

Facial skin grafting for tissue defects as a result of various injuries.

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Background. Various traumas in the facial area can lead to defects in the skin tissues in the facial area. These injuries include burns of various etiologies (burns with acid, liquid nitrogen, manganese, thermal burns), various injuries. In each case, there is a need to restore the skin. In these cases, we use the transplantation of a skin flap from the behind-the-ear area (if the defect is not large), in the case of a lack of tissue, we use skin flaps from other areas. The closure of skin defects in the facial area is an urgent problem, since the skin reserve in the occipital area is small and in many cases the graft is insufficient, and skin flap sampling from other areas has the least disadvantage in that it differs in color from the facial skin (more yellow tint).

Materials and methods. A skin graft was transplanted into four patients: two women and two men aged 20-50 years. Each of them had a skin defect as a result of various traumas.

Results. In all the cases studied, the skin defect in the facial area was of varying size: from two to ten centimeters. The cause was manganese or acid burns; the patient was unable to state the exact cause because she was brought to the maxillofacial surgery department under the influence of alcohol seven days after the injury with a festering wound, in this case a transplant was performed distinguished skin flaps thin – 0,2-0,3mm, after the inflammatory process is removed. In another clinical case, there was an upper lip defect after a traffic accident. In this case we used skin flaps cleft – 0,3-0,6mm, in all thickness, the same flap was also used for a skin defect in the chin area after a burn with liquid nitrogen as a result of cosmetic procedures. One of the cases was a nasal tissue defect, in the formation of an arterialized flap from the temporal-frontal area, was used distinguished skin flaps thin – 0,2-0,3mm from the abdominal region to close the defect in the forehead area, after forming and rotating the flap to the nasal area.

Conclusions. Depending on the location of the defect, taking into account the mobility of the muscles, flaps of different thickness are used.

Keywords. distinguished skin flaps thin – 0,2-0,3mm, skin flaps cleft–0,3-0,6mm, in all thickness, facial area.