

LATISSIMUS DORSI MYOCUTANEOUS FREE FLAP FOR COMPLEX TISSUE DEFECTS IN THE SACRAL AREA

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The use of free flap tissue transfer for coverage of large and complex ulcers in the sacral and ischial area has traditionally been limited by the lack of adequate recipient vessels. Recent reports have focused on the use of several recipient vessels including the superior and inferior gluteal arteries and their perforators, femoral vessels, and the posterior intercostals. A free tissue transfer can be a good option, and sometimes the only available one, especially in cases involving prior attempts at flap coverage of wounds. In our institution, four patients underwent a planned free latissimus dorsi myocutaneous flap for complex sacral and ischial defects between August of 2002 and December of 2005. Two of these patients were quadriplegics, and one was a paraplegic. Three of the four patients had multiple previous attempts at flap closure and failed. Three patients underwent a successful free latissimus dorsi myocutaneous flap to the buttock area. The superior and inferior gluteal vessels were used as recipients in two of the patients, and an arterio-venous loop was constructed using the femoral vessels on the third patient. The fourth patient underwent a gluteal fasciocutaneous pedicle flap reconstruction secondary to inadequate gluteal vessels as recipients. All the flaps survived. There was no mortality in this series. One patient developed a small post-operative wound infection, which was managed with local dressing changes. The patient with a pedicle flap developed a wound dehiscence, and subsequently underwent a revision operation. A free latissimus dorsi myocutaneous flap to the buttock area can be useful in covering complex tissue defects. The large volume of healthy tissue is also an ideal choice for non-ambulatory patients because of the continuous pressure applied to lumbosacral area. Finally, both the gluteal and the femoral vessels can serve as adequate recipient vessels for the free tissue transfer.