

SGAP FLAPS FOR CLOSURE OF SACRAL DEFECTS

Dz.Ozols, K.Snippe, M.Timofejevs, M.Rudakovska, J.Lapins,
O.Libermanis, S.Daukste, E.Gulbis, M.Malzubris, D.Vadone

Riga Eastern Clinical University Hospital; Wound Clinic, Latvia.

Problem

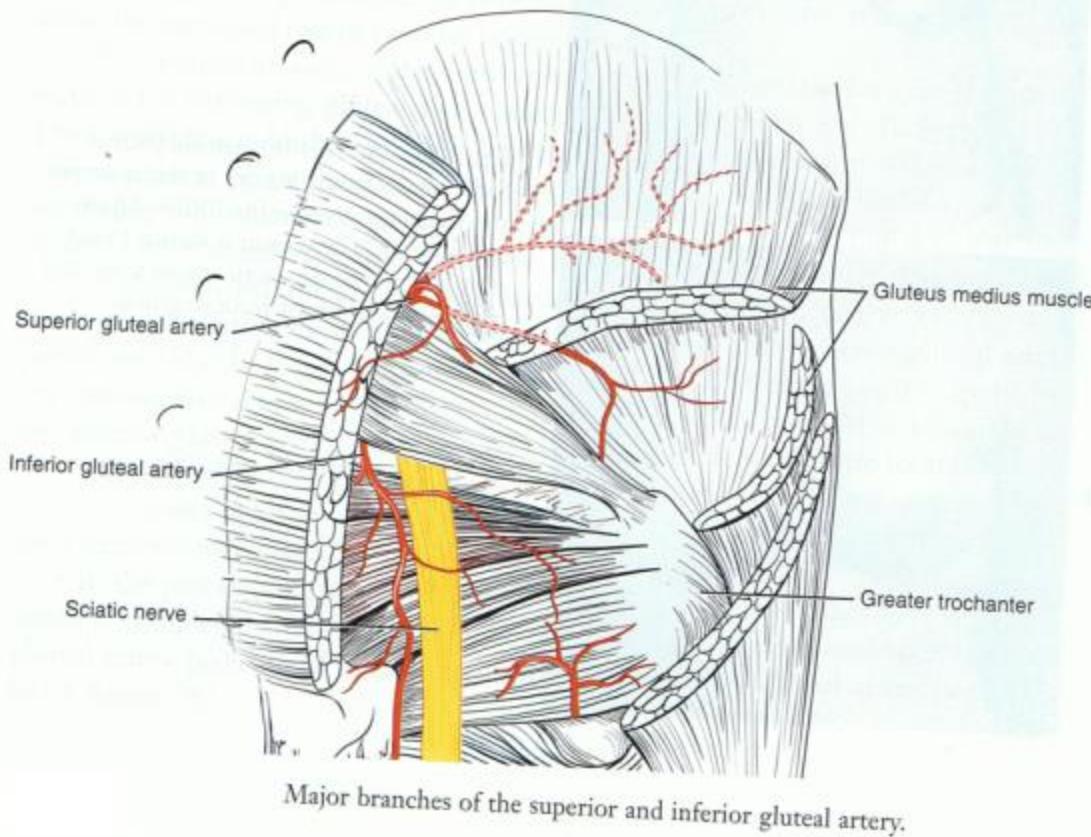
Pressure Ulcer - A pressure ulcer is an area of localized damage to the skin and underlying tissue caused by pressure, shear, friction and or a combination of these.

Problem

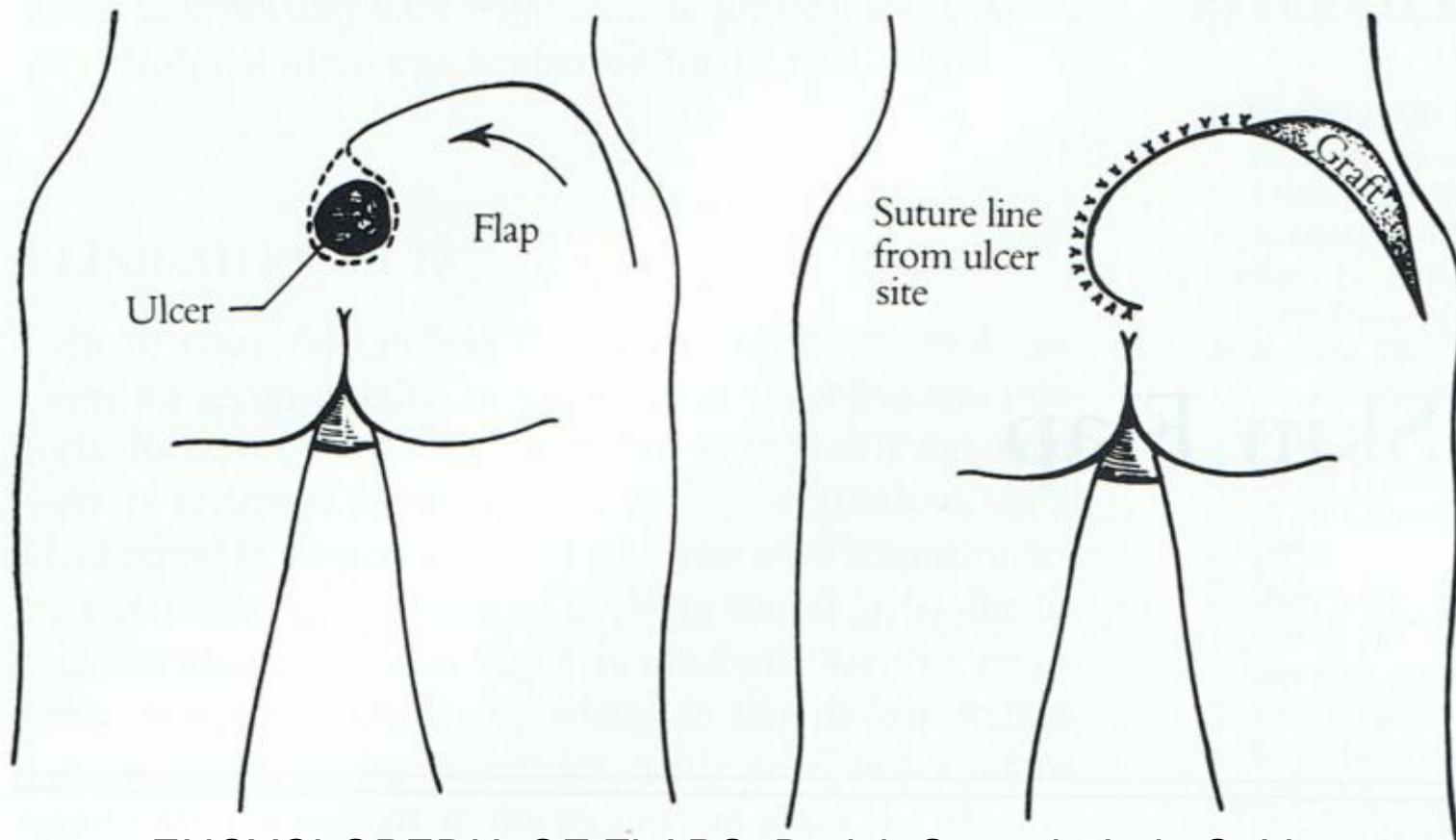
The hip and buttock regions account for 67% of all pressure sores, with ischial tuberosity, trochanteric, and sacral locations being most common.

