

EP-115

수막종 수술 후 두피 절개 부위에
대형 복합이식편을 적용하여 교정한
증례 보고



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Purpose: : This case report aims to document and analyze the successful application of a composite graft to resolve an incorrect incision following meningioma surgery in a 43-year-old female patient. The purpose is to illustrate the effectiveness of composite grafts of broader area in immediate reconstruction of a substantial scalp soft tissue defect resulting from an erroneous incision design.

Methods: : Initially incision design was incorrect causing almost all of the skin soft tissue flap of the parietal scalp to be separated except for 0.5cm wide galea aponeurotica attached. Immediate reconstruction of 6 x 10 cm scalp defect were employed with the corresponding flap (Figure 1).

Results: : Immediate application of a composite graft successfully reconstructed the extensive soft tissue defect caused by the incorrect incision. Graft exhibited optimal viability and the patient demonstrated both aesthetic and functional improvement during postoperative period (Figure 2). 2 month follow-up revealed no major complications with the graft integrating seamlessly into the surrounding tissues (Figure 3).

Conclusion: : It is well-established that composite grafts face challenges in survival beyond the diameters of 1.5cm. However in cases similar to the one presented herein, where a small connection remains intact with the recipient site and immediate reconstruction is feasible, a broader composite graft can emerge as an effective solution. This case underscores the efficacy of composite grafts in resolving substantial scalp defects resulting from incorrect incisions during meningioma surgery. Positive outcome supports the consideration of composite grafts as a valuable tool in the armamentarium for reconstructive procedures following surgical errors.



Fig 1. Intraoperative photograph of immediate reconstruction with 6 x10 cm size composite graft on parietal scalp



Fig 2. Gross photograph of composite graft on 3 days after the surgery



Fig 3. Gross photograph of composite graft on 2 months after the surgery