

Latissimus Dorsi Free Flap to the Rescue of Fracture Sequels Treated By Poultrice: A Case Report

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Abstract :

Background : Traditional medicine in orthopedic traumatology retains an important place in our country, it is closely linked to the socio-cultural universe and deeply rooted in societal habits. This traditional medicine is responsible for serious complications.

Case Report : It is about a 24-year-old student, with morbidity, having as antecedent trauma left forearm by crushing treated by traditional treatment "Jbira" (Poultrice) in early childhood.

Concave deformation of the forearm, with amyotrophy and no functional repercussion.

Result : The latissimus dorsi free flap was chosen with a good result.

Conclusion : Integrating traditional medicine into the national health care system is difficult, but it is important to educate these "Jebbars" about the risks of their practices.

Key Words : Poultrice Free flap, Latissimus Dorsi, Microsurgery

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I. Introduction:

Described by Tensini in 1906, the flap of the latissimus dorsi flap, remains to this day one of current flaps used in plastic and reconstructive surgery. It can be free or pediculated and easily lends itself to the most complex reconstructions of the body.

Traditional medicine in orthopedic traumatology retains an important place in our country, it is closely linked to the socio-cultural universe and deeply rooted in societal habits.

We will expose one of cases that latissimus flap rescued the damage caused by this traditional medicine.

II. Case Report:

This patient is a 24-year-old student, with no particular comorbidity, having as antecedent trauma left forearm by crushing treated by traditional treatment "Jbira" (Poultrice) in early childhood.

Concave deformation of the inner side of the forearm, with significant amyotrophy without functional repercussion but an aesthetic discomfort. (Figure 1)



Figure 1 : Pre-Operative Deformity

The treatment of this defect was a latissimus dorsi free flap (Figure 2) with a microsurgical endally-lateral anastomosis on the humeral artery. (Figure 3)



Figure 2 : Free Flap



Figure 3 : Flap Anastomosis

III. Discussion:

Traditional medicine is sought daily by several hundred patients seeking care. This traditional medicine in orthopedic traumatology, practiced by "Jebbars", is the case of our young patient. The results stemming from these practices are dangerous going from limb deformity to Volkmann syndromes.

The aesthetic discomfort, following this defect with amyotrophy could not be treated by less invasive techniques: Lipofilling (Lean Patient) other flaps were not usable the benefits that provide the flap of the large dorsal met this requirement.

The latissimus dorsi muscle provides one of the best known and most classic flaps, capable of covering large losses of cutaneous substance or of compensating for a functional deficit. We have chosen this flap for its benefits Large thin muscle that can cover very large defects, a long vascular pedicle, and a large subscapular artery diameter of 2-5mm with a minimal long-term donor site morbidity.

Its use in our structures meets these requirements. In free use, it allows reconstruction of the losses of substance and it provides both muscle and skin by faithfully reproducing the layers removed during tumor excisions.

IV. Conclusion:

Integrating traditional medicine into the national health care system is difficult, but it is important to educate these "Jebbars" about the risks of their practices.

The treatment of the resulting defects can be heavy with indications that must be case by case.

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