

0-079

Reconstruction of Trauma

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In...

cartilage.

Structural rhin...

cartilaginous suppor...

Methods

295 patients who were operated with structural approach were subjects. 246 are female and 49 are male. The range of age was 17 - 64 years old. The duration of follow-up was 39 - 4 months. The techniques as follows are analysed.

Results

The following techniques are applied for nasal tip correction. Septal extension graft is used approximately 89% of all cases. Domal and interdomal suture / Lateral crural strut graft / Septal extension graft / Floating strut graft / Cap or Shield graft / Alar rim graft / Alar resection / Pedestal augmentation

Conclusion

Nasal tip contoured in this method will look more natural and will better withstand the forces of scar contracture and heavy overlying soft tissue.

al tip shape in aesthetic rhinoplasty. On lay graft, lower lateral cartilage reshaping, at grafting are popular and provide good result, however, the amount of alteration is ss of these methods depend on the rigidity of tip supporting structure of lower lateral sometimes result in under expectation because of thick and heavy soft tissue envelope. xtension graft is reliable method to correct nasal shape especially for asian with weak are presented with clinical cases.

0-084

Composite Free Anterolateral Thigh Flaps for Soft Tissue Reconstruction in the Distal Lower Third of the Leg and Foot

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Background: The goal of soft tissue reconstruction in the lower extremities is to provide a functional and less deformed limb. The anterolateral thigh (ALT) flap has become one of the most preferred options for soft tissue defect reconstruction in lower extremities because of large available skin size and versatile nature of its material. Aim and Objectives: The article showed our results of using the composite ALT flap for soft tissue reconstruction in the distal lower third of the leg and foot. Materials and Methods Between August 2005 and July 2007, 7 free ALT flaps were operated for reconstruction of various soft tissue defects in the distal lower third of the leg and foot. The causes of soft tissue defects included crush injury (n=2), burn (n=2), Diabetes mellitus (n=1), Cobra snake bite (n=1) and cavernous hemangioma (n=1). We operated on 5 male and 2 female patients with an average age of 40.1 years (range: 23-67 years). The size of the flaps ranged from 10 to 23 cm long and 6 to 10 cm wide. Results: There was no suitable perforator in one case and the flap was shifted to anteromedial thigh (AMT) flap sharing the same incision wound. 2 flaps were harvested as musculocutaneous type and one of them used the flow-through anastomosis. 3 flaps were fasciocutaneous type. One ALT flap with tensor fasciae latae was harvested. The microsurgeries were all successful. The donor-site was closed primarily in all cases. There was no substantial subjective donor-site morbidity. Flap-related major complications occurred in one patient due to reexploration of bleeding. Minor complication with partial wound dehiscence was seen in one case. All patients were well recovered. Conclusion: Our experience reveals that the free ALT flap might be a considerable method for soft tissue defect reconstruction in the distal lower third of the leg and foot with acceptable functional and aesthetic results.

P-025

Distally Based Rectus Femoris Muscle Flap for Knee Reconstruction in Two Charcoal Burning Suicide Patients with 4th Degree Burns

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Charcoal burning suicide became a popular choice in self-stain persons. The largest part was in young age group. The mortality rate was over eighty percent. The survivors often suffered significant burns, thus the reconstruction remained a challenge for plastic surgeons. We presented one 22-year-old woman with left tibia and patella bone exposure and one 20-year-old man with right tibia and patella bone exposure due to charcoal burning. The distally based rectus femoris muscle flaps were chosen for bone coverage and bulky contouring. Nine months later, both patients ambulated independently without assistance. The range of motion of left knee was 0 to 140 degrees in one case and 20 to 110 degrees in the other case after one year follow up. The atrophy of muscle made the contour of the leg more acceptable. In summary, we reveals that distally based rectus femoris muscle flap could be a considerable method in complex knee reconstruction. It would be the life boat when the free flap is contraindicated in some patients.

P-026

Group inhalation injury in Beijing

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Aim: To evaluate and analysis three times group victims exposed to indoor fire and smoke inhalation. Method: An observational, descriptive and prospective longitudinal study of three times group victims of smoke inhalation admitted to our burn unit. Results: The first group inhalation injury people were thermal burns to the upper airway. Of the 11 people, 9 people had mild inhalation injury, 2 people had severe upper airway edema and emergency tracheostomy were performed, before and after tracheostomy, the gas analyses of arterial blood showed that there had no differences of pH values, Paco₂ levels, Pao₂ levels and HCO₃-levels. The second and the third group inhalation injury people should be categorized as inhalation of smoke or incomplete combustion products. Of the 29 survivor, 8 people were performed emergency tracheostomy in the second group inhalation injury, whereas of the 54 patients, 5 patients were performed emergency tracheostomy, after tracheostomy and bronchoscopic lavage, the pH values, the Pao₂ levels and the HCO₃-levels were significantly higher whereas the Paco₂ levels were obviously lower. Conclusions: Mortality and systemic involvement were related to burn of the upper airway and contact with combustion products. Bronchoscopy was useful in grading airway injury and obtaining bronchoalveolar culture. Key words: Inhalation injury, Bronchoscopy, Tracheostomy.