EP-190

등부위 괴사성 근막염에 대한 유경 광배근 피판술을 이용한 치험례

(Treatment of necrotizing fasciitis on back using a pedicled latissimus dorsi flap : A case report)

한양대학교 의과대학
성형외과학교실
한양대학교구리병원
성형외과

이보현, 장정우*

Purpose: Necrotizing fasciitis suddenly emerges on immunosuppressed patient with life-threatening condition. Immediate fasciectomy with debridement is inevitable, but it often leaves large defect with dead space. For this reason, appropriate reconstruction is essential for complete treatment. We present a case of necrotizing fasciitis on back, treated successfully using a pedicled latissimus dorsi flap.

Methods: A 46-year-old female with necrotizing fasciitis on back was referred to plastic surgery department. The patient had uncontrolled diabetes mellitus and showed a 12 x 10cm sized skin necrosis with extensive fasciitis on upper back. The necrosis progressed with forming large amount of abscess, and immediate debridement including fasciectomy was performed. After four weeks, reconstruction was planned with a pedicled latissimus dorsi musculocutaneous flap.

Results: A pedicled latissimus dorsi flap was elevated from right side under lateral position. After doppler tracing, a skin flap was designed on lower lateral region, and an island type latissimus dorsi musculocutaneous flap was elevated. The flap was rotated to the wound with 25cm length of pedicle. The muscular portion occupied dead space with enough volume, and the fasciocutaneous portion resurfaced skin defect adequately. The flap survived without major complication.

Conclusion: Treating necrotizing fasciitis is always difficult especially when it emerges on back. Since it is dependent portion, complete obliteration of dead space is necessary to reduce seroma formation. Protecting the lesion from friction by resurfacing with durable skin flap is essential as well.

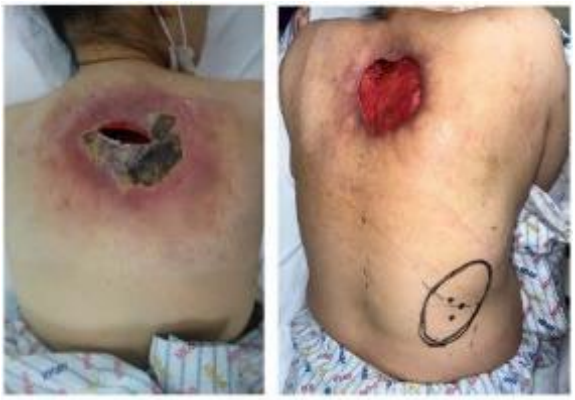

Fig. 1. A 46-year-old female with necrotizing fasciitis on back. (Left) A 12 x 10cm sized skin necrosis with extensive fasciitis on upper back. (Right) Reconstruction using a pedicled latissimus dorsi musculocutaneous flap after 4 weeks.

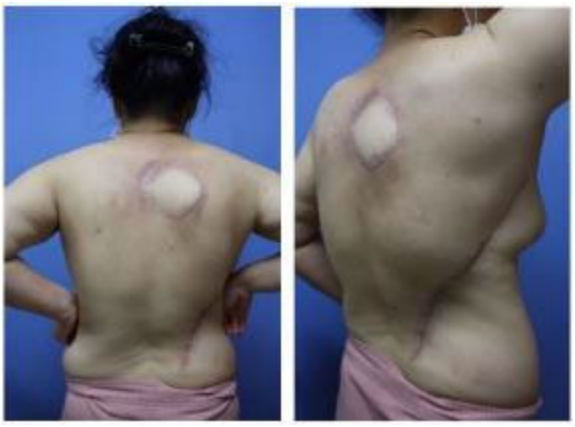

Fig. 2. 6 months after the reconstruction. (Left) Successful reconstruction without recurrence. (Right) No donor site morbidity including contracture.