

MANAGEMENT OF DONOR SITE OF A TRANSPOSITION FLAP

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Introduction :

The transposition flap is a rectangle or square of skin and subcutaneous tissue which is moved about a pivot point into an immediately adjacent defect. The donor site of a transposition flap can be closed by skin grafting, by direct suture of the wound or by a secondary flap from the most lax skin at right angles to the primary flap (Conley, 1976).

Following case report illustrates one of the methods employed for closure of donor site of a transposition flap.

Case report :

A 45 years old, Hindu, Male, former by occupation was admitted to Plastic Surgery Unit of University Hospital, B. H. U. Varanasi with complaints of ulcer over left upper lip and nasolabial area of face of five years duration. Ulcer started as a nodule, which latter ulcerated and started increasing in size. It was painless but associated with little serosanguinous discharge. On examination, ulcer was measuring 2.5×2 cms. (Fig. 1) with raised and rolled out irregular edges. It was mobile and its base was soft. There was no regional lymphadenopathy. Apart from this there was a mole over the face about $2\frac{1}{2}$ cms. away from lateral limit of the ulcer. Systemic examination did not reveal any

abnormality. Biopsy from the edge of the ulcer established the diagnosis of Basal Cell Carcinoma. Patient was prepared for surgical treatment and wide excision of the ulcer was done under general anaesthesia. Mole was also excised and defect of upper lip and nasolabial area was repaired by a transposition flap from adjacent area of face and donor area of this flap was repaired by another smaller transposition flap. The donor area of second transposition flap was closed by direct approximation. Patient stood the operation well. stitches were removed on 8th postoperative day and wound healed without any complication (Fig. 2 & 3).

Discussion :

Various methods have been described for closing the donor site of a transposition flap. One of them is by V-Y advancement or Multiple transposition flaps advocated by Limberg (1946). This may not be possible in all situations. Other method is by using free skin graft which is not an ideal method over the face. Next method is by using Bilobed Flap of Zimany (1953), which consists of a large lobe which is transposed into the primary defect and a smaller lobe, which is transposed to fill the secondary defect produced by the mobilisation of the larger component. The bilobed flap is based on a single pedicle. This flap is quite useful for repairing the facial

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defects of older people in whom the adjacent skin is enough lax. The method of closing the defect in present case by two transposition flaps (one adjacent to the other) is also quite satisfactory over the face of older people and gives excellent colour match along with other advantages of a local flap. Defect of smaller second

transposition flap could easily be closed by direct approximation.

Summary :

Present case report illustrates one of the methods for management of donor site of a transposition flap by two transposition flaps.

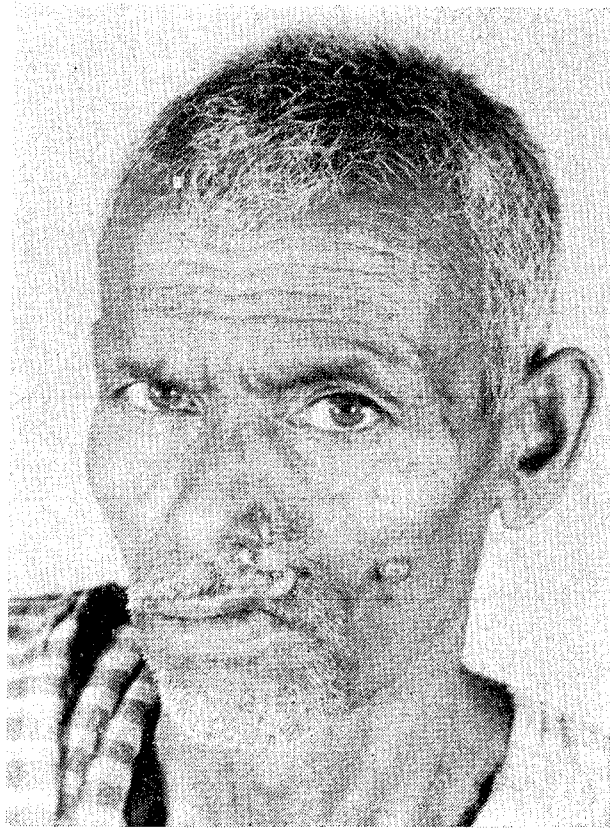


Fig. 1 Pre-operative photograph showing extent of ulcer.

