

**ASSESSMENT OF RESULTS OF USING
FASCIOCUTANEOUS PEDICAL FLAP TO
COVER DEFECTS AT WRIST, HAND AND
FINGER IN EMERGENCY IN VIET TIEP
HOSPITAL**

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1. Introduction



1. Introduction

- Hand is the most delicate organ of motor system
- Hand is the perfect crystallization of creation
- Soft wound in the area of the wrist, hand and fingers are the common injuries in emergency.
- If not be covered in time, it would leave sequelae even lead to disability. Fasciocutaneous pedicle flap is plastic merterial which has lots of advertages
- Covering early in the emergency will reduce the time and cost of treatment, restore quickly function of wrist, hand and fingers.

1. Introduction

Purpose 1: Description of clinical characteristics of the soft defects at wrist, hand and fingers covering by fasciocutaneous pedicle flap in emergency in Viet Tiep Hospital

Purpose 2: Evaluation of the results of covering the soft defects at wrist, hand and fingers covering by fasciocutaneous pedicle flap in emergency in Viet Tiep Hospital from 1/2015 to 06/2017

2. Objects and Methods

2.1. Objects

Patients with the soft defects at wrist, hand and fingers due to various causes was covered by fasciocutaneous pedicle flap in the emergency in Viet Tiep Hospital from 1/2013 to 12/2015.

2.1.1. Selected Criteria

Patients with the soft defects at wrist, hand and fingers come before 6 hours, if wound was neat, sharp and patient used antibiotics, it could last time before 12 hours.

2. Objects and Methods

2.2. Removal criteria

- Multi-traumatic patients associate brain, chest, abdomen, ...
- The crushed soft defects occupy almost of perimeter of wrist, hand and fingers
- The infectious soft defects at wrist, hand and fingers because patient come late

