

Dorsal Commissural Perforator Flap: Clinical study

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Objective: Assess the viability of dorsal commissural perforator flap of the hand, to cover defects in the region of the fingers and hand through the reporting of clinical cases.

Results: The operated patients were 60% male, mean age 29.6 years. The most common cause of primary lesion was trauma (60%). Commissural artery perforator was present in 100% of cases. There was no loss of flaps, there was no need for additional coverage procedure.

Methods: Twenty patients with skin loss of the hand and fingers, underwent primary coverage of the defect using this technique. The design of the flap was made based on the anatomical location of the artery, not being used any imaging tests to detect it. Patients were followed-up until complete healing of the wounds, serially evaluating the need for new approaches.



Conclusion: We conclude that the dorsal commissural perforator flap of the hand can be safely performed clinically in the second, third and the fourth interdigital space, because of its anatomical consistency and effectiveness.