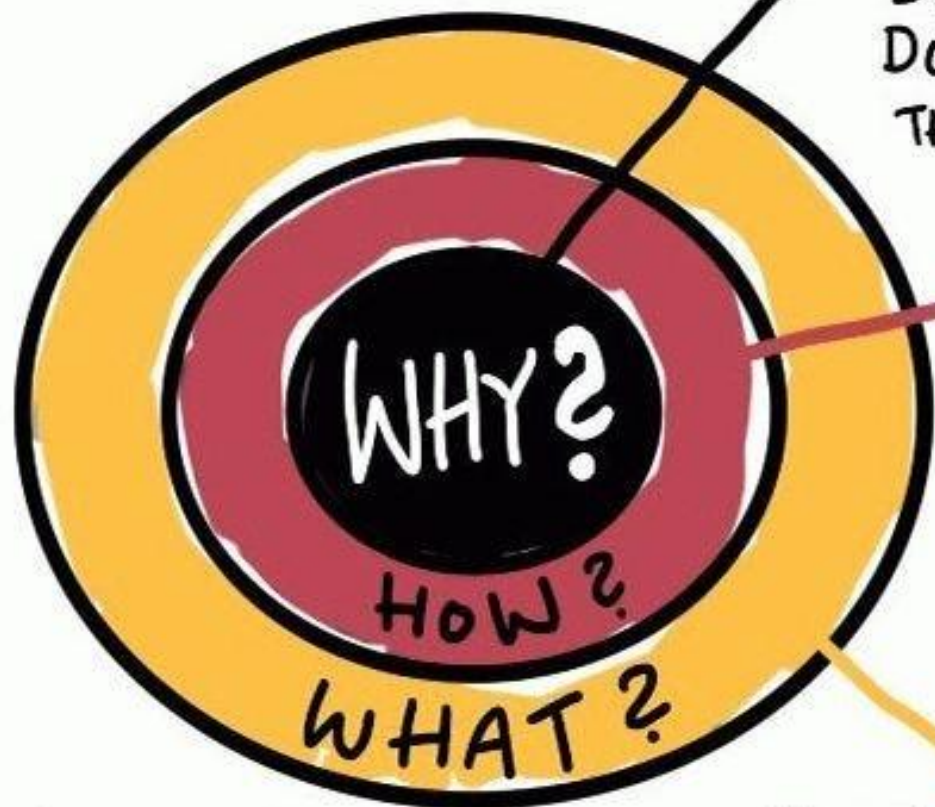


COPERTURA DELLE ESPOSIZIONI MEDIO- DISTALI DELLA GAMBA CON LEMBI FASCIO- ADIPOSI

Maria Gabriella Lettera,
Ospedale San Carlo Borromeo, Milano