Decubitus Ulcers
Don R Revis Jr, MD, Consulting Staff, Department of Surgery, Division of Plastic and Reconstructive Surgery, University of Florida College of Medicine emedicineJun 30, 2008

Anatomy

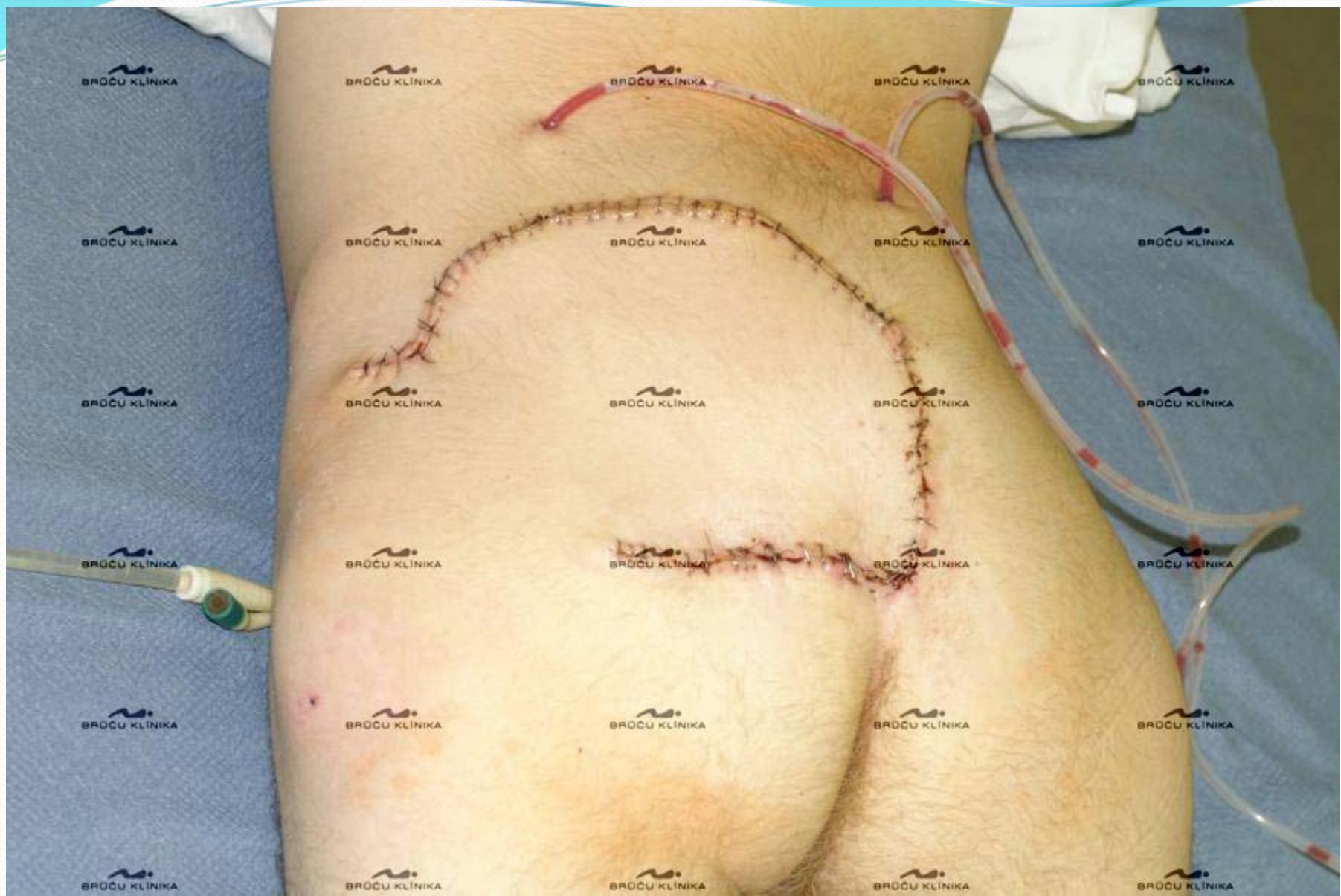


Gluteal rotation fasciocutaneus flap

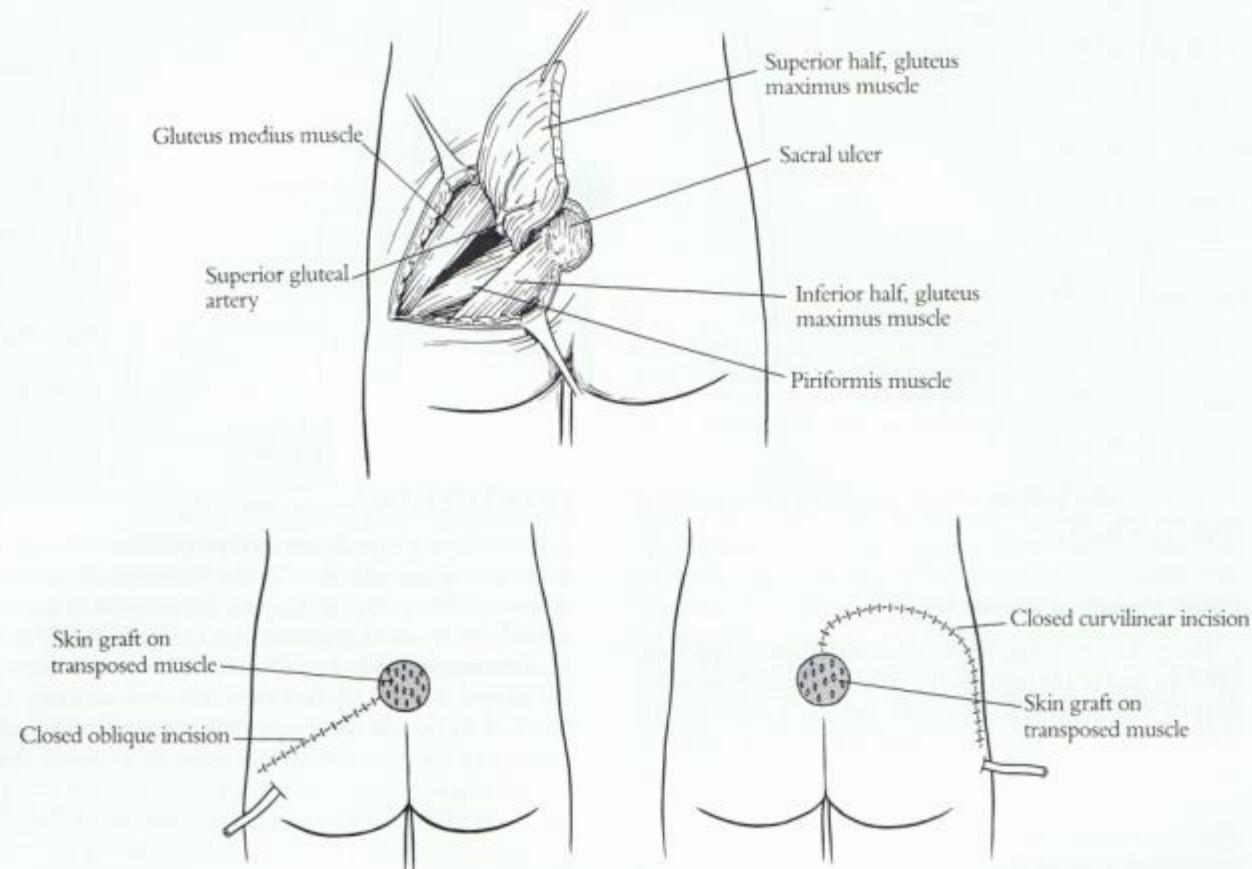


ENCYCLOPEDIA OF FLAPS, Berish Strauch, Luis O. Vasconez,
Lippincott 1998



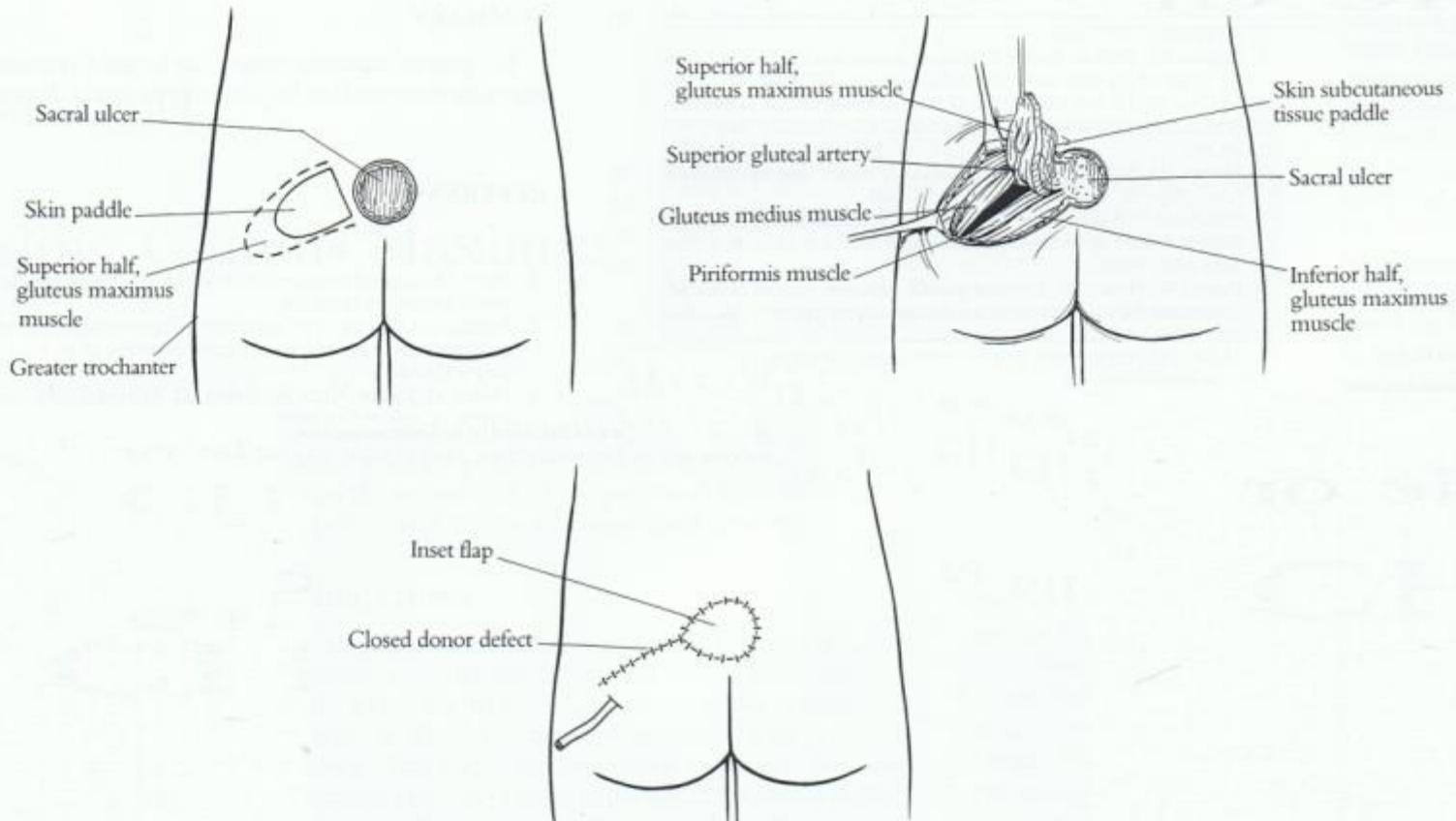


