

## **Upper Medial Tigh Perforator Flap in the Lower Extremity Reconstruction**

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### **Introduction:**

The medial circumflex femoral perforator flap was named according to the convention of the Gent consensus for perforator flap nomenclature<sup>1</sup>, on the basis of its customary source vessel. It is a true perforator flap, because intramuscular dissection of the gracilis musculocutaneous perforators is necessary to ensure inflow to the cutaneous flap<sup>2</sup>. In this report, we present upper medial thigh perforator flap (gracilis perforator flap) in a horizontal (transverse to the gracilis muscle) manner based on any reliable perforators from the upper medial thigh.

### **Materials and Methods:**

All of four patient have lower extremity soft tissue defects due to traumatic injuries. There were 1 female patients and 3 male patients. The average age of the patients was 23 years (range, 6 to 35 years). All flaps were raised subfascially in a free-style flap fashion.

### **Results:**

All perforators were originated from the medial circumflex femoral artery and the perforators were musculocutaneous. Mean flap diameter were 13x6,5cm. In one patient, gracilis muscle also included in flap design and upper medial thigh perforator based skin island also harvested. All flaps were survived and donor sites were closed primarily.

### **Conclusion:**

The major advantages of this flap were noted as its donor site that allowed surgeon concealing scar to gluteal creases. However, its major disadvantages was inconsistent

perforator position and we believe that free style free flap approach can solve this advantages in experienced hands. The flap can obtain reasonable size, well-hidden scar, function, good pliability.

## References

1. Blondeel, P. N., van Landuyt, K. H. I., Monstrey, S. J. M., et al. The “Gent” consensus on perforator flap terminology: Preliminary definitions. *Plast. Reconstr. Surg.* 112: 1378, 2003.
2. G.G. Hallock, The conjoint medial circumflex femoral perforator and gracilis muscle free flap. *Plast Reconstr Surg.* 2004;113:339–346.

## FIGURE LEGENDS

Figure 1: Preoperative view of patient (A), the view of harvested upper medial thigh perforator flap (B;C), Postoperative view of patient (D).

