Case Report: Anterior Myocutaneous Femoral Artery Based Flap For Hip Disarticulation Soft Tissue Cover

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INTRODUCTION:

Hip disarticulation accounts 0.5% of lower limb amputation. The commonest coverage for hip disarticulation is posterior myocutaneous flap. We described an anterior myocutaneous femoral artery based flap for hip disarticulation in a case of infected posterior hip decubitus ulcer.

CASE REPORT:

54 years old gentleman, who had been paraplegic for 18 years secondary to a motor vehicle accident, presented with a large decubitus ulcer at posterior left hip region for three months and he was in septic shock. All posterior deep structures were badly infected which include gluteus maximus, vastus lateralis, adductor magnus, short external rotators and hip joint capsule. Anteriorly soft tissue was not infected. Hip disarticulation was performed when his sepsis was more stable. The anterior flap survived and healing was in progress.

METHOD:

Patient was placed in right lateral position. A conventional above knee amputation (AKA) was performed first to reduce the weight of the leg. The level of amputation correlated with the length of the flap required. Femur bone was approached via lateral approach. Attaching muscles to femur were 'fillet' away from the bone and femoral head was removed together with the shaft. All posterior muscles and adductor magnus including sciatic nerve and obturator artery were removed. Wound was extensively debrided and washed. Then, the anterior flap was flipped posteriorly and sutured to the residual debrided origin of gluteus maximus along iliac crest. The wound was debrided several times subsequently for residual infection.

DISCUSSIONS:

Morbidity and mortality of hip disarticulation is high especially in cases with preoperative infection.(1, 2) There are other methods for flap coverage after hip disarticulation.(3) However in this case, closure using the anterior flap was the best available option.

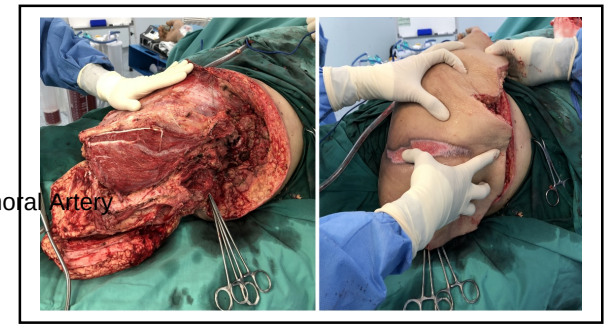

Figure 1: Anterior flap of left thigh.

CONCLUSION:

We described a method of anterior myocutaneous flap for closure of a hip disarticulation defect that was not amenable to closure using the conventional posterior flap.

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