

THE SURGICAL TREATMENT OF DECUBITUS ULCERS IN SACRAL AND TROCHANTERIC AREA – OUR EXPERIENCE

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Introduction: Decubitus also decubital ulcer or pressure sore are an ancient problem, found during autopsies on Egyptian mummies.

Clinically, the term decubitus ulcer refers to wound developed over bony prominens while in the recumbent positions (sacrum, heel, occipit, trochanter majus). Overall, patients with pressure sores are important users of medical resources. They require 50% more nursing time, remain hospitalized for significantly longer periods, and have higher hospital charges. At any given time, 3-10% of hospitalized persons have pressure sores. Ishaemia and hypoxia resulting in decreased oxygen delivery to the tissue exist on the etiology of pressure sores.

Methods: In the last six years (2001.-7.) at the department of reconstructive surgery, Center of burns, plastic and reconstructive surgery of the Clinical Centre of Serbia, Belgrade, 157 patients with pressure sores in different body areas were treated. Decubital ulcers of sacral and trochanteric region were found in 123 (78%) patients. All sores were III and IV degree. In 94 (60%) patients development of decubital ulcers was due to paraplegia and quadriplegia, while in 22 (14%) cases decubiti evolved durin long hospital treatment.

Results: This paper present our six years long experience in surgical treatment of decubital ulcers. It's aim is to present our practice in pressure sores treatment using local cutaneous, fasciocutaneous and myocutaneous flaps. The results are illustrated by intra and post-surgical photos. In reconstructing of sacral decubital ulcer in 77 patients, 30 were treated using rotation random skin flap, 35 using superior gluteal myocutaneous flap, 9 using V-Y myocutaneous flap and 3 using transversal lumbosacral flap. For reconstruction of 46 trochanteric decubitus, in 26 patients was applied transpositional myocutaneous TFL, in 10 fasciocutaneous TFL, in 4 island fasciocutaneous and in 6 cases gluteal thigh flap. Every flap finally survived.

Conclusion: Using local healthy tissue for reconstructive treatment is in a very long time the only suitable solution of this problem. This approach with proper post-surgical care, enables rapid recovery, hospitalization shortening, early rehabilitation and resocialization of the patients.