GOLDEN CIRCLE

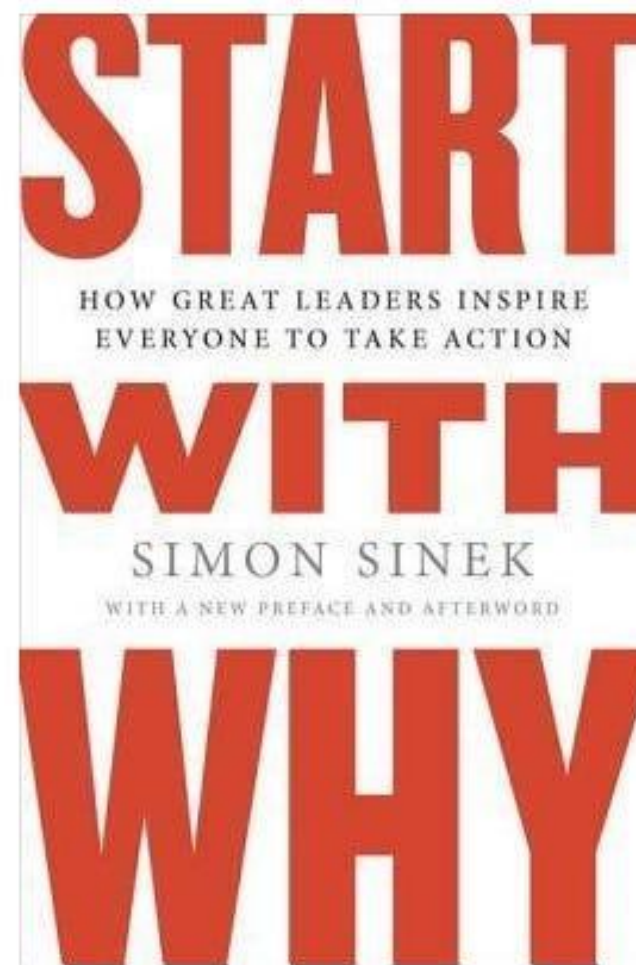


IDEA: SIMON SINEK

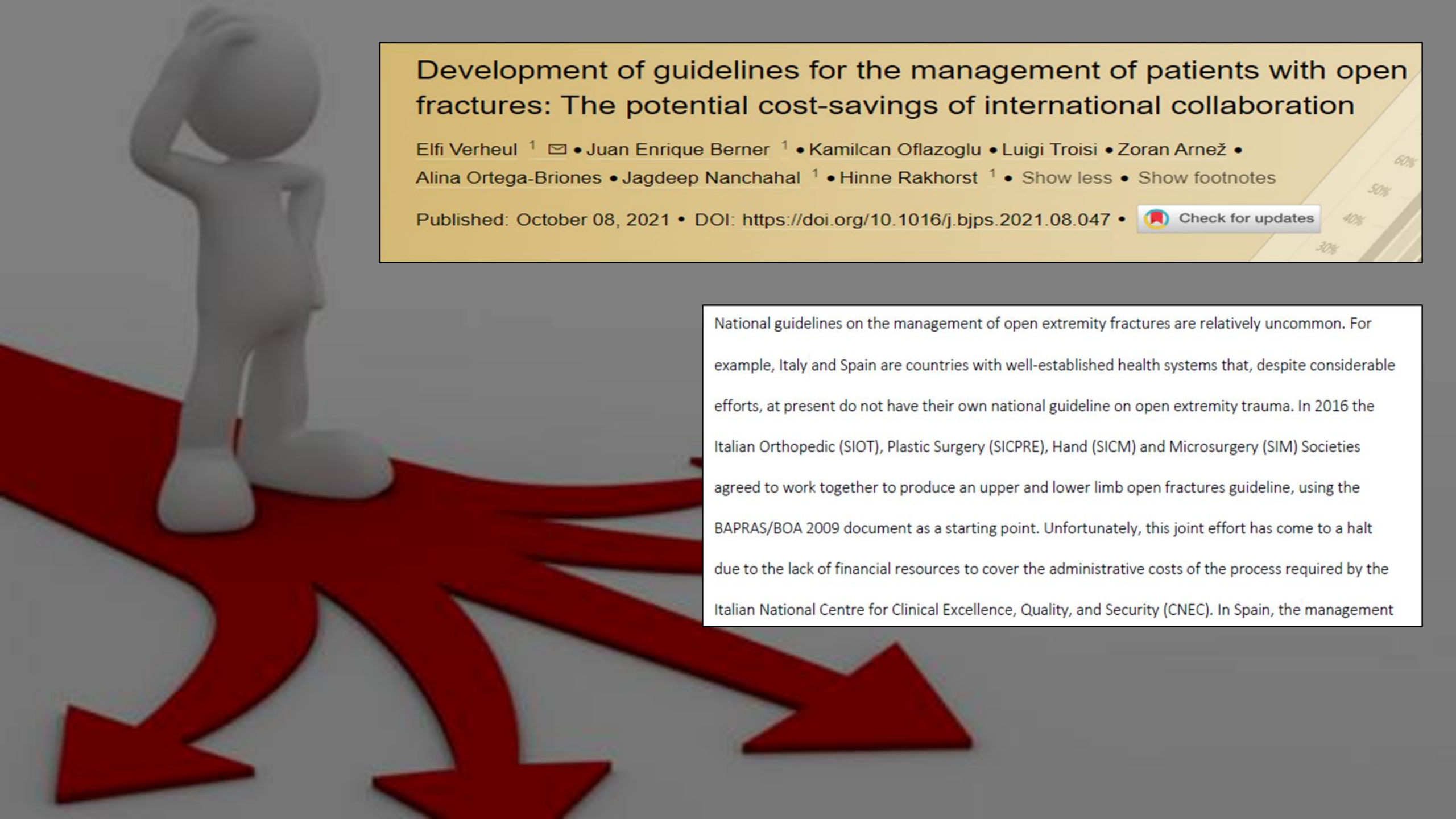
WHY DO YOU
DO WHAT YOU
DO? WHAT'S
THE PURPOSE?

