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TRAPEZIUS MYOCUTANEOUS FLAP FOR SCALP DEFECT

(A CASE REPORT)

S.P. Sen, S. Ghosh, M. Nandi, (Mrs.) B. Nandi

SUMMARY

A large recurrent scalp tumour was excised. The exposed skull bones on the left side were covered successfully by using a large trapezius myocutaneous flap with a good result.

(Key Words : Recurrent scalp tumor, Myocutaneous flap*)*

Use of myocutaneous flaps has brought about a revolutionary change in reconstrutive plastic surgery. The uses of trapezius myocutaneous flap are many fold. We have used this flap for covering a very big raw area of scalp with exposed skull bones in an elderly patient.

Case Report

Mr. S.S. Goswami, aged 63 years, Hindu male, came with a huge big globular swelling mainly on the left half of scalp in 1987 (Fig. 1). It all started as a soft mobile lump on the left lateral aspect of scalp from 1966 which was operated in 1972 for bleeding from the tumour. After about 12 months in 1973 he had recurrence at the same site. This time it increased very rapidly and had three or four sinuses openings on the surface of the tumour. Again he had severe bleeding from these sinuses and was admitted in a hospital in January, 1974 and blood transfusion was necessary. In the month of April, 1974, wide excision of the tumour was done and the raw area covered by partial thickness skin graft.

After about some twenty months he noticed again a small swelling just below the site of the previous tumour. This tumour, again started increasing in size very rapidly. This time he consulted some homeopathic doctor loosing all hopes in allopathic treatment. But in December, 1979, he again had severe bleeding and was admitted in R.G. Kar Medical College where he was resuscitated and operated in 1980. This time also excision and skin grafting was done. In 1985, he had recurrence again more of less at the same site and the tumour got fixed to the skull. At the end of 1986 he noticed that the swelling was increasing very rapidly in size and became very painful. He had another episode of severe bleeding and was admitted in N.R.S. Medical College Hospital for resuscitation.

On examination

A big globular swelling was present in the left parieto-occipital region which was hard in consistency and had irregular surface. It was fixed to the skin and the underlying skull bones. Transillumination was negative. No history of cough, haemoptysis or any other neurological deficit was noted.

C.T. Scan showed a hard extracranial swelling in the parieto-occipital region. There was no intracranial extension. (Fig. 2)

Histologically the tumour was composed of interlacing bundles of spindle shaped cells with elongated nuclei. Cells enclose small capillaries and at place show a storeiform pattern. Large areas of tumour show hyalinization. A diagnosis of Fibrous histiocytoma (recurrent) was made.

Treatment

Operation done on 10.8.87. Whole of the tumour with 2 cm clear margin with some portion of the outer table of skull under the tumour was excised. Tumour was very vascular with multiple big vascular feeding channels. Proper haemostasis was done. The big raw area with exposed bony surface (Fig. 3) was covered by a large Trapezius

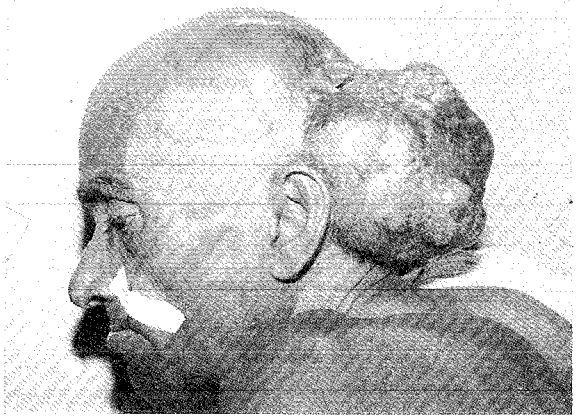

Figure-I Showing the recurrent tumour.

