

COLGAJO DE PERFORANTE DE SEGUNDA ARTERIA METACARPIANA DE FLUJO REVERSO COMO COBERTURA DE ZONA DONANTE DE COLGAJO EN COMETA

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Trabajo de Investigación presentado como requisito para optar el título de:
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RESUMEN

INTRODUCCIÓN: La reconstrucción de lesiones en la mano, específicamente en el pulgar y primera comisura, son un reto reconstructivo en la cirugía de mano. Dentro del arsenal quirúrgico se ha utilizado el colgajo de la primera arteria metacarpiana dorsal, sin embargo, se han observado alteraciones en la funcionalidad del área donante en el dorso del dedo índice, lo cual usualmente se cubre con injertos de espesor total. Para enfrentar esta complicación, describimos el uso de un segundo colgajo basado en la segunda arteria metacarpiana dorsal para el cierre del área donante inicial.

MATERIALES Y METODOS: Se presentan tres pacientes con lesiones traumáticas en el pulgar, entre los cuales se encuentra la exposición de estructuras vitales para su funcionalidad como nervios, vasos, tendones o hueso. A dichos pacientes se les realizó el colgajo neurovascular en isla basado de la primera arteria metacarpiana

dorsal, posteriormente se realizó un segundo colgajo basado en perforantes de la segunda arteria metacarpiana dorsal para el cierre del área donante. Finalmente el cierre de la segunda zona donante se realizó de manera primaria.

RESULTADOS: El cierre del área donante del dedo índice para la reconstrucción del pulgar, con un segundo colgajo, muestra que no hay alteraciones funcionales en los movimientos de flexión y extensión de la articulación metacarpofalángica, evitando el uso de injertos de piel y sus complicaciones. Los colgajos tuvieron una vitalidad del 100% en el seguimiento a los 30 y 60 días.

CONCLUSIÓN: El uso de colgajos simultáneos para la cobertura de lesiones traumáticas del pulgar es una buena opción en la reconstrucción del pulgar, disminuyendo el uso de injertos de piel y la morbilidad del área donante en el dedo índice.

Palabras clave: amputación traumática, pulgar, colgajo, reconstrucción, colgajo arteria metacarpiana dorsal.

ABSTRACT

INTRODUCTION: Thumb and first-web injuries are reconstructive challenges. first dorsal metacarpal artery flap is one of the available options in the surgical arsenal. However, donor site morbidity and complications in the index finger have been observed. to address this, we present a second flap based on the second dorsal metacarpal artery for primary donor site closure.

MATERIALS AND METHODS: We present 3 patients with thumb traumatic injuries, with noble tissue exposure (i.e. nerves, tendon, vessels, bone), using a first dorsal metacarpal artery island flap and a second flap based on the second dorsal metacarpal artery perforators. Finally, second donor site wound closure was performed primarily

RESULTS: Wound coverage of the donor site on the index finger for thumb reconstruction demonstrates no functional metacarpophalangeal joint flexion and extension movements, therefore full thickness skin grafts are no longer needed. no flap loss was observed at 30 and 60 days of follow-ups.

CONCLUSION: Simultaneous flaps for thumb traumatic injuries are a good reconstructive choice, avoiding skin grafts on the index finger donor site morbidity.

KEYWORDS: thumb, traumatic amputation, reconstruction, dorsal metacarpal artery flap.

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