

以內側足弓皮瓣重建足底傷害:病例報告與文獻回顧
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Sole reconstruction with medial plantar flap: MMH experience and literature review

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Introduction:

Reconstructing a full thickness defect of plantar foot is challenged. Medial plantar flap providing an durable to weight-bearing tissue and minimal donor site morbidity. We reported the cases of sole reconstruction with medial plantar flap and compared their prognosis with anterolateral thigh free flap reconstruction.

Case presentation:

During November 2005 ~ July 2014, we reported 10 cases of full thickness plantar defect: 2 forefoot, 1 arch with heel, 7 heel, caused by trauma (n=6), chronic ulcer (n=2), melanoma (n=2). Nine cases reconstructed with medial plantar flap: 3 free flap (1 ipsilateral, 2 contralateral), 6 island pedicle flap and one case reconstructed with anterolateral thigh free flap. All flaps survived except one reconstructed with pedicle medial plantar flap had partial necrosis. There was no donor site morbidity. Patients reconstructed with medial plantar flap walked without aids and patient reconstructed with anterolateral thigh free flap relied on walking aid. One case expired on postoperative 32 months due to metastatic melanoma .

Discussion:

Plantar foot reconstruction requires functional and aesthetic anatomical subunits. Ideal flap provides durable weight-bearing tissue and minimal donor site morbidity. Except the limitation of defect size and trauma severity, medial plantar flap is the first choice for heel reconstruction.

Conclusion:

Medial plantar flap is an ideal flap for sole reconstruction, it provides durable weight-bearing tissue and good prognosis.