Gluteus maximus muscle turnover flap

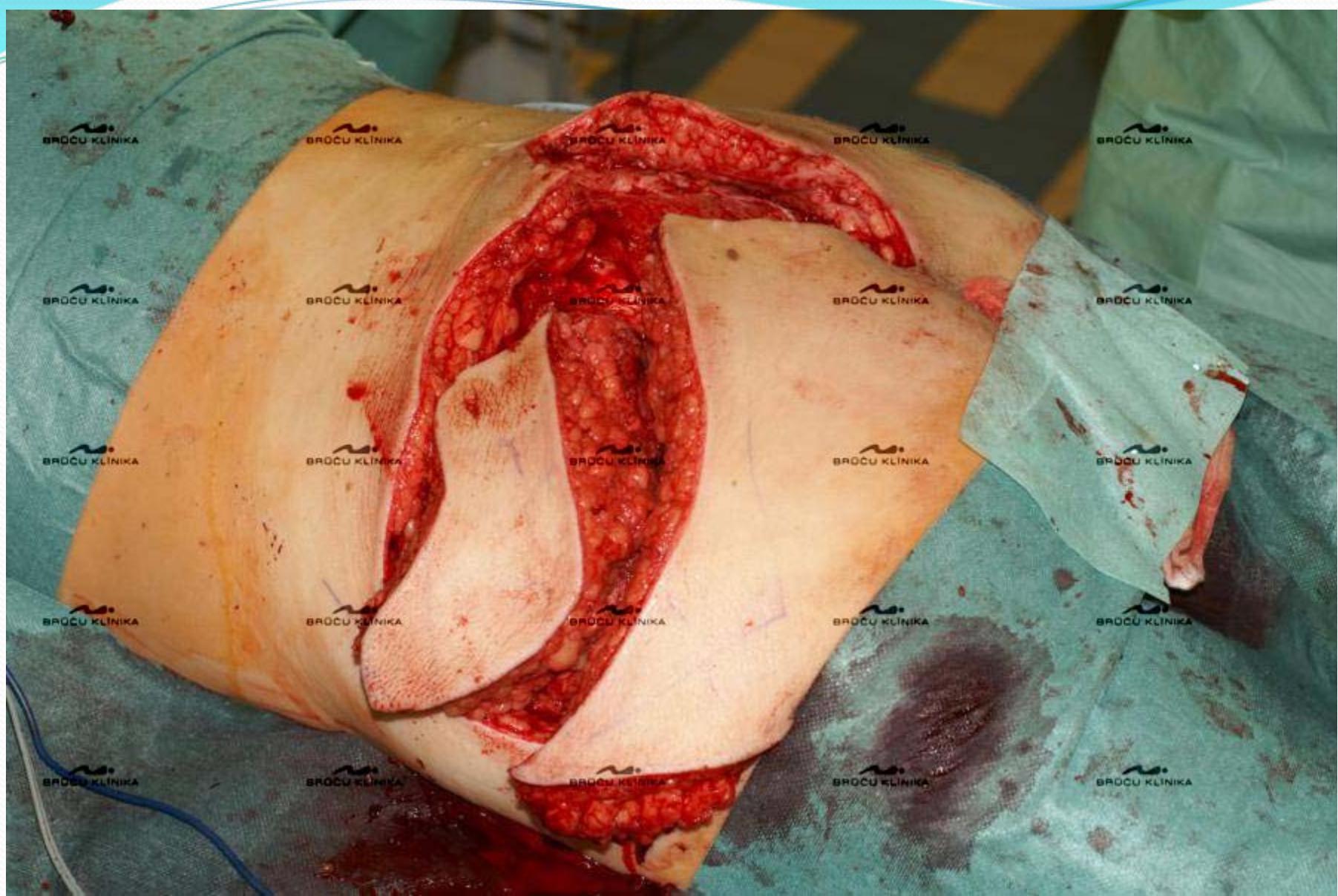


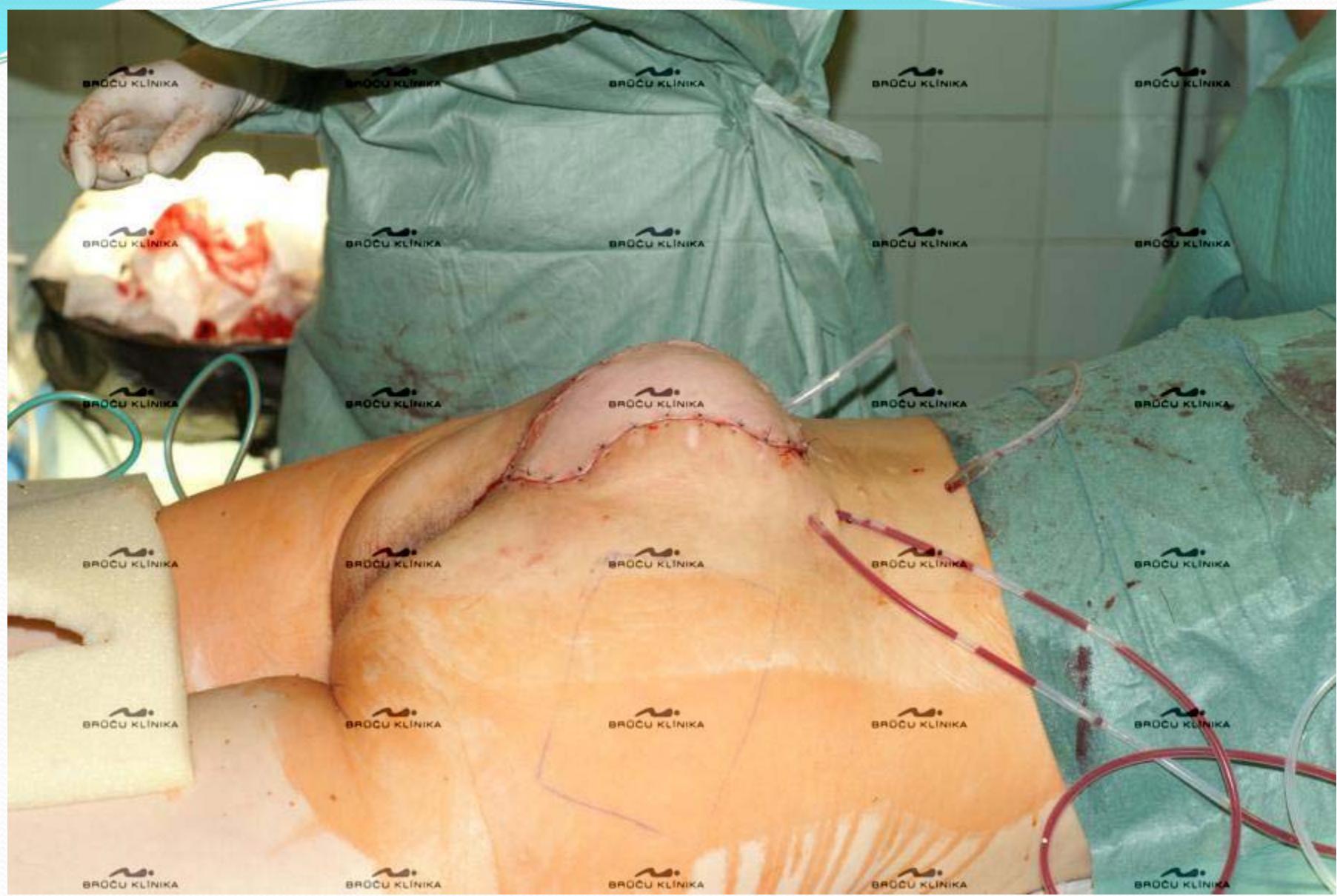
ENCYCLOPEDIA OF FLAPS, Berish Strauch, Luis O. Vasconez,
Lippincott 1998

