x4 | nil |





$$r_1: r_2 = 2:3$$

Donor site defect width = $2r_1$: r_2 = 4 : 3

Decrease 25% width in new design

Case presentation

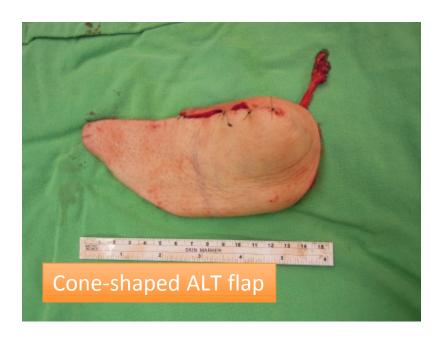
79 y/o male right heel melanoma















Intra-operative









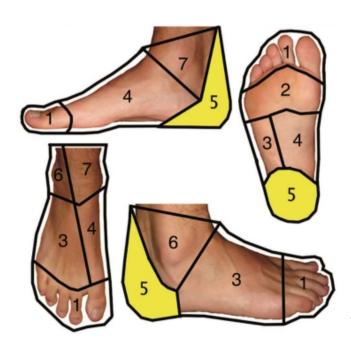
Post-op 6 months

Results

- All flaps were survival
- One postoperative vein thrombosis and further salvage procedure
- One flap distal partial necrosis and further FTSG

Discussion

- *Hollenbeck et al.* → Subunit principle
- Heel→ high functional, low aesthetic, durable and mild bulky



Free tissue: ALT>
gracilis + STSG> LD>
scapular>Lat. arm>
RFFF

~~ Hollenbeck ST et al. Plast Reconstr Surg. 2010 Mar

Our advantages

- 3D-contouring reconstruction in one flap
- More fit & less bulky
- Few revision procedures
- Donor site primary closure easier
 - →6-10cm can primarily close
 - → width—to—thigh circumference ratio <16%

Conclusion

- Cone-shaped ALT flap for heel reconstruction
 - Alternative modified design
 - Safe and reproducible
- Decrease donor site defect width about 25%