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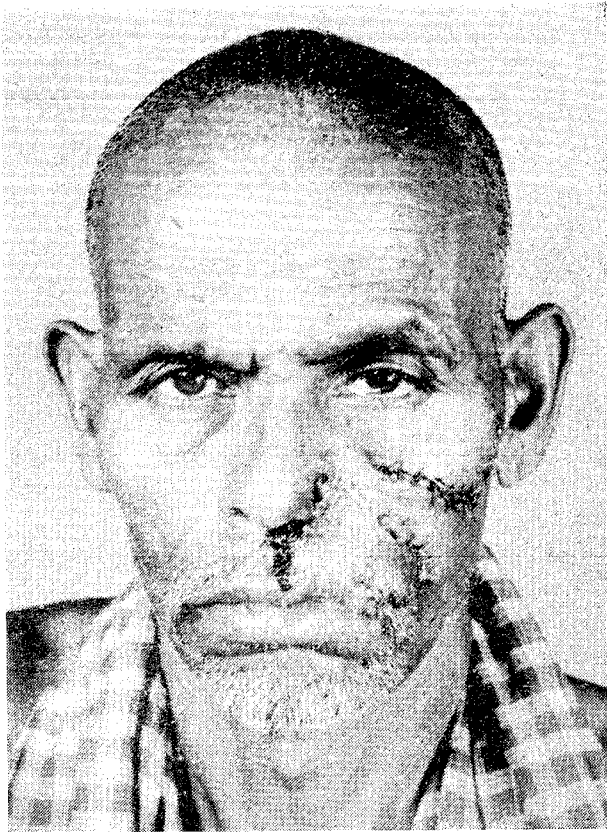


Fig. 2. Early Postoperative photograph showing the result of reconstruction (Front View)

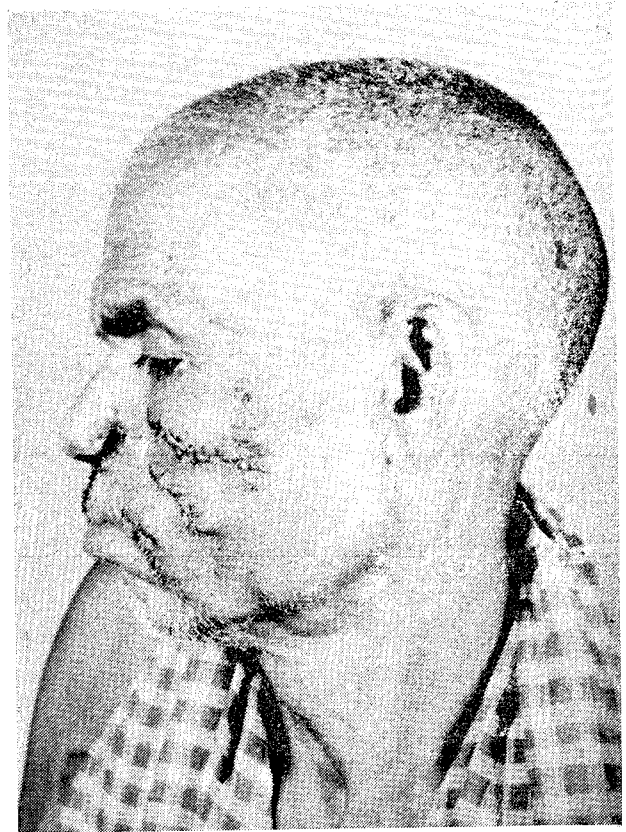


Fig. 3. Early Postoperative Photograph showing the result of reconstruction (Side View)

REFERENCES

1. Conley, J. (Ed.) : Regional Flaps of the head and neck. Philadelphia, Saunders, P. 12, 1976.
2. Limberg : Quoted by converse, J. M. : Reconstructive Plastic Surgery. Philadelphia Saunders, Vol. 1, P. 206, 1977.
3. Zimany A. : The bi-lobe flap. Plast. Reconst. Surg., 11:424, 1953.