Reconstruction Of Finger Degloving Injury With Groin Flap Under Local Anaesthesia: A Case Report

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INTRODUCTION:

Degloving injuries of fingers are injuries that consists of separation of a portion of the skin and subcutaneous tissue, tendon sheaths, bones and muscles of fingers. Reconstructing the injured finger in order to resurface and recover its function is a challenge for orthopaedic surgeon. We report a case of reconstruction of left index finger with traumatic degloving injury using groin-flap.

REPORT:

A 34-year-old male left hand dominant presented with industrial injury over his left index finger. Physical examination revealed Urbaniak class III degloving injury of left index finger with total avulsion of flexor digitorum profundus tendon and exposed bone. Plain-radiograph showed total amputation of left index finger at level head of middle phalanx.He underwent wound debridement of left index finger, and groin flap. 2-weeks post surgery, wound was clean and healthy. He then underwent groin flap release. Both surgeries were done under local anaesthesia.



Figure 1: Left index finger post trauma



Figure 2: Lateral flap and donor site closed around finger

DISCUSSION:

The cause of degloving injuries is a strong avulsing force that pull the skin and underlying tissue apart. Degloving injuries typically occur in industrial workers' hands and can be categorized as either complete or partial. To reconstruct an amputated finger with skin grafts/flaps, care must be taken to choose skin that is both functional and cosmetically acceptable, while preventing contractures and allowing early mobilization. One of the standard flaps used in reconstruction of degloving fingers is by using pedicle of groin-flap based on superficial circumflex iliac artery.

CONCLUSION:

Groin flaps are cosmetically acceptable method for managing degloving injuries. There are less intraoperative and postoperative complication as result of the low donor site morbidity that it provides. Treating degloving injuries is a challenging issue and successful outcomes are typically achieved with regard to both function and aesthetics in finger injuries.

REFERENCES:

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