Gluteus maximus musculocutaneous island flap



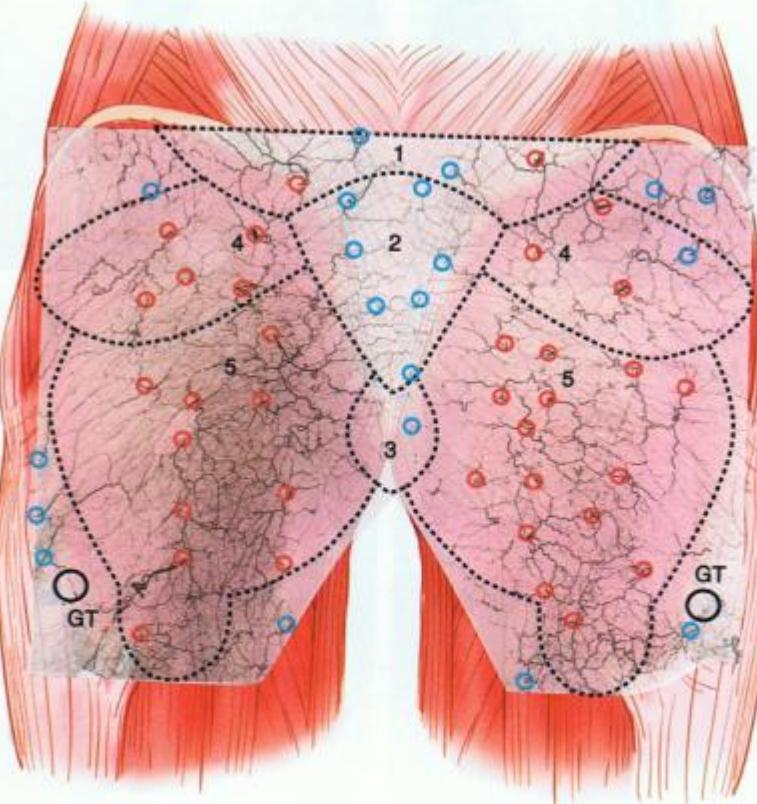
ENCYCLOPEDIA OF FLAPS, Berish Strauch, Luis O. Vasconez,
Lippincott 1998





BRÖÖCU KLINIKA

Anatomy



The superior (4) and inferior (5) gluteal artery perforators and the skin territories they vascularize. (1, Dorsal cutaneous branches of lumbar artery; 2, lateral sacral artery; 3, internal pudendal artery.)

SGAP

The SGAP flap is a pedicled fasciocutaneous flap developed from an evolution of work by Kroll and Rosenfield, Koshima et al, and Verpaele et al.

Perforators are located with Doppler ultrosaund.

Perforator-based flaps for low posterior midline defects. Kroll SS, Rosenfield L. Plast Reconstr Surg 1988; 81:561-6.