2.3. Methods

A clinical descriptive prospective study of series of cases

3. Results and Disscuss

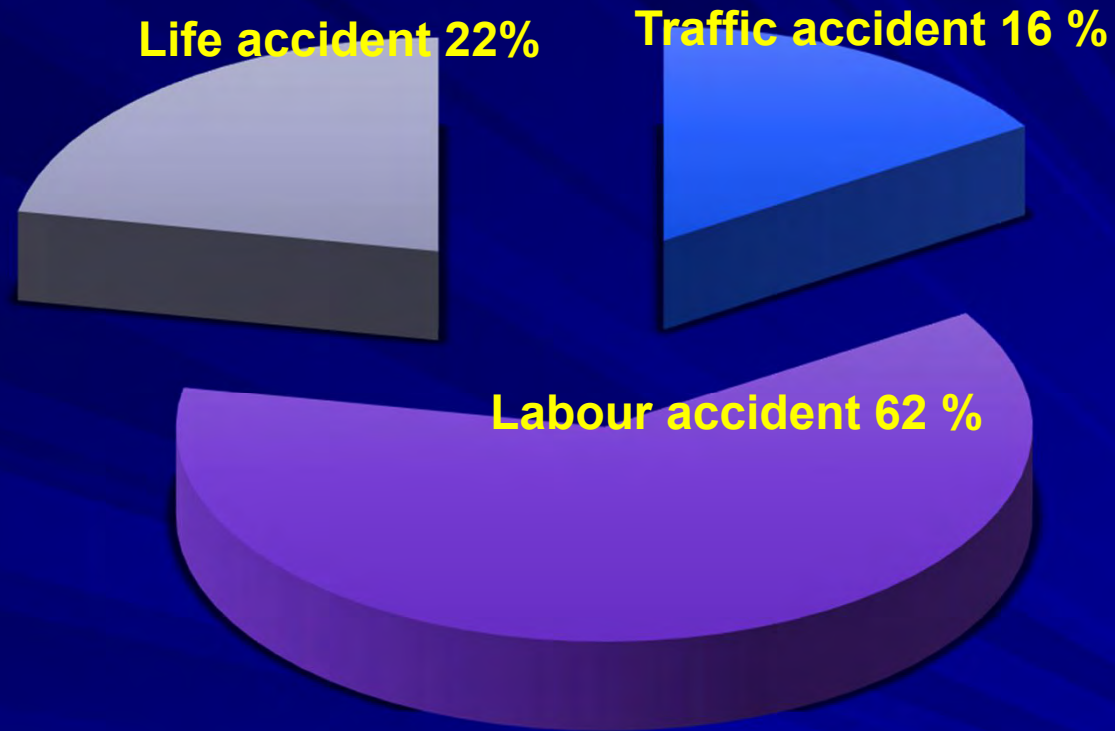


Chart 3.1. Reason of injury

3. Results and Disscuss

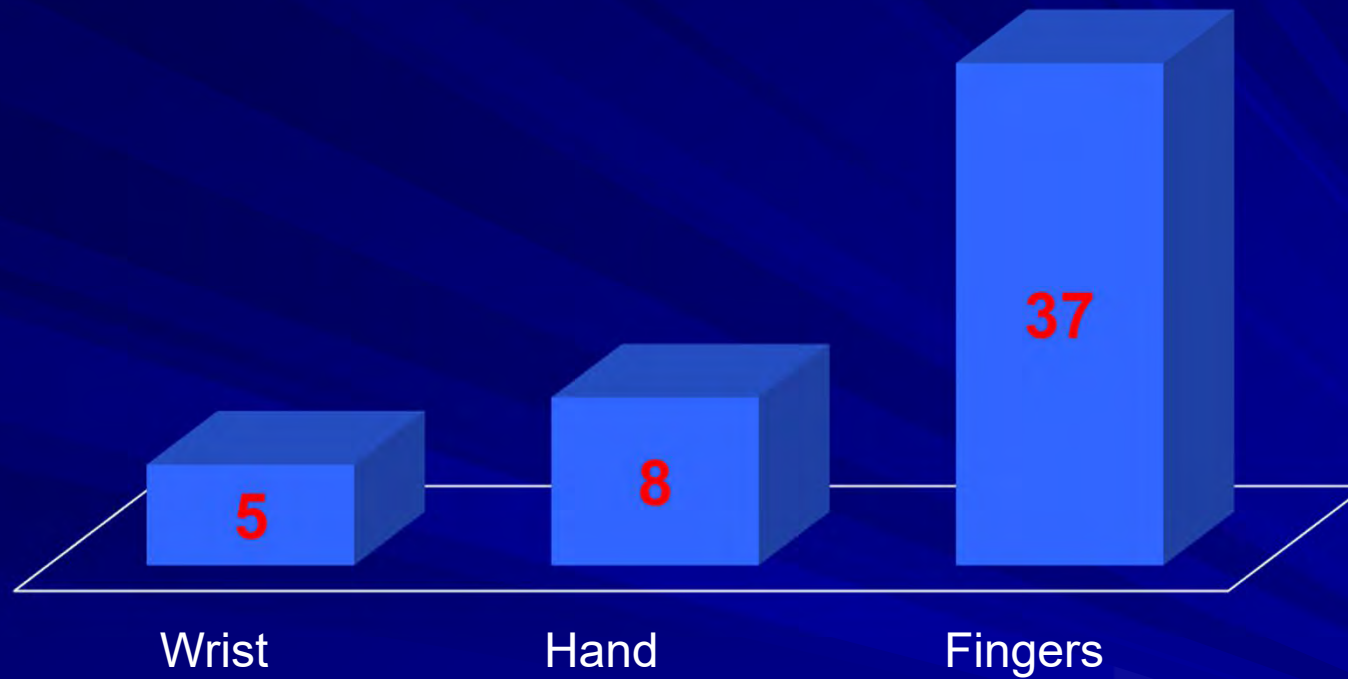


Chart 3.2. Location of injury

3. Results and Disscuss

Table 3.1. Time intervention of surgery

Time intervention of surgery	n	%
Before 6 hours	42	84
From 6-12 hours	8	16
Sum	50	100