HOW
DO YOU
DO WHAT
YOU DO?

WHAT
DO YOU DO?







Development of guidelines for the management of patients with open fractures: The potential cost-savings of international collaboration

Elfi Verheul ¹ ✉ • Juan Enrique Berner ¹ • Kamilcan Oflazoglu • Luigi Troisi • Zoran Arnež • Alina Ortega-Briones • Jagdeep Nanchahal ¹ • Hinne Rakhorst ¹ • Show less • Show footnotes

Published: October 08, 2021 • DOI: <https://doi.org/10.1016/j.bjps.2021.08.047> •



National guidelines on the management of open extremity fractures are relatively uncommon. For example, Italy and Spain are countries with well-established health systems that, despite considerable efforts, at present do not have their own national guideline on open extremity trauma. In 2016 the Italian Orthopedic (SIOT), Plastic Surgery (SICPRE), Hand (SICM) and Microsurgery (SIM) Societies agreed to work together to produce an upper and lower limb open fractures guideline, using the BAPRAS/BOA 2009 document as a starting point. Unfortunately, this joint effort has come to a halt due to the lack of financial resources to cover the administrative costs of the process required by the Italian National Centre for Clinical Excellence, Quality, and Security (CNEC). In Spain, the management

CURRENT CONCEPTS REVIEW

Modern Management of Severe Open Fractures of the Extremities

The Role of the Induced Membrane Technique

Nikolaos K. Kanakaris, MD, PhD, Paul Rodham, MBBS, MRes(Dist), MRCS,
Vasileios P. Giannoudis, MRes, MBChB, MRCS, and Peter V. Giannoudis, MD, FRCS, FACS, MBE

Investigation performed at the Major Trauma Centre, Leeds Teaching Hospitals NHS Trust, Leeds, England, United Kingdom

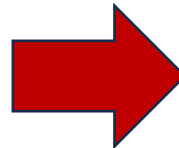


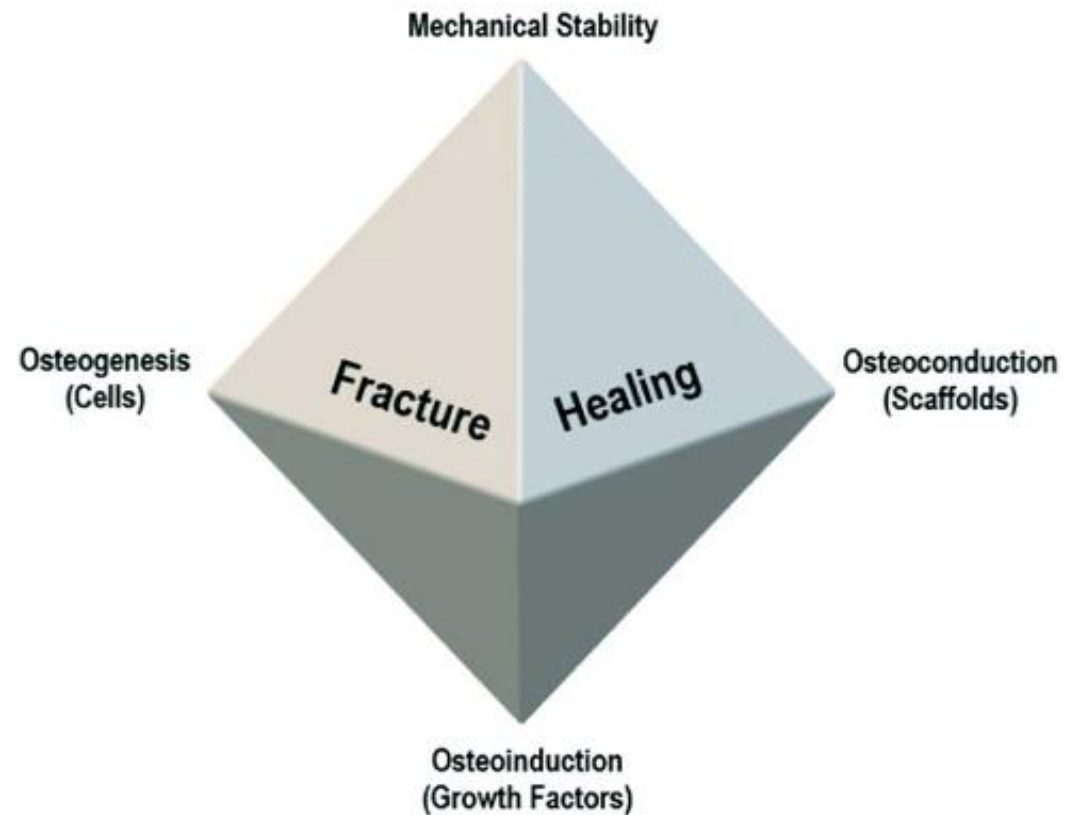
TABLE IV Grades of Recommendations for the Use of the Masquelet Induced Membrane Technique for Acute Bone Loss