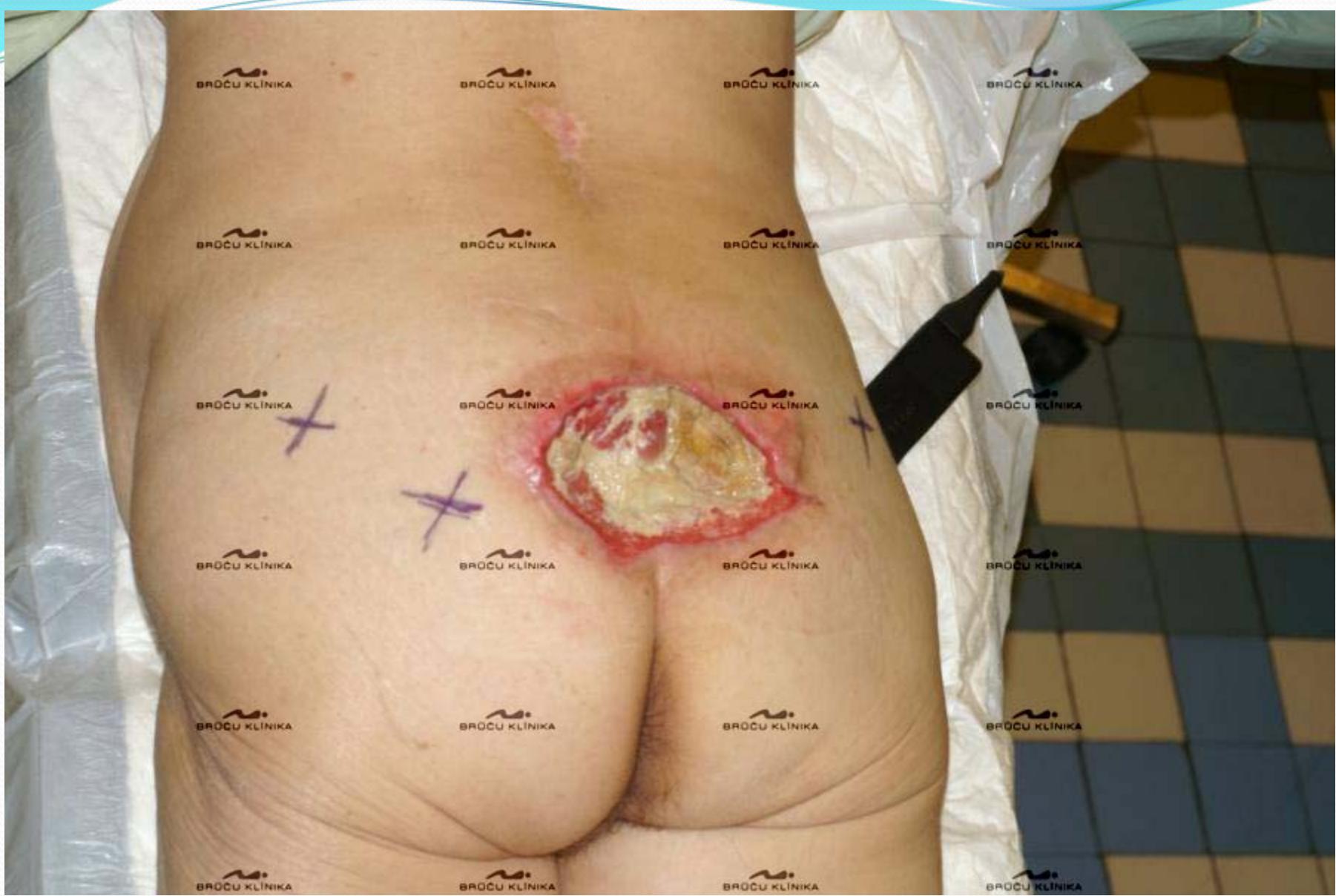
The superior gluteal artery perforator flap: an additional tool in the treatment of sacral pressure sores. Verpaele AM, Blondeel PN, Van Landuyt K, Tonnard PL, Decordier B, Monstrey SJ, Matton G. Br J Plast Surg 1999; 52:385-91.

The Superior Gluteal Artery Perforator Flap for the Closure of Sacral Sores M Leow, J Lim, T C Lim Singapore Med J 2004 Vol 45(1) : 37-39

