To study the results of hypogastric flap reconstruction in chemotherapy extravasation wounds over dorsum of hand” Salunke et al (2015).

Abstract:

CONTEXT: Management of extravasation injuries over the dorsum of hand after administration of chemotherapeutic agents.

AIM: To study the results of hypogastric flap reconstruction in chemotherapy extravasation wounds over dorsum of hand.

SETTINGS AND DESIGN: Retrospective study.

SUBJECTS AND METHODS: At our center over 3-years period, 32 patients were treated for chemotherapy extravasation wounds. Out of these 32 patients, seven had wound over dorsum of hand. There were five males and two females, and their mean age was 45 years (range, 19 – 64 years). These patients with wound over the dorsum of hand were treated with multiple debridements and hypogastric flap reconstruction.

RESULTS: The mean interval between extravasation wound and surgical treatment was 6.28 days (range, 4 – 10). The mean size of extravasation wound defect was 14 × 8 (range, 12 × 7 to 18 × 8). Non-dominant hand was involved in six patients and dominant hand in one patient. In four patients, the hypogastric flap was supplemented with skin graft. The hypogastric flap settled well in all patients and enabled a good wound cover. Complete division of the flap and final insetting was done under local anesthesia after 3 weeks; this was followed by limb mobilization exercises. Contour difference over the dorsum of hand was present in all the cases. The range of movement of the hand was functionally restricted in one patient. No patient in current series developed wound infection.

CONCLUSION: Hypogastric flap is a reliable flap to cover wound over dorsum of hand after extravasation of chemotherapeutic agents.
Reference:


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