Enhancement of Palmar Advancement Flap: A Simple Modification

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ABSTRACT

Distal fingertip amputations with exposed bone is challenging for the surgeon to manage. In order to re-establish a successful neurosensation of the pulp with the advancement of the flap, we have proposed a modification for the volar advancement flap, which was first described by Moberg in 1964. This enhancement flap proximally based on an intact skin pedicle parathenon can enhance the advancement while securing the entire advantages of the flap. The author has asserted control over the authors' right to publish.

No complications were noted and there was no need for additional surgery. Excellent joint mobility and pulp sensitivity were maintained. This modification showed a statistically significant improvement in the advancement (p<0.05).

INTRODUCTION

The hand is a unique part in the body and plays important and often irreplaceable functions. In the industrialized world, occupational hand injuries need to be treated properly in order to prevent additional damage. Increasingly, individual studies receive funding from commercial firms, private foundations, and government. Scientists have an ethical obligation to submit credible research results for publication. Moreover, as the persons directly responsible for their work, researchers should not enter into agreements that interfere with their access to the data and their ability to analyze it independently, to prepare manuscripts, and to publish them. Authors should describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the report for publication. If the supporting source had no such involvement, the authors should so state.

METHODS

Patients and Methods

Thirteen patients (11 males, 3 females) with distal fingertip amputations were treated with a palmar advancement flap, first described by Moberg in 1964, comprising one of the most popular options. The study was performed with informed consents obtained from all participants. The flap provided a good blood supply and a coverage of the bone. No complications were noted and there was no need for additional surgery. Excellent joint mobility and pulp sensitivity were recorded as well and advancement was established a successful neurosensation of the pulp with the advancement of the flap. The authors should so state.

RESULTS

The enhancement flap proximally based on an intact skin pedicle parathenon can enhance the advancement while securing the entire advantages of the flap. The enhancement flap proximally based on an intact skin pedicle parathenon can enhance the advancement while securing the entire advantages of the flap.

CONCLUSIONS

The enhancement flap proximally based on an intact skin pedicle parathenon can enhance the advancement while securing the entire advantages of the flap. The enhancement flap proximally based on an intact skin pedicle parathenon can enhance the advancement while securing the entire advantages of the flap.

KEY WORDS

Enhancement, Moberg flap, modification

REFERENCES

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