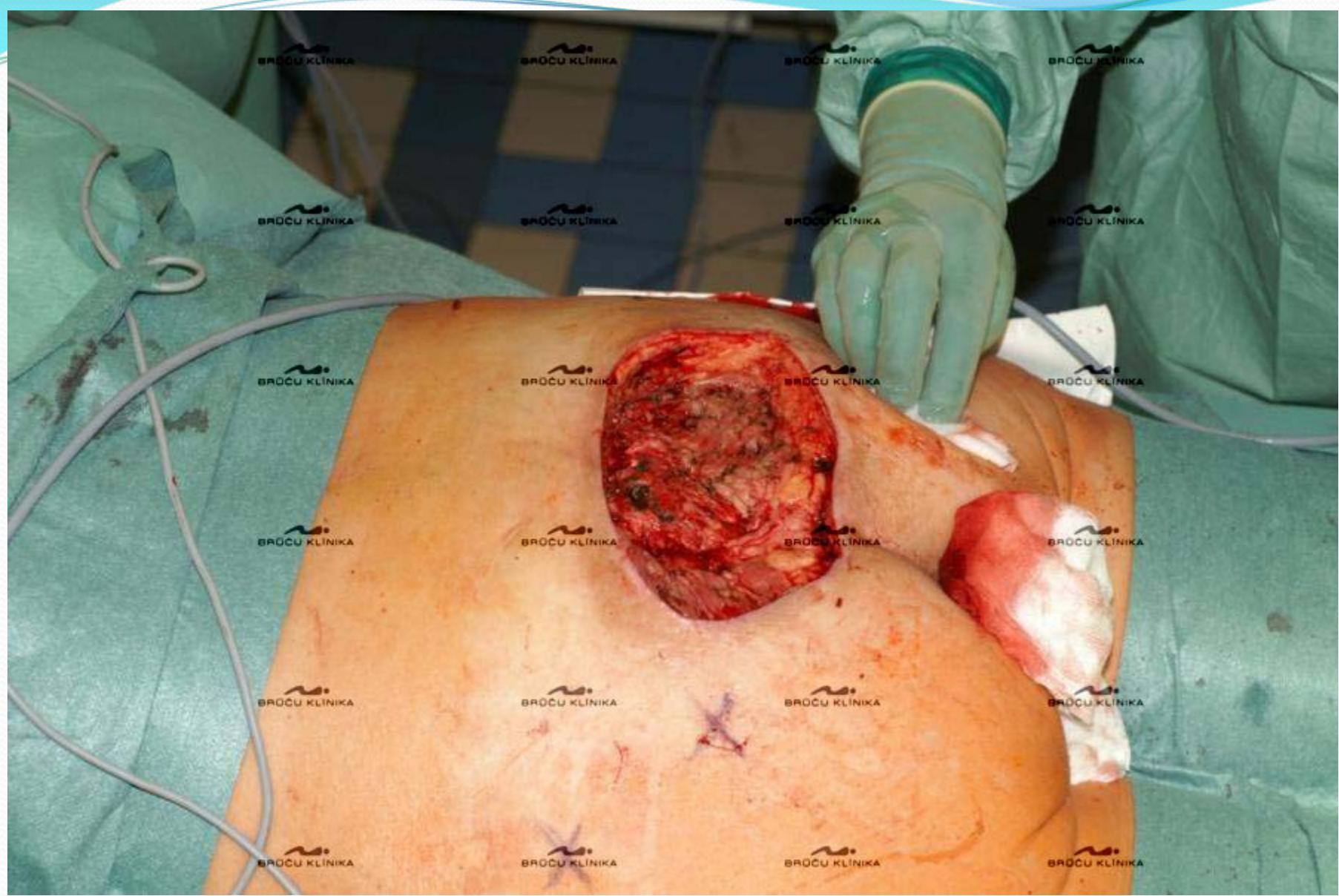
Methods

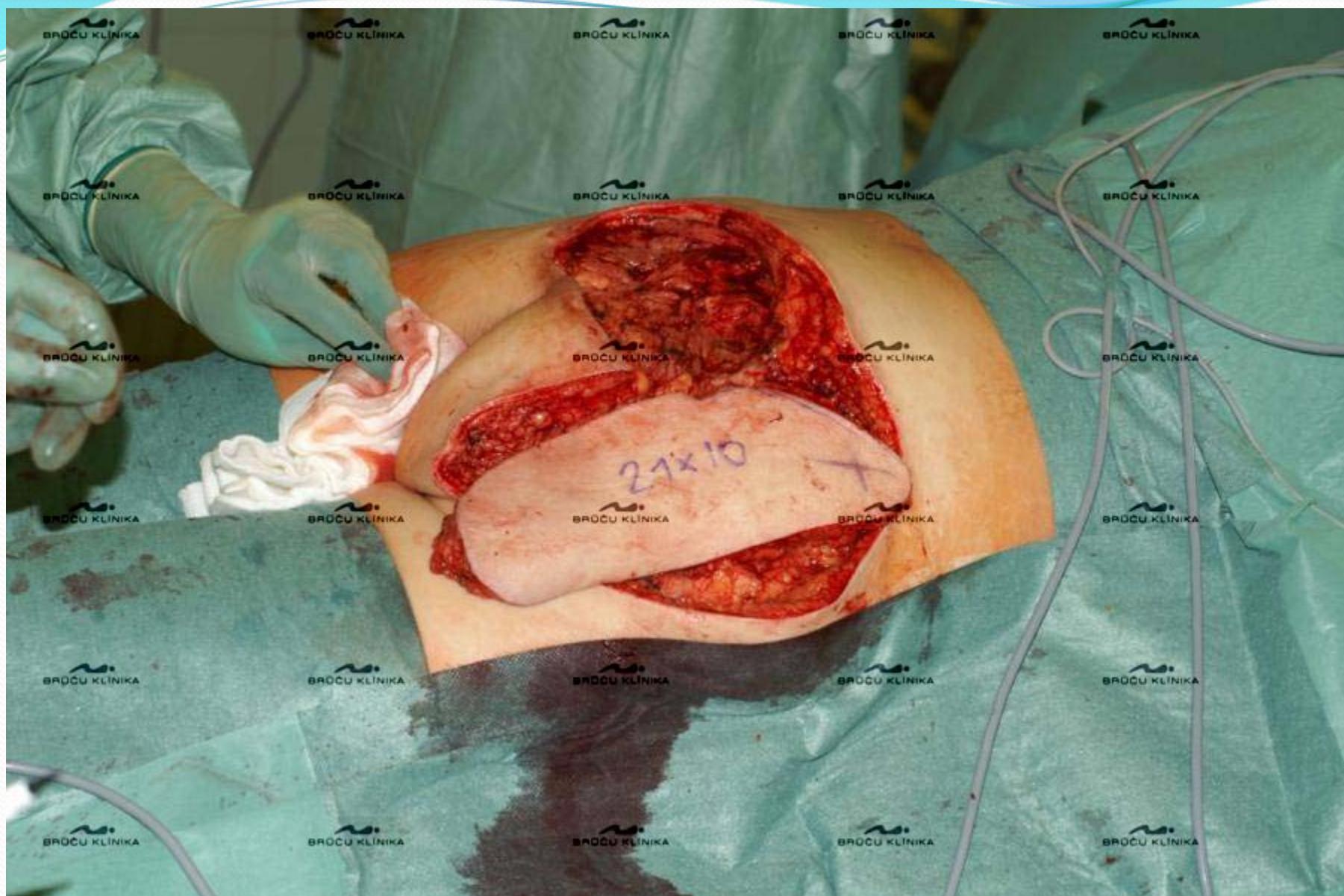
32 patients with diagnoses sacral pressure ulcers and 2 sinus pilonoidale patients were treated from the October 2005 until the December 2008.

- A.gluteus superior perforator fasciocutaneus flap (SGAP) 24 cases
 - a.gluteus inferior (IGAP) 2 cases
 - sacral perforator 1 case
-
- Average operation time – 90 minutes (40 till 180).

