Letters to Editor

defect over right thigh with exposed femoral artery pseudoaneurysm in a 23-year-old male who suffered electric burn with 1100 V alternating current and was referred to our centre after 40 days. Due to high voltage electric current injury, local tissue was deficient as donor, with debrided and fibrosed gracilis, tensor fascia lata and sartorius muscles and surrounding raw area. Options to cover the exposed femoral artery [Figure 1] which had a history of blowout were either a complicated microvascular free flap or morbid inferiorly based rectus abdominis muscle/myocutaneous flap.

We used this flap as a simple alternative in given scenario against complex tissue transfer. A femoral angiography was done to confirm the diagnosis of pseudoaneurysm [Figure 2], which was repaired with venous patch and subsequently covered it with a preputial flap. The arterial supply reaching the outer preputial layer fold by 180° to supply the inner layer and it ultimately terminates at the corona. Blood supply to the prepuce reaches via 4 to 5 minute vessels, distributed both ventrally and dorsally.[1,2]

Unfurling of the prepuce can be easily done by giving an incision on the inner layer, near the corona circumferentially, and carefully dissecting the 2 layers of the prepuce without damaging the blood supply to either.

A dorsal slit was given up to the base of glans. Incision was then turned perpendicular and was taken all around, leaving 1 cm skin attached on each side of the frenulum [Figure 3]. This unfurled prepuce was then used to cover the raw area above the freshly repaired artery. Base of flap was attached in a manner that almost

Novel use of preputial flap

Sir,
The novel use of prepuce as a regional flap to cover a defect over right thigh with exposed femoral artery pseudoaneurysm in a 23-year-old male who suffered electric burn with 1100 V alternating current and was referred to our centre after 40 days. Due to high voltage electric current injury, local tissue was deficient as donor, with debrided and fibrosed gracilis, tensor fascia lata and sartorius muscles and surrounding raw area. Options to cover the exposed femoral artery [Figure 1] which had a history of blowout were either a complicated microvascular free flap or morbid inferiorly based rectus abdominis muscle/myocutaneous flap.

We used this flap as a simple alternative in given scenario against complex tissue transfer. A femoral angiography was done to confirm the diagnosis of pseudoaneurysm [Figure 2], which was repaired with venous patch and subsequently covered it with a preputial flap. The arterial supply reaching the outer preputial layer fold by 180° to supply the inner layer and it ultimately terminates at the corona. Blood supply to the prepuce reaches via 4 to 5 minute vessels, distributed both ventrally and dorsally.[1,2]

Unfurling of the prepuce can be easily done by giving an incision on the inner layer, near the corona circumferentially, and carefully dissecting the 2 layers of the prepuce without damaging the blood supply to either.

A dorsal slit was given up to the base of glans. Incision was then turned perpendicular and was taken all around, leaving 1 cm skin attached on each side of the frenulum [Figure 3]. This unfurled prepuce was then used to cover the raw area above the freshly repaired artery. Base of flap was attached in a manner that almost
100% cover was achieved [Figure 4]. Post-operatively, the patient was kept sedated to avoid erection. Flap was detached on 21st post-operative day [Figure 5].

Special care is taken in preputial flap to prevent acute kinking and detachment during penile erection as pedicle of flap is attached with the corona. Dimensions possible with this flap are up to 8 cm × 10 cm, but it will vary with the amount of prepuce available with the individual.[3] It can be used as a distant flap to cover fingers and wrist or as an adjunct to a groin flap.[3,4] In the areas in the radius of penile length, it can be used as a regional flap as shown in this article.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Ankit Gupta, Shyam Gupta, Akhil Kumar, Manoj Kumar Jha, Sameek Bhattacharaya, Vinay Kumar Tiwari
Department of Burns, Plastic and Maxillofacial Surgery, PGIMER and RML Hospital, New Delhi, India

Address for correspondence:
Dr. Ankit Gupta, Department of Burns, Plastic and Maxillofacial Surgery, PGIMER and RML Hospital, New Delhi, India.
E-mail: drankit1612@yahoo.com

REFERENCES
Sir,

Department of Plastic Surgery runs 3 years residency training programme (M.Ch) in Plastic Surgery in our institute. During training emphasis is given on memorisation of Gillies Principles of Plastic Surgery, but often residents tend to forget. In their final exit examination, a question on 'Gillies Principles of Plastic Surgery' is often asked. All the residents are encouraged to remember these principles through some mnemonics. On literature search (internet), we did not find any mnemonics. We have prepared a mnemonics and sharing through this communication, which may be useful for other residents. The bolded word in mnemonic represents one of the principles. The mnemonics is as follows:


The detail description of principles using above mnemonic is as follows:

• Principle No. 1: ‘Observation’ (Observation is the basis of surgical diagnosis)
• Principle No. 2: ‘Diagnosis’ (Diagnose before you treat)
• Principle No. 3: ‘Planning’ (Make a plan and a pattern for this plan)
• Principle No. 4: ‘Records’ (Make a record)
• Principle No. 5: ‘Life’ (The lifeboat)
• Principle No. 6: ‘Stylish’ (A good style will get you through)
• Principle No. 7: ‘Replaces’ (Replace what is normal in normal position and retain it there)
• Principle No. 8: ‘Primary’ (Treat the primary defect first)
• Principle No. 9: ‘Losses’ (Loses must be replaced in kind)
• Principle No. 10: ‘Positively’ (Do something positive)
• Principle No. 11: ‘Throws’ (Never throw anything away)
• Principle No. 12: ‘Routine methods’ (Never let routine methods become your master).
• Principle No. 13: ‘Consult’ (Consult other specialists)
• Principle No. 14: ‘Speedily’ (Speed in surgery consists of not doing the same thing twice)
• Principle No. 15: ‘Look after’ (The aftercare is as important as the planning)
• Principle No. 16: ‘Tomorrow’ (Never do today what can honourably be put off till tomorrow).

Through this article, we would like to share the importance of this mnemonic in residency programme as we found it very easy to remember and apply in clinical practice.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Mnemonics for gillies principles of plastic surgery and its importance in residency training programme

Sandhya Pandey, Ravi Kumar Chittoria, Devi Prasad Mohapatra, M. T. Friji, Dinesh Kumar Sivakumar
Department of Plastic Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, India

Address for correspondence:
Dr. Ravi Kumar Chittoria,
Department of Plastic Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry - 605 006, India.
E-mail: drchittoria@yahoo.com

REFERENCE