3. Results and Disscuss

Table 3.2. Survival level of flap

Flap	Result	Entire survival	Necrosis less 1/3 of the area	Necrosis more 1/3 of the area	Sum
Random flap		27	1	0	28
Vascular axis flap		20	2	0	22
Sum		47	3	0	50

Nguyen Anh To (2010) [2], dissect 107 flaps 85,9% entire survival

Vo Tien Huy (2013) [4] 27/32 entire survival

Le Van Doan [1] 33/34 entire survival

3. Results and Disscuss

Table 3.3. Evaluation of survival level of flap

Time healing	Shortest	Longest	Average
Date	10	20	12

Vo Tien Huy (2013) [4] time treatment $28,03 \pm 9,13$ days.
Number of date treatment postoperative: $13,58 \pm 6,76$ days.

3. Results and Disscuss

Table 3.3 . Assessment of far outcome

Results	n	%
Good	32	93,3
Quite Good	2	6,7
Average	1	0
Poor	0	0
No movement	0	0
Sum	35	100

Illustrating Clinic



Patient Tran Duc L 30 years old. Time admission: 15/6//2014
wound in back of finger 4,5 because of knife

Illustrating Clinic



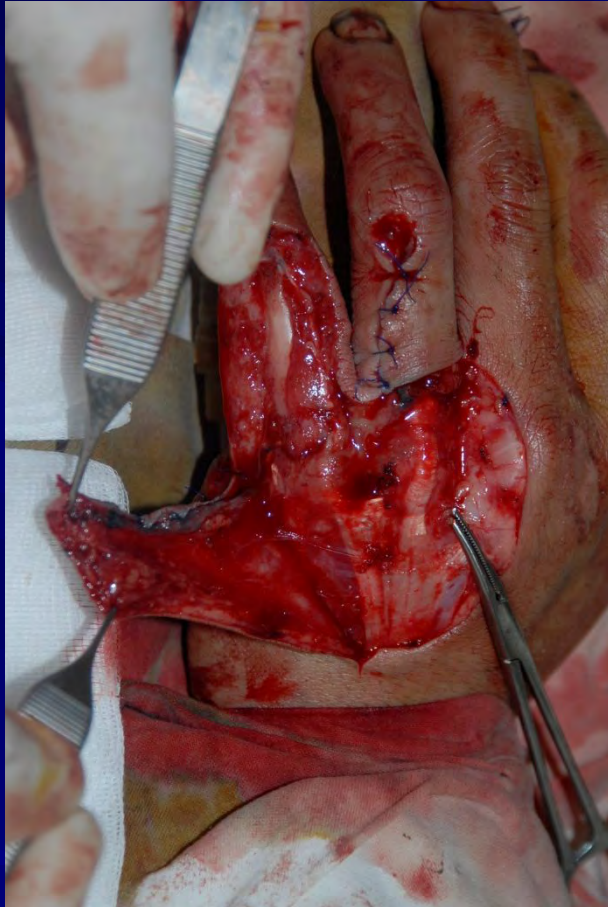
Patient with defect covering by wrist fasciocutaneous pedicle flap

Illustrating Clinic



Patient Nguyen Thi L 25 years old. Time admission: 06/11/2014
Wound in back of finger 4,5 because of cutter

Illustrating Clinic



Skin Thickness graft cover donor site

Illustrating Clinic



10 days postoperative



3 months postoperative

Illustrating Clinic



Patient : Tran Van G 45
years old. Admission:
15/6/2015 After labour
accident 1 hour

Atasoy and
Eponychium Flaps

Immediately after
Surgery

Illustrating Clinic



Patient : Le Huu D 24 years old. Admission: 15/6/2015
After labour accident, wound with whole defect of
palmar and lateral side of third phalanx of finger 2 at
first hour

Illustrating Clinic

