

A.GLUTEUS SUPERIOR FASCIOCUTANEUS PERFORATOR (SGAP) FLAPS FOR CLOSURE OF SACRAL DEFECTS

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Aim: The aim of study is to demonstrate a gluteus perforator flap as a best for closure of sacral defects. Decubitus, from the Latin decumbere, means "to lie down." Sacral ulcers are most common in all patient groups. Random gluteus fasciocutaneous flaps are used but this flap requires wide separation and operation scars often lies on pressure points. Sacral region has good blood supply, there are two big arteries a.gluteus superior and a. gluteus inferior.

Methods: 32 patients with diagnoses sacral pressure ulcers (III-V degree Yarkony-Kirk classification) and 2 sinus pilonoidale patients were treated from the October 2005 until the December 2008. A.gluteus superior perforator fasciocutaneous (SGAP) flap were used in 24 cases, a.gluteus inferior perforator fasciocutaneous (IMAP) flap were used in 2 cases, sacral perforator 1 case, random fasciocutaneous flaps 4 cases, gluteus musculocotaneous flaps 3 cases. Doplerografy was used for 24 perforator flaps to find appropriate perforator.

Results: Biggest flap was 18x16 cm, arc of rotation till 180 degrees. Donor side closed primary – 95%, skin graft – 5%. Average operation time – 90 minutes (40 till 180). Complications – healing by secondary intention 1%, partial flap necrosis – 1%, hematoma – 2%, seroma – 3%.

Discussion: Sacral pressure sore defects can be closed using random fasciocutaneous flaps but scars usually lie on pressure points. A. gluteus superior fasciocutaneous perforator flaps are good to close big sacral ulcer defects, donor sides can be closed primary. Doplerography is performed to find good muculocutaneous perforator.