

## RECONSTRUCTION OF THUMB AMPUTATION WITH A DEGLOVING WOUND AT CARPOMETACARPAL JOINT LEVEL WITH A GROIN FLAP

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**Introduction:** The traumatic loss of thumb is very disabling to an individual, especially if it is of the dominant hand. It is essential to provide an early cover to get back the function of the thumb and a consistently safe technique is the use of a groin flap. The reliability of blood supply shown in anatomic studies revealed that the superficial circumflex iliac vessels to an area of skin and subcutaneous tissue running parallel to the inguinal ligament lateral to the femoral artery allows the surgeon to take a more extended flap than usual without fear of vascular embarrassment.

**Discussion:** Mr CKL who works as a technician and a right-handed person sustained an industrial injury where his right thumb was amputated at the level of proximal interphalangeal joint with degloving wound up to the carpometacarpal joint. Wound debridement was immediately done with a groin flap for soft tissue coverage. After three weeks, the flap was detached from the groin in a second stage surgery. During follow up at six months postoperative, the flap was viable, and he was able to regain some of his hand function and handgrip. The groin flap has several advantages, which includes adequate skin thickness and minimal donor site morbidity, making it the most useable free flap for soft tissue coverage of the hand and forearm. The disadvantages of the flap are that the short pedicle and that the artery size can be small, for which in extended long groin flaps, tip necrosis may occur.

**Conclusion:** The thumb contributes approximately 40 per cent of hand function. Thus, reconstruction of the thumb is essential. In each patient requiring soft tissue reconstruction, each pro and cons must be considered, and with each flap, there are risks. Therefore, as surgeons, we must choose wisely.