

이술을 시행하여 식도를 재건하였고, 이 중 3명의 환자에서는 늑간동맥(intercostal artery)을 수여동맥으로 사용하여 유리 공장 전이를 시행하여 만족스런 결과를 얻었다. 따라서 늑간동맥을 이용하면 흉복부내 어느 부위의 식도 질환이든 유리 공장 전이술이 가능하다고 판단되어 문헌고찰과 함께 보고하는 바이다.

No. 21

유리 피판술 후 응급 구제술; 83례의 임상적 고찰

영남대학교 의과대학 성형외과학교실

우상현* · 최병철 · 정재호 · 설정현

유리 피판 수술은 성형 재건술의 마지막 단계로서 수술이 실패할 경우에는 공여부와 수혜부에 공히 심각한 기능적 손실과 미용적 문제를 발생시키게 된다. 이를 방지하고 수술의 성공률을 높이기 위해서는 술전 정확한 계획과 섬세한 미세 수술 술기가 필요하며, 수술 후에도 발생할 수 있는 여러 가지 문제에 대하여 지속적인 감시와 응급 대처 능력이 필요하다.

본 교실에서는 1994년 5월부터 1996년 4월까지 최근 2년간 수술 현미경을 이용한 83례의 유리 피판술을 시행하였으며, 이 중에서 응급 구제술을 시행한 임상 증례를 중심으로 그 원인과 치료를 분석하였다.

총 83례의 유리 피판술 중에 7례(8.43%)에서 응급 구제술을 시행하였는데, 27례의 수지 재건을 위한 족지 재건술에서 4례, 수배부 재건을 위한 12례의 족배부 유리 피판술에서 1례, 하지 재건을 위한 확장된 부건갑 피판에서 1례 그리고 화상후 발생한 경부 구축 제거 후 시행한 전완부 유리 피판술 후 1례 등이 발생하였다.

각 임상례의 원인은 동맥 혈관의 혈전 형성(2례), 외압에 의한 동맥 혈관의 압박으로 인한 혈관 경직(1례), 정맥 혈관의 혈전 형성과 혈관 소실(2례) 및 혈중(2례) 등이 있었다. 술후 1시간부터 3일 사이에 문제가 발생하였고, 발견 후 2시간 내에 응급 구제술을 시행하여 모두 성공적으로 문제를 해결할 수 있었다. 그러나 일반적인 유리 피판과 술 후 양상이 다른 동맥화 정맥 피판술을 시행한 1례에서는 응급 구제술을 시행하지 못하고 피판 전체에 괴사가 발생하여 유리 피판술의 성공률은 98.8%를 나타내었다.

응급 구제술의 성공률을 100%로 얻을 수 있었던 가장 중요한 요인은 술후 피판표면 온도측정, 도플러검사 및 이학적 검사 등을 이용한 철저한 피판감시로 조기에 병변을 발견하여 적절한 조치를 할 수 있었기 때문으로 사료된다.

No. 20

Free Jejunal Transfer Used by Intercostal Artery in the Intrathoracic Esophageal Reconstruction

Han Soo Kim, M.D., Sang Mook Choi, M.D., Chan Min Chung, M.D.*, In Seock Suh, M.D.

Department of Plastic and Reconstructive Surgery, College of Medicine, Hallym University, Seoul, Korea

The reconstruction of esophageal defect after ablative surgery have more difficult than other digestive tract tumor because the restoration of anatomical and physiologic function is difficult, the risk of tumor invasion into the adjacent tissue is large. The reconstruction of cervical esophagus was depended on the degree of resection of the esophagus, various reconstruction method was developed to minimize functional deficiency and deformity of cervical region. Recently, the free jejunal transfer or free radial forearm flap was commonly utilized for esophageal reconstruction due to development of technique of the microvascular anastomosis.

After the esophageal reconstruction used by free jejunal transfer was reported by Seidenberg in 1951, jejunum is most commonly used for reconstruction of esophagus. Because of, it have been tubed anatomical similarity with muscular layer, relative small risk of complication, possible of oral intake within 10 days after operation, and early rehabilitation.

Authors have been treated esophageal defect with free jejunal transfer in 7 patients after resection of lesion in 6 esophageal cancer and 1 esophageal stricture from December 1994 to January 1996. We were transferred jejunum used by intercostal artery as recipient artery in 3 cases, it was satisfied with results. If intercostal artery was utilized as recipient artery for free jejunal transfer, we believe that any site of intrathoracic or intraabdominal esophageal defect is possible to reconstruction.

No. 21

Emergent Exploration After Free Flap Surgery : A Review of 83 Consecutive Cases

Sang-Hyun Woo*, Byung-Cheol Choi, Jae-Ho Jeong, Jung-Hyun Seul

Department of Plastic Surgery, School of Medicine, Yeungnam University, Taegu, Korea

From May of 1994 to April of 1996, 83 free tissue transfers were used to repair defects resulting from hand trauma and tumor resection. Upper extremity reconstruction accounted for 60 cases(72%) of series, lower extremity and foot 13 cases(16%) and head and neck 9 cases(11%) and trunk reconstruction 1 case(1%). Seven free flaps exhibited signs of circulatory crisis between 1 hour and 3 days postoperatively and required return to the operating room. This represented a rate of 8.4% for the entire series.

Fifteen percent of the toe-to-finger transfer(27 cases) and one case of each twelve dorsalis pedis free flaps,

eight radial forearm flaps, and 3 scapular free flaps required exploration after microvascular surgery.

The preoperative impression in two patients was anastomotic arterial thrombosis, and in one patient it was arterial spasm due to compression dressing. Another two case were noted to be venous congestion. There were two hematoma under the free flap on the day of surgery.

Emergent return to the operation room was achieved within 2 hours after the first questionable examination was noted. All of cases of emergent revision were successfully treated and the final results were also satisfactory. But, one case of arterialized venous free flap was necrosed unexpectedly which had not been explored due to unusual postoperative course. The overall survival rate of free flap surgery was 98.8%(82/83).

Although vascular compromise occurred infrequently, effective and persistent clinical monitoring and prompt surgical reexploration were thought to have greatly increase free flap survival. Therefore, the results of this study demonstrate the efficacy of clinical monitoring and the role of early exploration after microvascular surgery.

No. 22

Paraumbilical Perforator Skin Flap

**Myong Chul Park, M.D., Ye Shik Shin, M.D.*,
Byeong Min Lee, M.D., Kwan Kim, M.D., F.A.C.S.**

Department of Plastic and Reconstructive Surgery Ajou University College of Medicine, Korea

The rectus abdominis myocutaneous flap is frequently used in the field of plastic and reconstructive surgery such as breast reconstruction and as a donor for free tissue transfer. Major problems with this flap is bulkiness, the possibility of postoperative abdominal herniation and muscle weakness following the removal of the rectus abdominis muscle. We used paraumbilical perforator based skin flap fed by a muscle perforator from the inferior deep epigastric artery, with no or little muscle and fatty tissue, in three patients for the resurfacing of relatively wide and thin defects. This technique has all of the advantages of the conventional rectus abdominis myocutaneous flap with decreased possibility of postoperative abdominal herniation or muscle weakness. Another challenging merit is possibility of skin flap tinning.

No. 23

Sensory Bearing Scapular Free Flap (Preliminary Report)

Duke Whan Chung, M.D.*

Dept. of Orthopaedic Surgery, Kyunghee University Hospital, Seoul, Korea

There have been many treatment methods for large and intractable soft tissue defects including skin. With the development of the microsurgery, various free vascularized flaps were introduced. But any of them can not