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Abstract

Fibula-Hemiseleus Osteomusculocutaneous Free Flap for Foot Reconstruction

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The injury on the dorsum of foot is usually manifested in the defect of bone and soft tissue, so its reconstruction requires composite tissue. Free flap satisfies this defect but its indication is determined by the defect size, recipient status and so on. Iliac crest bone and fibular bone are useful bone flap but in more than 8cm defect, fibular flap is more useful. The drawback of fibular free flap is the absence of soft-tissue coverage, so another local flap and myocutaneous flap must be added. Fibula-hemiseleus osteomusculocutaneous free flap has been used for the reconstruction of upper and lower extremity. Its advantages are one stage operation, one donor site and the flexibility of the reconstruction with the use of muscle, bone, and skin. This flap has never been reported for the reconstruction of dorsum of foot. In our case, 20-year-old woman was referred with the 17 cm defect of 1st metatarsal bone and 16×8 cm sized soft tissue loss on the dorsum of the right foot. We reconstructed successfully the dorsum of foot with fibula-hemiseleus osteomusculocutaneous free flap and the patient can walk without crutches after 6 months.

Key Words : Fibula-hemiseleus osteomusculocutaneous free flap, Reconstruction of foot

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1982 , Baudet ¹⁾ -가

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2000 7 , 20

1 16×8 cm
17 cm (Fig. 1).

spring board

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1 2).

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. 1975 Taylor

3)

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7 6×3 cm
가 , 17 cm
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(Fig. 2). K-wire

22 cm

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Fig. 1. A. A 20-year-old female patient with defect size of 16 × 8 cm of the dorsum of foot.
B. X-ray shows bony defect on first metatarsal bone.

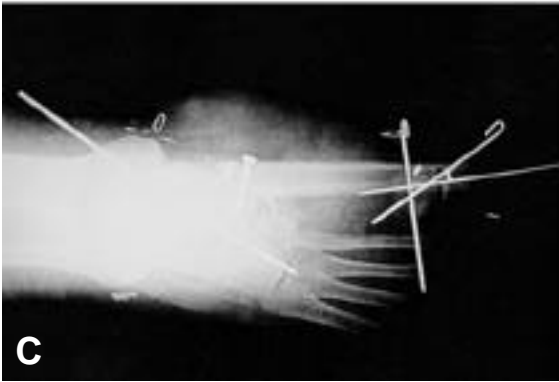
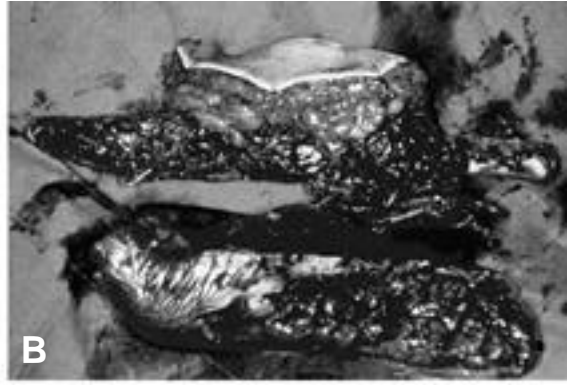
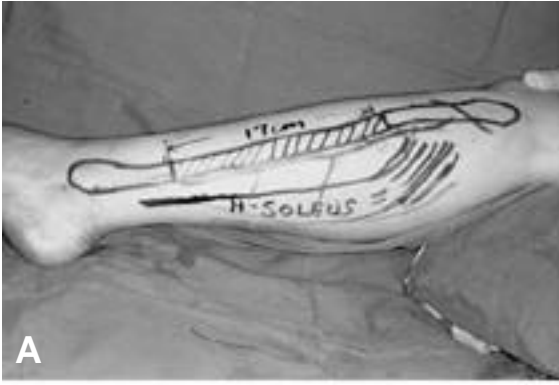


Fig. 2. A. Preoperative design
B. Fibula-hemioleus osteomyocutaneous free flap for transplantation
C. X-ray of graft at immediate postop.



Fig. 3. The patient is shown standing and walking without assistance.

가 , cross leg-fashioned . Baudet¹⁾ 가 가 , 가 가 . - 가 가 . , , 가 5) 8 cm 가 6) .

Kurokawa ⁷⁾
(serratus anterior muscle)

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17 cm

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Woods Irons⁸⁾

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