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괴사성 근막염 후 유경 측상완  
피판을 이용한 주관절 결손부 재건

(Reconstruction of an elbow defect after  
necrotizing fasciitis using a pedicled  
lateral arm flap)



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**Purpose:** Necrotizing fasciitis of the upper extremity often requires extensive debridement, resulting in complex elbow defects that demand reliable soft tissue coverage. This case report describes the successful use of a pedicled lateral arm flap for reconstruction of an elbow defect after infection control in necrotizing fasciitis secondary to a rose thorn injury in a florist, highlighting its usefulness as a reconstructive option in this setting.

**Methods:** A 53-year-old female florist developed necrotizing fasciitis of the elbow after being pricked by a rose thorn and undergoing initial observation. Emergency fasciotomy was performed, followed by one week of intensive intravenous antibiotic therapy and continuous wound irrigation until infection was controlled. (Figure 1.) After stabilization, soft tissue coverage of a 10 × 5 cm defect around the elbow was performed with a pedicled lateral arm flap. (Figure 2. & 3.)

**Results:** The pedicled lateral arm flap provided stable coverage of the exposed structures with good flap perfusion and no evidence of partial or total flap loss. Wound healing progressed without major complications, and elbow joint motion was preserved sufficiently to allow the patient to return to her flower arrangement work. No recurrence of infection or significant donor site morbidity was observed during follow-up. (Figure 4.)

**Conclusion:** This case suggests that a pedicled lateral arm flap is a reliable option for elbow reconstruction after necrotizing fasciitis, providing durable soft tissue coverage and acceptable functional outcomes once infection has been adequately controlled.



Fig 1. Initial clinical photograph showing necrotizing fasciitis of the elbow after a rose thorn injury.



Fig 2. & 3. Intraoperative photographs showing a 10 x 5 cm defect around the elbow after infection control and debridement, followed by reconstruction using a pedicled lateral arm flap.



Fig 4. Postoperative follow-up photograph demonstrating stable flap coverage and satisfactory wound healing