

**A DIFFERENT APPROACH TO  
COVERAGE OF FREE  
LATISSIMUS LATISSIMUS  
DORSI FLAP:  
SELF-GRAFTING WITH THE  
SKIN OF THE FLAP**

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- Latissimus Dorsi Muscle is the largest donor site of the body and has gained widespread popularity in reconstruction surgery.
- It can be applied as local island flap or free flap, mostly for coverage of the defects and sometimes for functional restoration or both.
- Usually the flap is covered by split-thickness skin graft, which is also a secondary morbidity reason for the patient.

- Myocutaneous latissimus dorsi flap does not require split-thickness grafting, but has a disadvantage of being bulky. The fatty connective tissue between the muscle and the skin causes unstable skin, which is one of the predisposing factors to ulceration in the weight-bearing areas.

- Shoe-wearing may be a major problem with a bulky latissimus dorsi flap.
- Contouring of the flap should be performed after the inactivation atrophy of the muscle.

- We present a method that solves most of the problems due to flap coverage and shapening of the flap, especially in foot reconstruction with free latissimus dorsi flap.

We transfer the free myocutaneous latissimus dorsi flap



The flap is too bulky at the initial stage



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# Before the tailoring

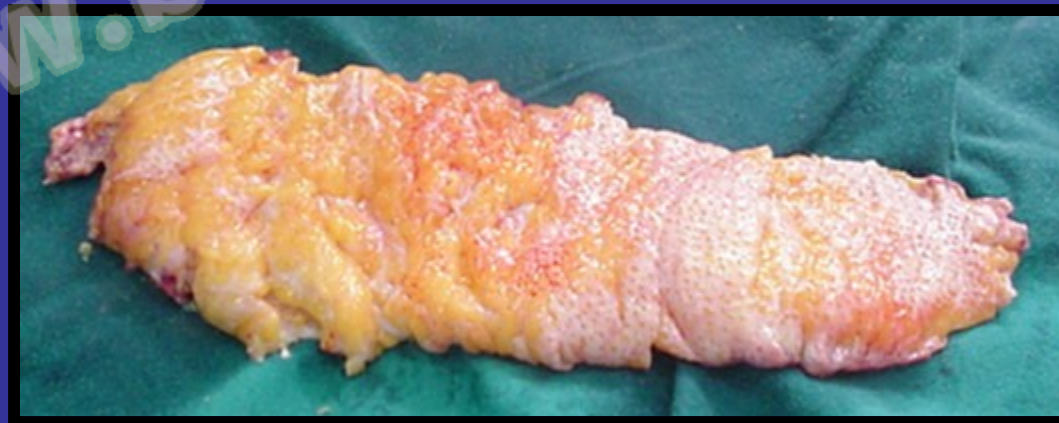
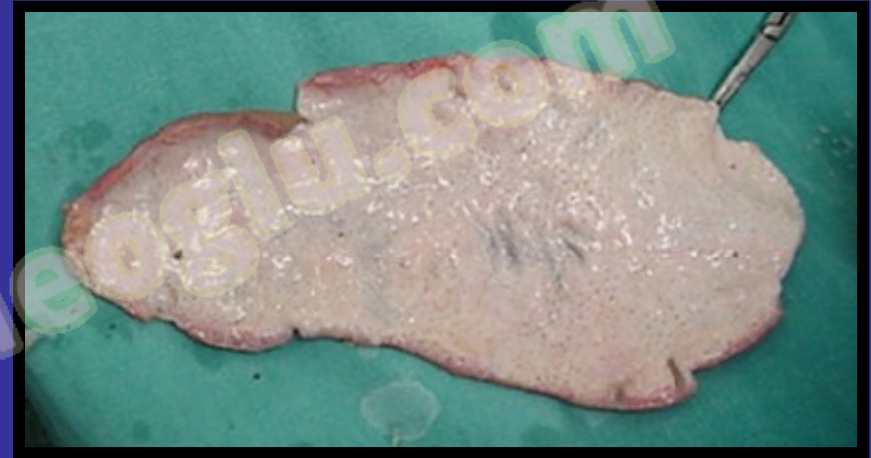




The coverage skin is excised and the shapening of the denervated atrophic muscle is performed



All of the fatty connective tissue  
of excised skin is removed



The excised skin is prepared as *full-thickness graft* and *re-applied* over the good vascularized bed



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# 1 Month after the operation





# Minor donor site morbidity with single incision



# CONCLUSION

The obvious advantages of this method:

- The *monitorisation* of the flap is possible.
- There is no split-thickness *graft morbidity*.
- The free flap transfer and grafting procedures are carried out by *single incision*.
- Especially in foot reconstruction, *satisfactory remodelling* for shoe-wearing can be performed.
- *Stable skin coverage* can be achieved that prevents the skin ulceration due to friction.
- Full-thickness grafting has more *resistance* and *strength* than split-thickness.

# CONCLUSION

The disadvantages of this method:

- Two-staged operation is performed.
- There is no sensibility.

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*Greetings From Istanbul*

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