The Gluteus Maximus V-Y Advancement Flap for Reconstruction of Latero-sacral Pressure Injury

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Introduction

Pressure Injuries (PIs) are described as “localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure or pressure in combination with shear [1]. The pathology remains frequent in hospital settings despite the progress made in prevention which represents the optimal management of this pathology [2].

Clinically, they can cause severe pain, serious physical and psychological discomfort often leading to prolonged hospitalization and poor quality of life in the daily clinical practice [3-6].

Currently, the treatment for PIs aimed at wound healing, avoiding potentially fatal septic complications and improving the quality of life of the patients as well as their rehabilitation [7,8]. About that, various approaches are diponible including support surfaces, wound dressing and surgical debridment [9].

For stage 3 or 4 of PIs, the most common and effective treatment is lesion resection and wound recovery whose optimal method remains debated [10]. Technically, various flaps have been described in the literature and are applied in plastic surgery [11].

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The choice varies according to the site of PIs, the depth, the cutaneous surface, the general state and mental status of the patient [8].

Based on a large number of studies, the use of gluteus maximus myocutaneous flaps (GMMs) in V–Y to fill sacrococcygeal tissue defects seems to be an effective option [12].

The main complications of such procedure occur postoperatively in about 58.7%. The most frequent are the disunion of the flap (31.2%), recurrences 28.6% and infection (6.5%) [13].

We report the case of a patient of 75 years, presented a chronic PI in the sacral area. The examination of skin showed a latero-sacral wound which measured 15×10 cm. The skin around the wound was inflammatory, reddish and sensitive. Our initial attitudes consisted of blood transfusion, broad spectrum antibiotic therapy, analgesics and anticoagulant prevention with enoxaparin. Adequate protein and carbohydrate caloric intake were ensured thanks to equilibrated alimentation. The patient was placed on an anti-bedsore mattress and has benefited from surgical debridements, daily dressings and regular position change until wound granulation (Figure 1;A). We opted for a myocutaneous flap of the gluteus maximus in V–Y under general anesthesia in a prone position (Figure 1;B,C and D). The postoperative outcome was favorable.

Figure 1: Intraoperative view of latero-sacral pressure ulcer. A: Wound granulation; B: Tracing the edges of the flap; C: The flap appearance at the end of surgery with a satisfactory pin-prick test; D: Clinical result at 1 week.
Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki. The authors certify that they have obtained all appropriate patient consent forms.

References