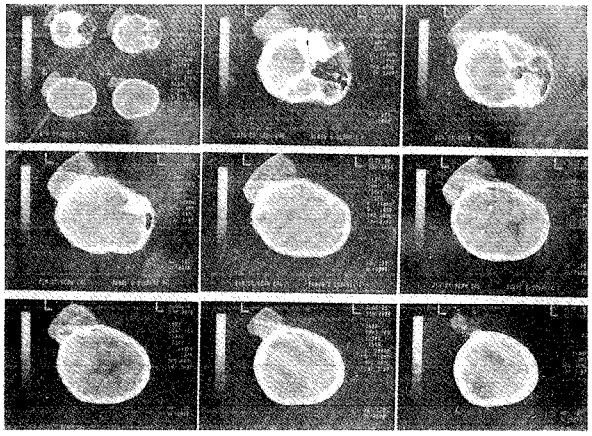

Figure-II C.T. Scan showing the extent of growth.

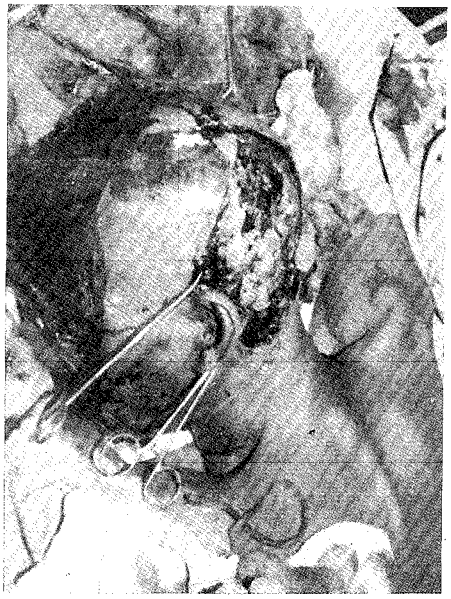

Figure-III Showing the area after excision of growth.

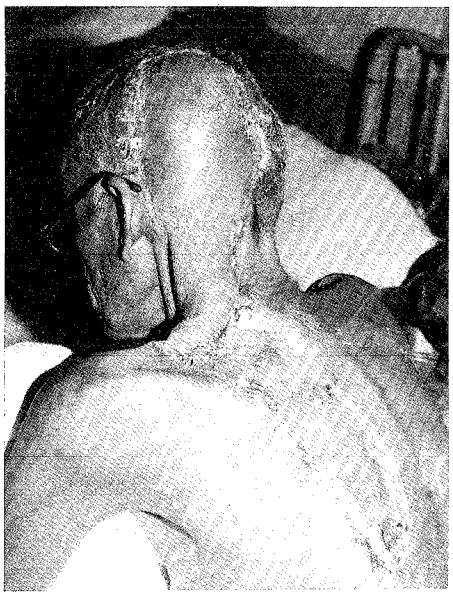

Figure-IV Trapezius Myocutaneous Flap.

myocutaneous flap. (Fig. 4). Raw area over the donor site was covered by split thickness skin graft. Drainage was provided under the flap. Flap detached and insetted on 2.7.87. The post operative appearance is shown in (Fig. 5). The Result good with no recurrence uptil now.

Conclusion

Trapezius myocutaneous is a very useful flap with minimum donor site deformity and practically no functional disability.

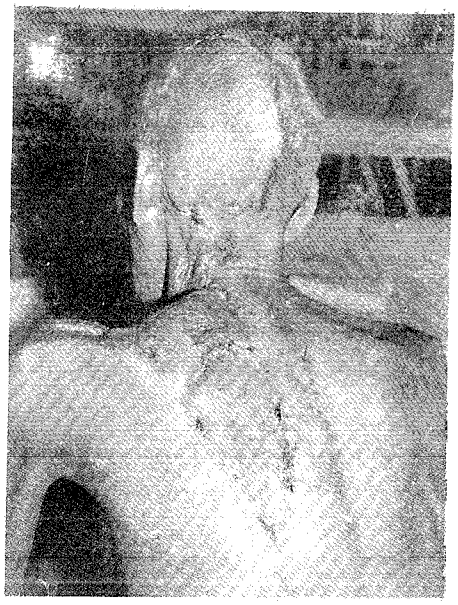

Figure-V The pedicle detached and the area covered with the flap.

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