



Case Report

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A social stigma as a favorable reconstructive option: Implications on donor site selection

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ABSTRACT

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Self mutilation poses a stigmatizing concern for a repentant patient and yield to social eschewing. Many of them undergo surgery for treatment of such scars. In this report, we present a case in whom we elected a self mutilation scar bearing dorsal surface of the forearm as a flap donor site for resurfacing a defect on the back of the first web space. Patient had been referred hand injury by shotgun. While that particular flap (posterior interosseous flap) is not our first choice in such cases, in the face of this preexisting condition we stepped out of our comfort zone for the sake of treating both conditions in one sitting. We think that if a patient with stigmatizing scars presents in need of surgical reconstruction, scarred sites should be chosen as donor sites whenever possible. Therefore, when the hand defects reconstructed, simultaneously, an acceptable single longitudinal scar can be leaved on the forearm instead unpleasant transvers scars.

Keywords:

Hand defect
Posterior interosseous flap
Self-mutilation
Social stigmata

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1. Introduction

Self-mutilation can be described as self-inflicted injuries lacking deliberate suicidal intent. Albeit occasionally encountered as a cultural or religious act, usually it is a vague symptom of a diverse array of psychological disorders (Favazza, 1998). Regardless of the cause, its consequences are well recognized by the community, and impose a distressing social stigma. Repenting patients seek medical assistance in order to get them removed, concealed, or at least, converted into something which appears as a traumatic or surgical scar

(Welch et al., 1999; Acikel et al., 2005).

2. Case report

A 29 years old male was seen in emergency room with a gunshot wound on his right hand, inflicted by a shotgun which accidentally went off (Fig. 1). Examination revealed defect of the first metacarpal bone, defect of the Extensor Pollicis Longus tendon, and a skin defect of approximately 5x6 cm on the dorsum of the first web space. Patient was followed with serial debridements for 5 weeks before reconstruction (Fig. 2). In the definitive

