

## EL VE PARMAK DEFEKTLERİ İÇİN KULANILAN LOKAL FLEPLER

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### GİRİŞ

Eldeki yumuşak doku defektleri travma, enfeksiyon ya da tümöral nedenlerle oluşmaktadır. Elin kompleks yapısı ve önemli yapıların cilt altında bulunması nedeniyle defektlerin örtümü cerrah için zorlayıcı hale gelmektedir. Eklem ve tendonların eksi-kürsiyonuna izin veren stabil, uzun ömürlü ve estetik olarak kabul edilebilecek örtüm sağlanmalıdır(1) Palmar yüz defektleri için kendine has anatomisi göz önünde bulundurulurak örtüm yapılmalıdır. Mümkün olduğunca parmak uzunlukları korunmalı, kontraktür gelişimi önlenmelidir. Tendon ve eklem hareketlerine izin veren dayanıklı, hissiyatı olan bir örtüm elde edilmelidir. Nihai amaç ise fonksiyonların yeterince restore edilmesi ve hastanın günlük aktivitelerine, işine dönebilmesidir. Bu ihtiyaçların tamamının karşılanabilmesi için genellikle flep ile örtüme ihtiyaç duyulur.

Kesilerek meydana gelen yaralanmalar, kontaminasyon veya enfeksiyon tablosu yoksa debritleme sonrası primer onarılabilir. Primer onarım mümkün değilse hangi yöntem ile ne zaman kapatılacağı önem kazanır. Yara yönetiminde ilk basamak her zaman debritlemandır. Turnike altında yapılmalı ve ölü dokuların tamamı uzaklaştırılmalıdır. Avülsiyon, ezilme veya elektrik yanıklarında yaranın durumunun netleşmesi için bir süre beklemek gerekebilir, bu durumda 24-48 saat aralıklarla seri debritleme yapılmalıdır.

Yara örtümünün gecikmesinin flep kaybı ve enfeksiyon oluşumuna sebep olduğuna dair bilimsel kanıt olmamasına rağmen, olabildiğince erken yara örtümü önerilmektedir(2). Erken rekonstrüksiyon yapılarak dokular ve vasküler pediküller; ödem, skar dokusu, fibrozis gelişmeden teknik olarak daha kolay şekilde tedavi edilebilir. Tedavi sonucunda da erken kapama ile tendonlarda yapışıklık ve eklemlerde sertlik oluşumu önlemeye çalışılır.

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