Gluteal Thigh Flap Coverage in Pressure Sores

KEY WORDS
Pressure Sores, Flaps.

ABSTRACT
Single stage successful and easy closure of ischial and trochanteric pressure sores is now possible with use of a gluteal thigh flap. Experience of six cases, so treated is presented.

INTRODUCTION
Treatment of pressure sores is one of the most difficult challenges in reconstructive plastic surgery. (Dansereau and Conway, 1964). In recent years superb myocutaneous flaps have been designed and offer a wide range of choices for coverage. A flap is labeled good if it fulfills the purpose of cover as well as filling material at one operation.

The present study was conducted in six cases in which ten ischial and trochanteric pressure sores were covered with gluteal thigh flap.

FLAP DESIGN
The flap is raised from posterior aspect of thigh and buttock as described by Hurwitz et al (1981). The pivotal point is 5 centimeters above the ischial tuberosity. Central axis of the flap is midway between greater trochanter and ischial tuberosity, perpendicular to gluteal crease. The width is variable according to the size of the defect. Lower border extends to within 8 centimeters of the popliteal fossa.
Flap was raised along with subcutaneous tissue and fascia lata, from distal to proximal end by sharp dissection over hamstrings. The flap was rotated and inset into the defect and the donor defect was directly closed after wide undermining.

OBSERVATIONS
All the flaps raised proved successful. Almost all donor area could be closed directly after undermining. One year follow up did not show any breakdown.

Figures:
1. Trochanteric Pressure Sore
2. Marking of Gluteal Thigh Flap
3. Raised Flap
4. Post Operative Result
5. An Ischial Pressure Sore
6. Post Operative Result with Gluteal Flap
### TABLE 1

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Type of Pressure Sore</th>
<th>Result</th>
<th>Recurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ischial</td>
<td>Trochanteric</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>2</td>
<td>-</td>
<td>Good</td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
<td>-</td>
<td>Good</td>
</tr>
<tr>
<td>3.</td>
<td>-</td>
<td>2</td>
<td>Good</td>
</tr>
<tr>
<td>4.</td>
<td>-</td>
<td>2</td>
<td>Good</td>
</tr>
<tr>
<td>5.</td>
<td>1</td>
<td>-</td>
<td>Good</td>
</tr>
<tr>
<td>6.</td>
<td>-</td>
<td>2</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Wound Healing Properties Of Hone**

**DISCUSSION**

Though Davis (1938) came out with the idea of using flap replacement, Lamon and Alexander (1945) reported the first surgical closure. Ger (1971) introduced the muscle flap with split thickness skin graft to cover the defects of lower extremity. Tensor fascia lata myocutaneous flap has been found to be very useful to cover ischial and trochanteric pressure sores (Nahai et al, 1978, Krupp et al, 1983). Minami et al (1977) used Vastus Lateralis myocutaneous flap to cover trochanteric defects. Hurwitz et al (1981) introduced gluteal thigh flap for coverage of perineal and buttock wounds. They presented a series of 21 cases out of which 18 were successful. Distal necrosis in three cases was reported. Grotting et al (1986) also advocated the use of gluteal thigh flap for coverage of perineal wounds.

In our series of 10 sores treated with gluteal thigh flap, we have found it to be a reliable, low morbidity and versatile flap for coverage of ischial and trochanteric pressure sores. To conclude it is a single stage procedure and the donor defect can be directly closed.

### REFERENCES


### AUTHOR’S NAME AND ADDRESS:

1. Dr. Sanjeev Uppal, M.S., Medical Officer, Department of Plast. Surgery, Govt. Medical College, Patiala.
2. Dr. Gurpartap Singh, M.S., M.Ch., Assistant Professor, Department of Plast. Surgery, Govt. Medical College, Patiala.
3. Dr. Karamjit S. Manher, M.S., M.Ch., Head, Department of Plast. Surgery, Govt. Medical College, Patiala.
4. Dr. Avtar Singh, M.S., M.Ch., Senior Lecturer, Department of Plast. Surgery, Govt. Medical College, Patiala.
5. Dr. Praneet Piasokhcha, M.S., Senior Resident, Department of Plast. Surgery, Govt. Medical College, Patiala.
6. Dr. J.S. Sath, M.S., M.Ch., Registrar, Department of Plast. Surgery, Govt. Medical College, Patiala.