Recommendation	Grade*
The Masquelet technique is an effective method of managing acute bone defects	B
Prompt administration of broad spectrum of antibiotics	B
Prompt identification of hard signs of ischemia or, if in doubt, emergency diagnostics (CT angiography or intraoperative angiography) and restoration of blood flow (temporary shunting, graft reconstruction, or vessel repair) optimally within 3 to 4 hours are essential for the survivorship of the limb	B
Urgent primary surgical debridement of high-energy open fractures within 12 hours or even 24 hours for the lower-energy ones	B
Time to definitive soft-tissue cover within the first 7 days from the accident is associated with better clinical outcomes	B
Meticulous debridement of nonviable bone at all stages of the technique is important for a successful outcome	B
The addition of antibiotics to the cement spacer is effective for promoting the creation of a viable induced membrane	C
Intramedullary nailing appears to be mechanically superior with regard to the remodeling potential of the grafted defect and requires smaller volumes of graft at the second stage	B
The duration of the interim period is mostly dictated by the recovery of the soft tissues and the absence of signs of an infection; it usually lasts between 6 and 14 weeks	C
Evidence of an infection requires debridement of the membrane and surrounding soft tissues and reinitiation of the technique	C
*According to Wright ¹¹⁷ , grade A indicates good evidence (Level-I studies with consistent findings) for or against recommending intervention; grade B, fair evidence (Level-II or III studies with consistent findings) for or against recommending intervention; grade C, poor-quality evidence (Level-IV or V studies with consistent findings) for or against recommending intervention; and grade I, insufficient or conflicting evidence not allowing a recommendation for or against intervention.	

DIAMOND CONCEPT

Fracture healing: The diamond concept

Peter V. Giannoudis^{a,*}, Thomas A. Einhorn^b, David Marsh^c





*“Philosophy of pedicled flaps
surgery: applications in difficult
situations at the lower limb”*

A.Masquelet



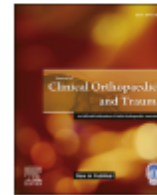


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Open tibial fractures: An overview

Marios Nicolaides^{a, b, *}, Georgios Pafitanis^{b, c}, Alexandros Vris^{a, d}

^a Division of Orthopaedics, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK

^b Group for Academic Plastic Surgery, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK

^c Department of Plastic and Reconstructive Surgery, The Royal London Hospital, Barts Health NHS Trust, London, UK

^d Department of Trauma and Orthopaedic Surgery, The Royal London Hospital, Barts Health NHS Trust, London, UK

Keystone or Propeller flaps

Gastrocnemius or Propeller flaps

Soleus or Propeller flaps

Distally based Sural or Propeller flaps

Distally based Sural
or Free flaps

HEYMANS FLAP

Fig. 9. Recommendations for use of flaps in definitive soft tissue closure of small and medium defects in the lower extremity.

ADIPOFASCIALI...PERCHÉ?