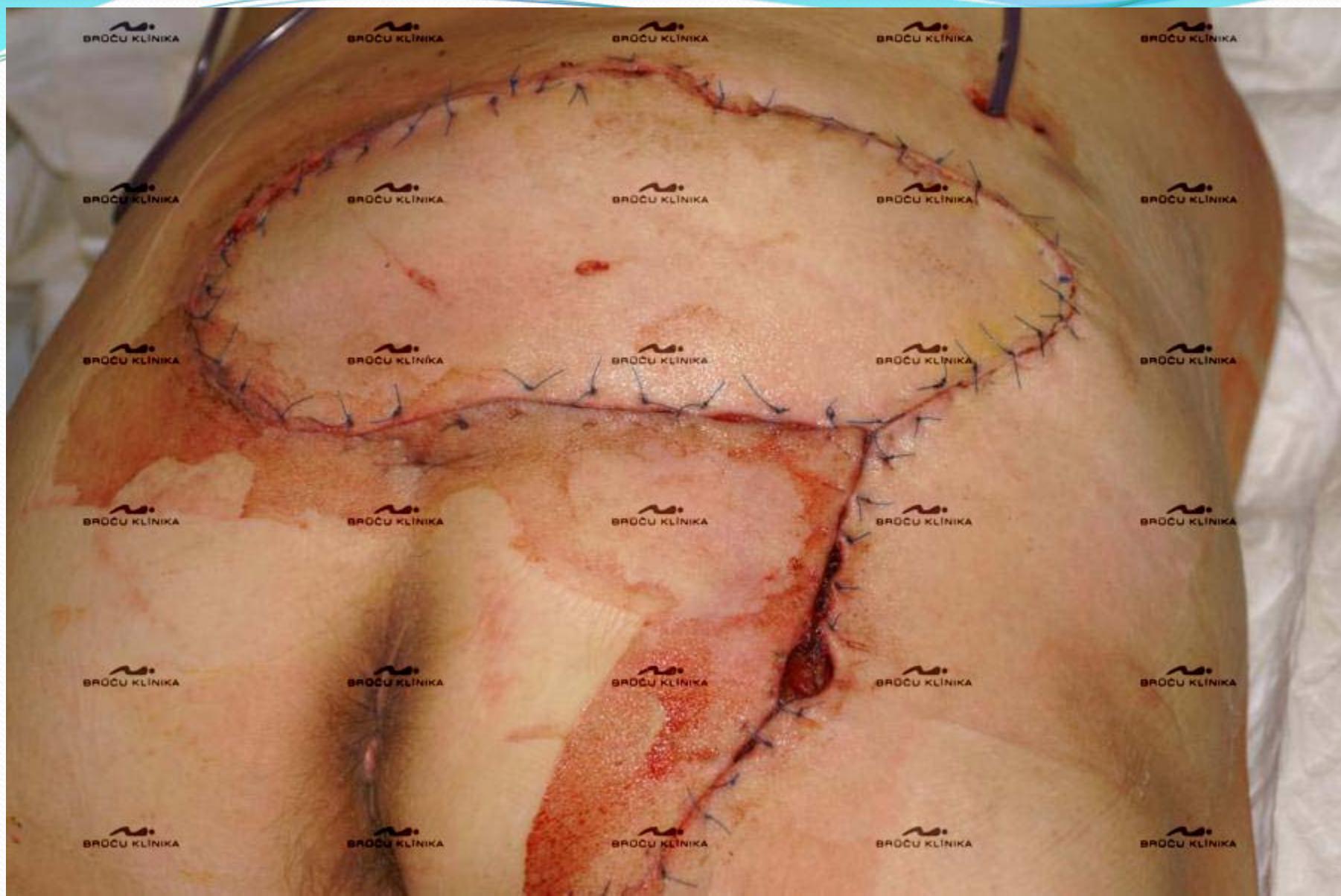


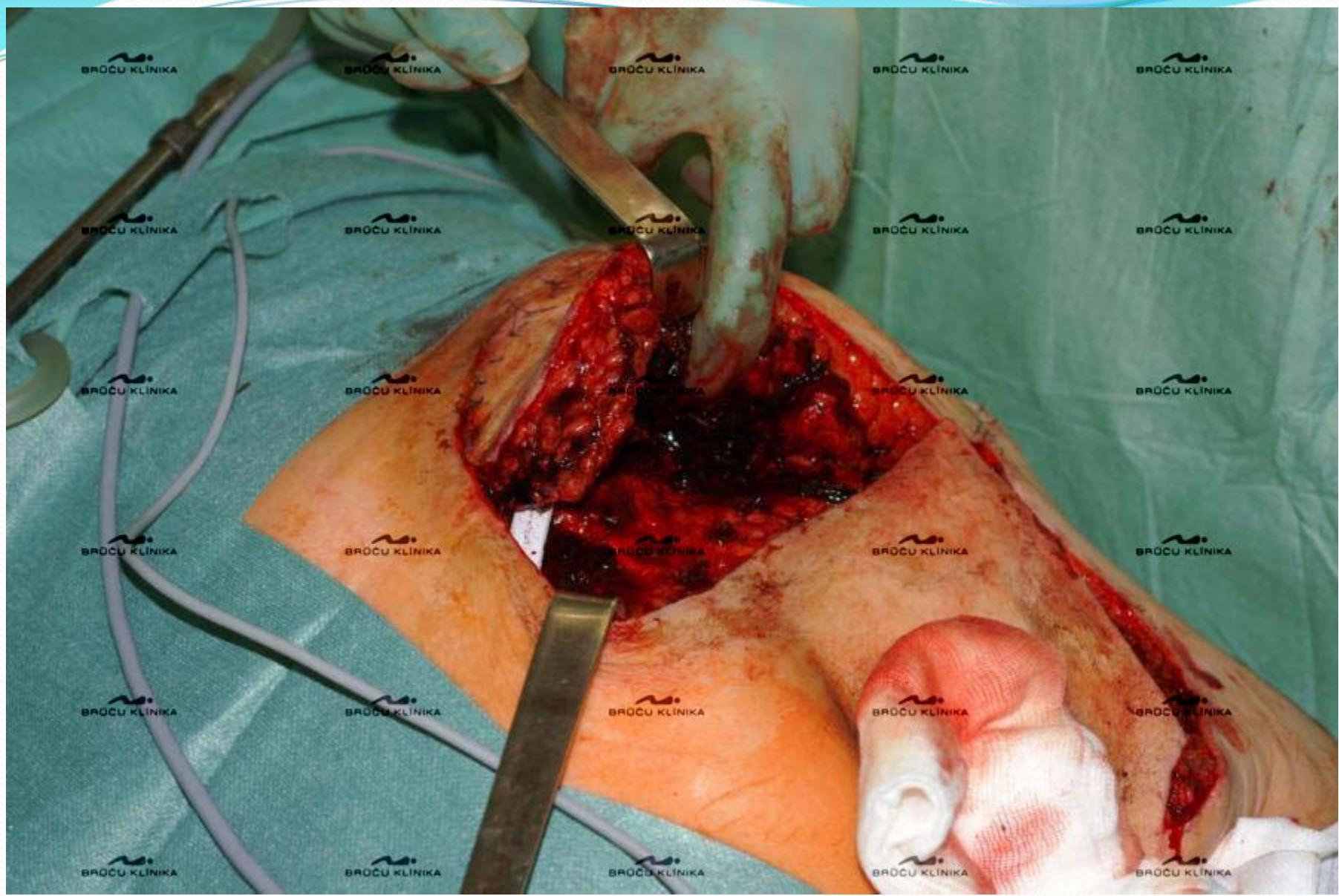














Results

- Donor side closed primary – 24 cases,
 - skin graft – 3 cases
- Complications:
 - healing by secondary intention 1 case,
 - partial flap necrosis – 1 case,
 - hematoma – 2 cases,
 - seroma – 3 cases.

Disscusion

- The donor site can be closed primary
- Minimal complications
- SGAP flap is a good alternative in the closure of sacral sores.