

## One Patient Three Flaps

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### Abstract

This article illustrates the serious consequences of a spinal cord injury Frankel A [1] and its corollaries namely bedsores decubitus whose management can be very difficult through a long hospitalization, complex coverage techniques and expensive equipment means, dressings vac etc [2].

**Keywords:** *Ulcers; Bedsores; Paraplegic; Flaps; Nursing*

### Introduction

Decubitus ulcers should no longer be seen today [2,3]. This becomes obvious with the deadlines for taking care of the sick the nursing and the material means, mattresses dressings etc.

However, in practice such injuries remain more or less common practice; this may be related to a given pathology [4] or simply lack of resources.

The following case perfectly illustrates what can be described as an orthopedic drama with the same patient with three ulcers, sacral and two trochanterics pressure ulcers.

### Case Report

Man 65 years old active victim in 2016 of a fall of a high place having led to a vertebromedullary trauma of his lumbar spine with Franckel type A lesion [4].

He was operated on his spine in the emergency frame with laminectomy and arthrodesis by posterior approach.

In the postoperative period, he develops three ulcers one sacral (Figure 1a) and two trochanteric (Figure 2a, 2b, 3a, 3b); for which he initially benefited from a necrectomy [3,5] and then a cover plasty successively by three musculofasciocutaneous flaps with an interval of two months between each cover, a flap of the gluteus maximus first (Figure 1) and then two flaps with the tensor fascia lata muscle (Figure 2, 3) [6-8]; whose iconography of the evolution of the patient during the year 2017 (Figure 1-3).



[a] Preoperative photo



[b] Photo at the end of surgery.



[c] Remote photo of the surgery gluteus maximus muscle flap in place.

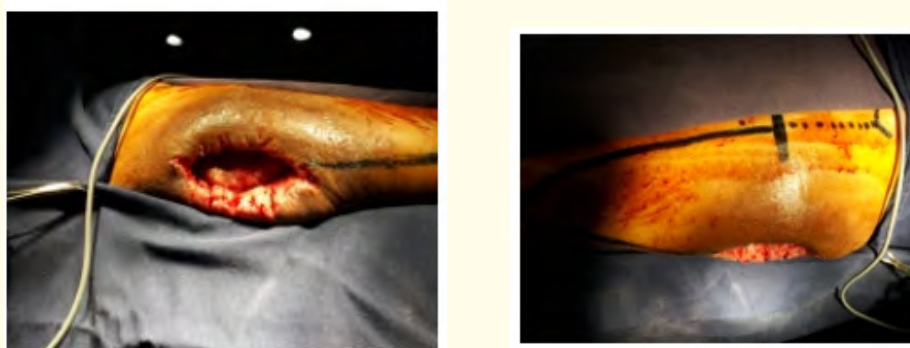
**Figure 1:** Sacral bedsore.



[a, b] Preoperative photos.

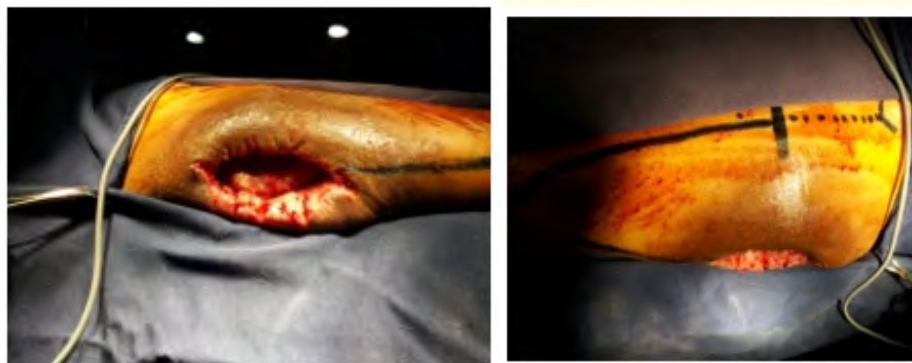


S[c] Intraoperative photo. Tensor Fascia lata muscle flap in place.



[d, e] Remote photos of the surgery.

**Figure 2:** Left trochanteric bedsore.



[a, b] Preoperative photos.



[c] Intraoperative photo. Tensor Fascia lata muscle flap in place.



[d, e] Remote photos of the surgery.

**Figure 3:** Right trochanteric bedsore.

### Discussion

This case is interesting because of the fact that one person performed three plasties of cover [1,7].

Although his neurological status was unfortunately paralysis [2], he completely healed his three bedsores which were a source of discomfort for him for his entourage and for the nursing staff, the risks of osteitis were also important which certainly would have affected the prognosis.

### Conclusion

The emphasis must be placed on the importance of paraplegic nursing such complications should no longer be seen [2], and this article illustrates the effort and time given by the medical staff [1,5] patient family and himself to overcome this grievous complication, the time elapsed between the trauma and the remission of the patient (one year) reflects the need for such vigor in the care of these patients. It took a year to curb lesions that have formed in 21 days, the contrast is striking.

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