- MINIMO SACRIFICIO ANATOMICO E FUNZIONALE
- TECNICA CHIRURGICA «SEMPLICE»
- RIDUZIONE DEL TEMPO OPERATORIO
- MINORE MORBIDITA' DEL SITO DONATORE E RISULTATO ESTETICO SUPERIORE DEL SITO RICEVENTE
- MAGGIORE ARCO DI ROTAZIONE DEL FLAP
- **MINORE CONGESTIONE VENOSA**

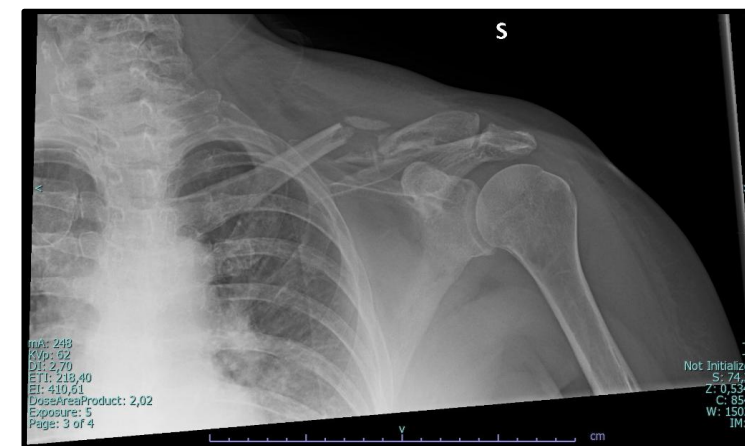
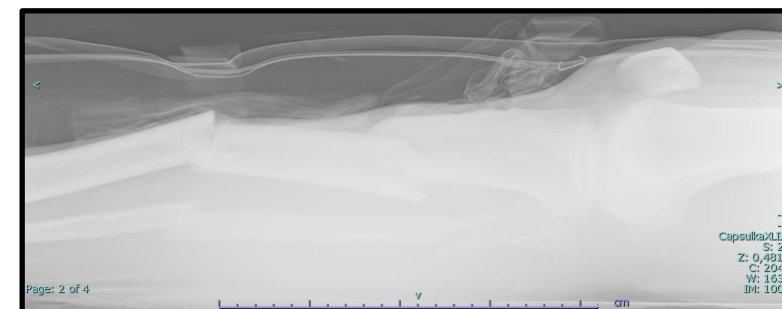
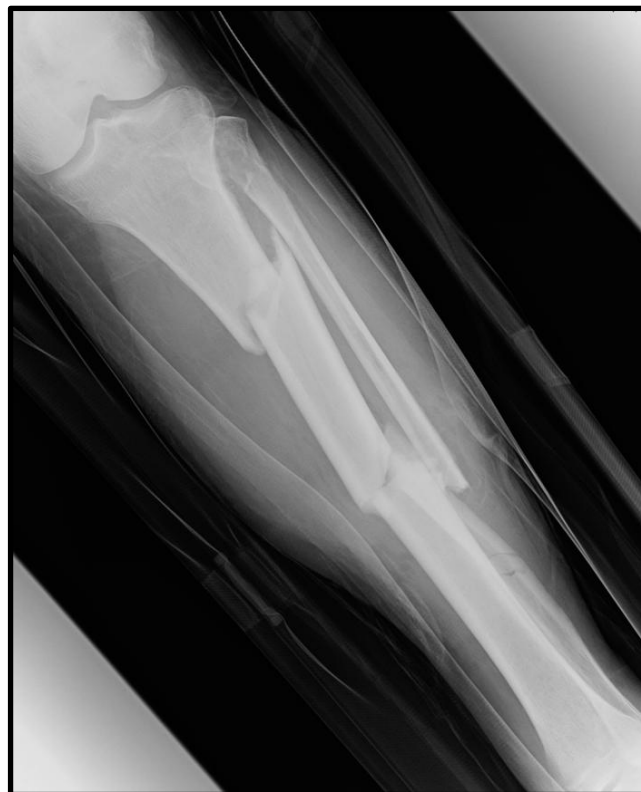
CASO 1

- F.C., ♀ 57 aa
- APR muta
- Incidente stradale alta energia
Frattura biossea gamba sin
- AO/OTA 42C2
- GA II
- Sguantamento piede sx

Fratture associate:

- omero prossimale dx
- clavicola sinistra
- II-III-IV costa sin

MAGGIO 2022



Giorno 1
Ore 03:41

D.C.O. FE, Debridement e VAC therapy

- Pins should be as far from the wound as possible while maintaining fracture stability.
- Bars should not obstruct the soft tissue window around the zone of injury.
- In the leg, mid anterior pins are better than medial or lateral pins to allow for vascular access for free flaps and rotational muscle and perforator flaps.
- The frame must be easily loosened for adjustments needed during reconstruction.



