

EP-171

**근육보존 광배근 유리피판을 이용한
광범위 둔부 화상의 미용적 보존 재건**
Aesthetic-Preserving Reconstruction for Extensive
Gluteal Burn Using a Muscle-Sparing Latissimus
Dorsi Free Flap



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Purpose : Extensive coccygeal and gluteal burn defects with bone exposure require not only durable coverage but also restoration of three-dimensional contour. In young female patients, preservation of buttock projection, symmetry, and weight-bearing function is particularly important. We present a case reconstructed using a muscle-sparing latissimus dorsi (msLD) free flap, emphasizing aesthetic-based decision-making and functional improvement.

Methods : A 30-year-old woman sustained a full-thickness coccygeal burn after prolonged contact with an electric heating pad following collapse due to pulmonary thromboembolism. Despite two split-thickness skin grafts at another hospital, central necrosis with bone exposure persisted. Serial debridement and negative pressure wound therapy were performed, leaving a 12×12 cm defect with deep dead space. Given the need to preserve gluteal contour and avoid distortion of the weight-bearing surface, an msLD free flap was performed. End-to-end microvascular anastomoses were completed between the thoracodorsal descending branch and branches of the superior gluteal vessels. The flap was contoured and inset to provide stable coverage and effectively obliterate the dead space.

Results : The flap survived completely without vascular complications. Stable coverage of exposed bone and effective dead space obliteration were achieved. Buttock projection and contour symmetry were maintained, resulting in a satisfactory aesthetic outcome. Notably, the patient's preoperative lower-extremity pain associated with myelopathy improved postoperatively. No major complications occurred.

Conclusion : Reconstruction of extensive gluteal burn defects should address both aesthetic contour and functional recovery. The msLD free flap provides reliable vascularity, adequate bulk, preservation of buttock symmetry, and potential functional benefit, making it a valuable option in young patients.



Fig. 1. Preoperative view of the coccygeal defect demonstrating a full-thickness soft tissue defect with central necrosis and exposed bone. The rectangular erythematous area superior to the defect represents a split-thickness skin graft (STSG) donor site performed at a previous hospital.



Fig. 2. Intraoperative photograph of the harvested muscle-sparing latissimus dorsi (msLD) free flap. The flap measured 12 × 12 cm, including well-vascularized skin and subcutaneous tissue.

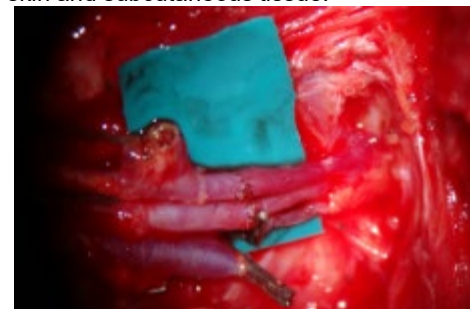


Fig. 3. Intraoperative view of microvascular anastomosis between the thoracodorsal vessels and the superior gluteal vessels (TDV-SGV).



Fig. 4. Postoperative outcomes following reconstruction with a muscle-sparing latissimus dorsi free flap (POD 43).