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CASE REPORT

Tube pedicle flap in the management of a Grade III C lower limb injury

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Summary Salvage of a Grade III C lower limb injury is a challenging problem. Apart from microsurgical revascularisation, they frequently need soft tissue coverage procedures. Due to the magnitude of the injury, local flaps from adjacent tissues may not be available and microsurgical free flaps are the flaps of choice. We present an instance where the defect in the middle third of a revascularised leg was covered by a tube pedicle flap raised from the groin and transferred, with the wrist as the carrier. This was chosen because of the below knee amputation on the opposite side combined with long segment circumferential loss of skin in the affected extremity and paucity of vein graft sources. Thus the reconstruction of a limb which was saved by microsurgery was completed by tube pedicle flap. In exceptional circumstances 'old' techniques are still useful.

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Increasing soft tissue coverage options have led to the salvage of many limbs from amputation following trauma. Microsurgical procedures have relegated the old procedures like tube pedicle flaps to history. We present a case where tube pedicle was the only option to cover the exposed

bone in the middle third of tibia in a limb salvaged by microsurgery.

An 11-year-old boy was injured in a road traffic accident when a truck ran over both his lower limbs on 3 September 1997. This resulted in complete amputation of the right leg through the middle third. The left lower limb suffered circumferential degloving injury with skin loss extending from the upper third of the thigh to the lower third of the leg, an open supracondylar fracture of the femur, and open fracture of both bones at the middle third of the leg (Fig. 1(A and B)). In addition

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