[Indian J Plast Surg](#). 2019 Jan; 52(1): 17–25.

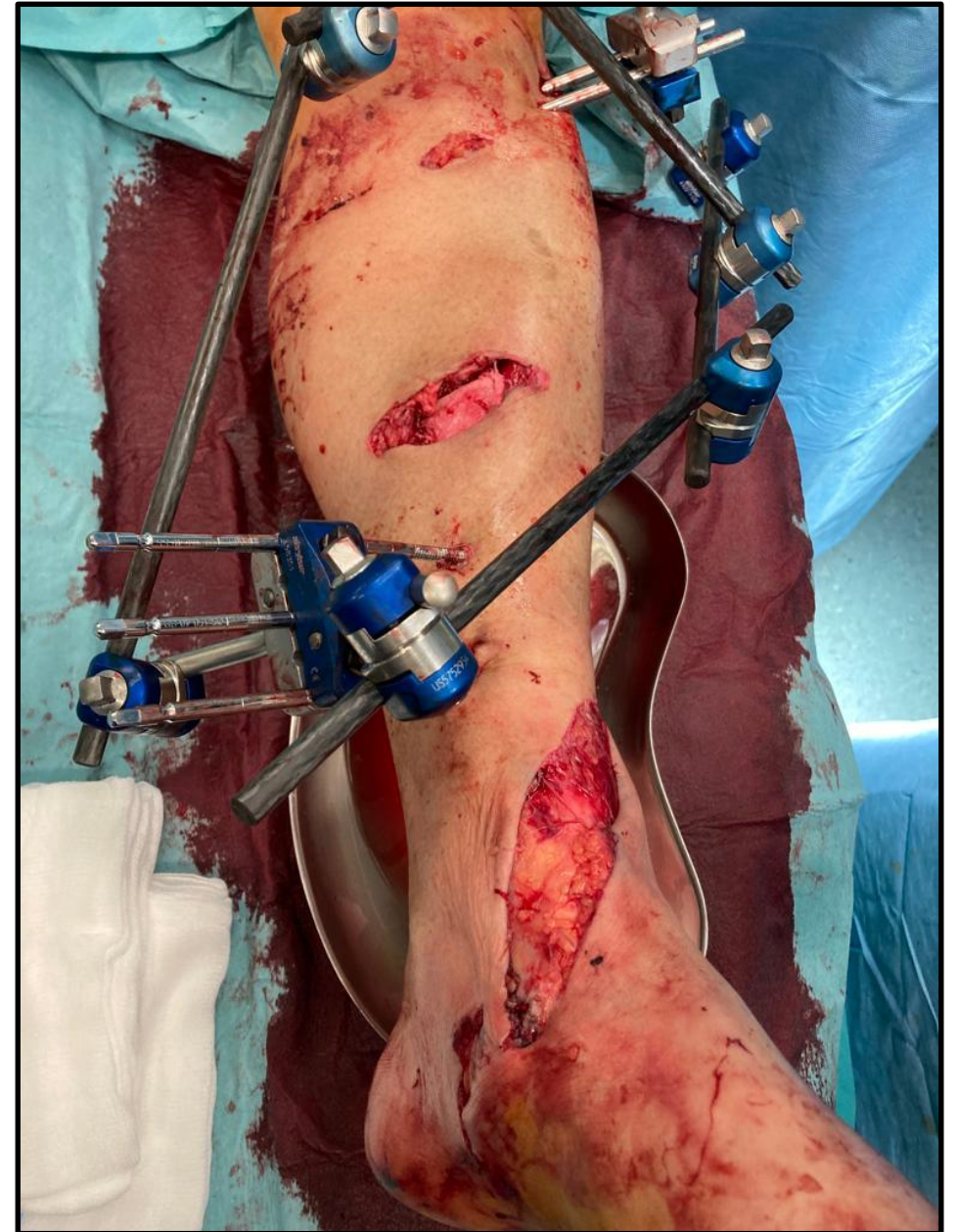
Published online 2019 May 2. doi: [10.1055/s-0039-1688095](#)

