

以二級癒合和再植皮來比較供皮區之治療- 馬偕經驗
莊富捷 游家孟 董光義 黃文成 蔡明峰 姚文騰 陳昱帆 尤傑銘 李安莉
馬偕紀念醫院整形外科部

**Comparison of donor site treatment with secondary healing or
regraft – A pilot study in MMH**

Eu-Chieh Chuang, MD, Chia-Meng Yu, Kwang-Yi Tung, Wen-Chen
Huang, Ming-Feng Tsai, Wen-Teng Yao, Yu-Fan Chen, Chieh-Ming Yu,
An-Li Li

Department of Plastic Surgery, Mackay Memorial Hospital, Taipei,
Taiwan

Background:

Split-thickness skin grafting (STSG) is a surgical method to harvest the healthy skin and using it to cover the wound with skin defect. However, delayed healing of the donor site is a complication for those patients with high risk of poor wound healing. Using the discarded skin graft remnants to regraft the donor site may decrease the possibility of delayed healing.

Methods:

A pilot, retrospective and nonrandomized study was reviewed to compare the time to donor site healing with secondary healing or regraft in Mackay Memorial Hospital.

Results:

We retrospectively included 60 patients (30 regrafts and 30 secondary healings). The mean time required for donor-site reepithelialization of those regrafted was 20.7 days compared with 23.5 days for those secondary healed ($P = 0.1964$), which was not significantly different.

Conclusions:

For those patients with high risk of delayed STSG donor site reepithelialization, regrafting the discarded skin graft remnants showed no significant different compared to secondary healing. Even so, this method still provide less days to healing and better aesthetic results.