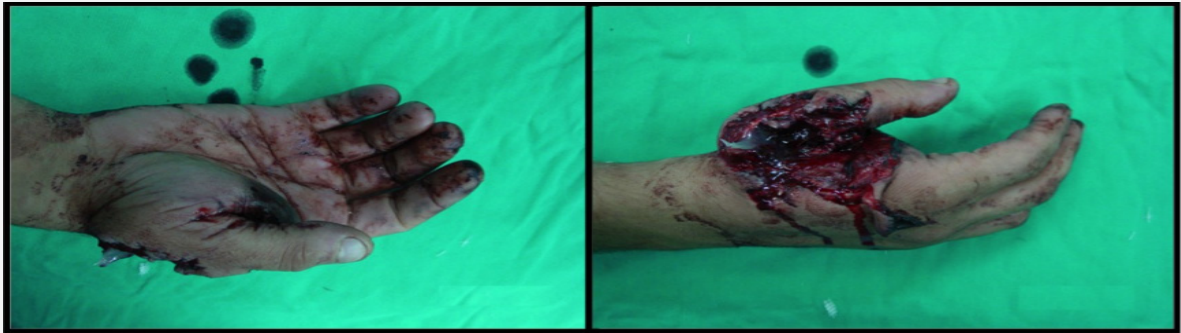


Fig. 1. The initial presentation in the emergency room

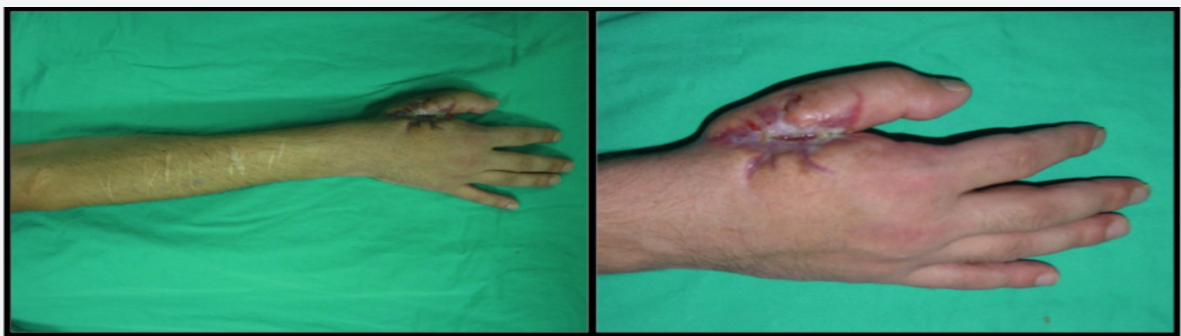


Fig. 2. Appearance of the defect by the end of 5 weeks

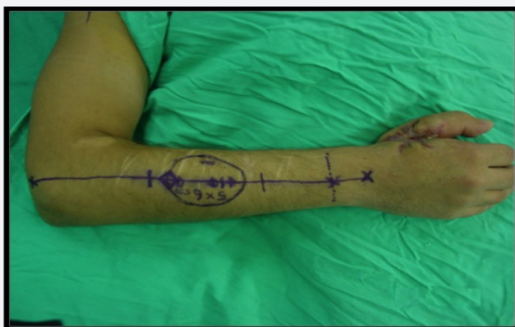


Fig. 3. Flap design on the scar-bearing area

reconstructive procedure, the defect of the 1st metacarpal was reconstructed by a bone graft harvested from the iliac crest. The intact Extensor Pollicis Brevis tendon was tenolysed. For the closure of the cutaneous defect of approximately 5x5 cm resulted by scar tissue release, a posterior interosseous flap (PIF) was designed on the ipsilateral forearm, which bore numerous secondarily healed transverse epidermal and dermal scars which were reportedly self-inflicted 5 years ago by a glass shard (Fig. 3). The flap was harvested in the classical fashion (Zancolli and Angrigiani, 1988), raising scarred area as the skin paddle, then passed through a subcutaneous tunnel and adapted to the defect (Fig. 4). The donor site was closed primarily.



Fig. 4. Checking pedicle extension and flap inset



Fig. 5. Satisfactory range of motion restored and appearance of the donor site

There were no complications in the recovery. The adduction contracture was adequately released, and satisfactory carpometacarpal and metacarpophalangeal joint functions were restored (Fig. 5). The patient was obviously pleased with the scar conversion.

3. Discussion

Self mutilation is not a rare occurrence, and it is not uncommon for a physician to detect a scar of a previously self inflicted wound on a patient whom he was examining for an irrelevant condition (Acikel et al., 2005). In this case, we were faced with a gunshot wound on a dominant hand, with multiple scars of self-inflicted dermal cuts on the forearm on the same side. The multiplicity of surgical options has somewhat forced surgeons or surgical teams to develop protocols which focus on certain preferences to treat certain conditions; this approach is advocated in order to increase the expertise on the operation employed (Medalie, 2002; Lutz and Wei, 2005). Such protocols are influenced by individual experience, working habits, human and physical resources available, and compulsory circumstances (Medalie, 2002; Lutz and Wei, 2005). For defects of the dorsum of the first web space, the Posterior Interosseous Flap boasts advantages to be reckoned with, such as providing very matching tissue coverage while keeping the hand's main arterial suppliers intact (Martin et al., 1997; Costa et al., 1998). However, it is not our treatment of choice on routine

basis due to its tedious dissection and protean pedicle variations which may render the flap unusable (Giunta and Lukas, 1998). On the other hand, the scars on the dorsum of the forearm were readily a concern, and we considered flexing our professional preferences to treat this accessory ailment along the way. We believed that reducing the self inflicted scars and converting the area into a surgical operation site was the correct course of action to take, this would spare the patient from the risks, morbidity and cost of an additional operation he would eventually be compelled to have. Moreover, even if the scars were removed separately, they would still leave a noticeable scar, and when asked about that, the patient would be forced to make up a troublesome answer. In this case, the patient can conveniently explain it as the donor site of a reconstructive procedure. And last but not least, the patient has walked away with only a single scar on his forearm, and both his surgical conditions properly addressed.

We believe that, use of the scar bearing area for reconstructive purposes is a somewhat fitting way of dispatching self-inflicted scars, and if a patient presents in need of reconstructive flap surgery and one of the possible flap sites bears socially distressing scars, -which otherwise do not seem to be interfering with the flap's circulation- that site should have a degree of priority in the sake of replacing those stigmatized scars with a more acceptable "Surgical Scar".

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