PMCID: PMC6664840

PMID: [31456609](#)

A Review on the Orthoplastic Approach to Lower Limb Reconstruction

[Shaun D. Mendenhall](#),¹ [Oded Ben-Amotz](#),² [Rikesh A. Gandhi](#),³ and [L. Scott Levin](#)^{3,4}

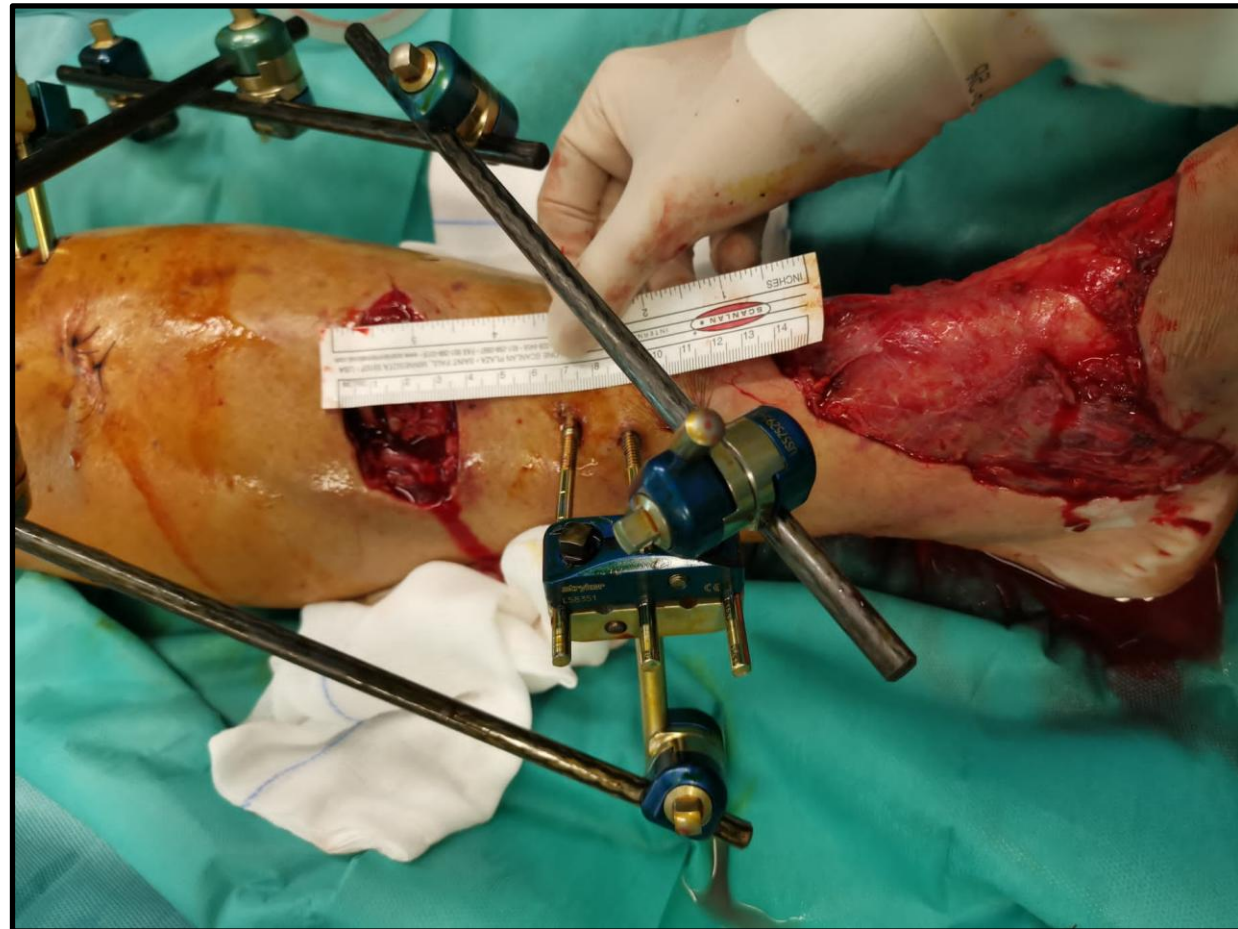




A 7 GG DAL TRAUMA

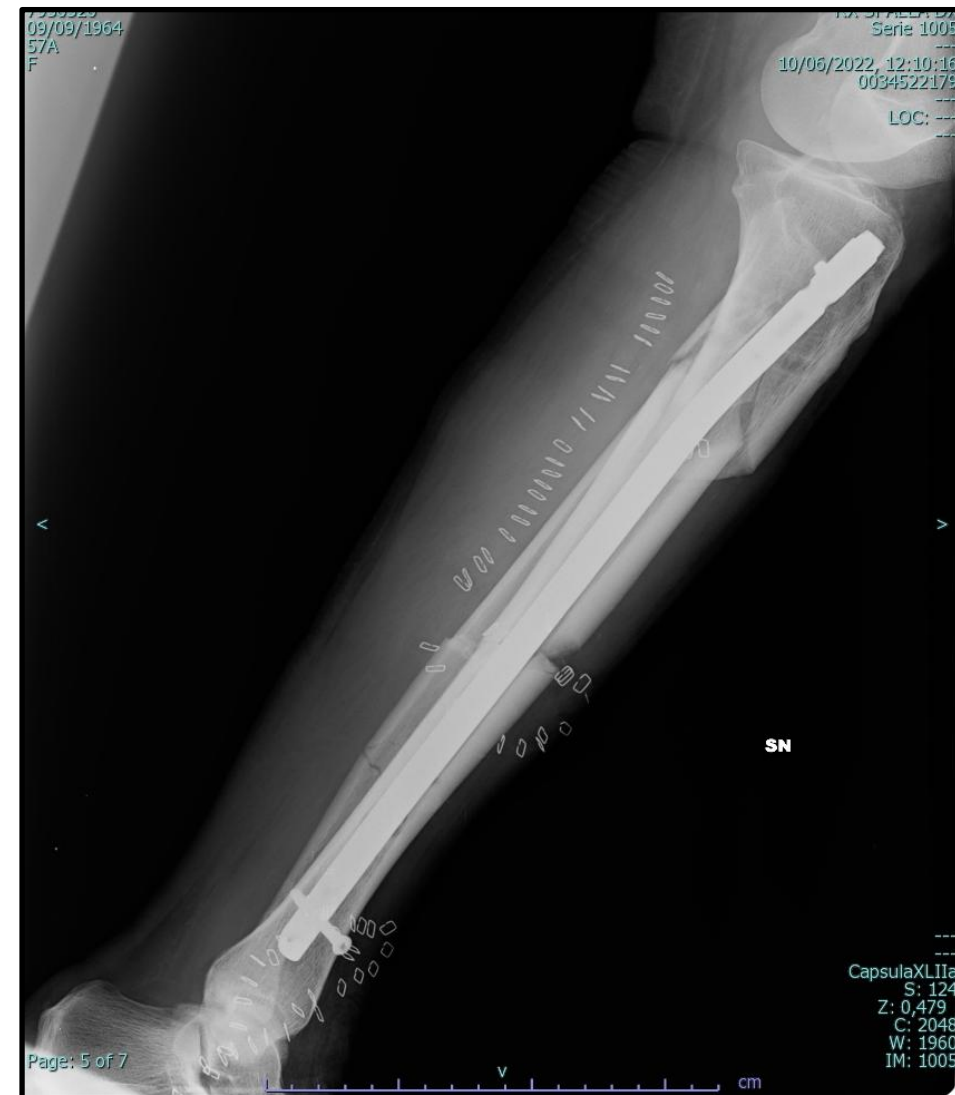


15x20cm



8x4cm

A 10 GG



The Learning Curve of Suprapatellar Nailing: Adoption Over Time Can Decrease Operative Time and Radiation Exposure

Jerad D. Allen, MD, Paul E. Matuszewski, MD, Shea M. Comadoll, MD, David A. Hamilton, MD, MBA, Eric J. Abbenhaus, MD, Arun Aneja, MD, PhD, Raymond D. Wright, MD, and Eric S. Moghadamian, MD





“If possible, the flap is positioned so that the deep fascia lies superficial and the subcutaneous tissue faces the recipient site”.

Olivier Heymans



A 3 MESI



A 5 MESI



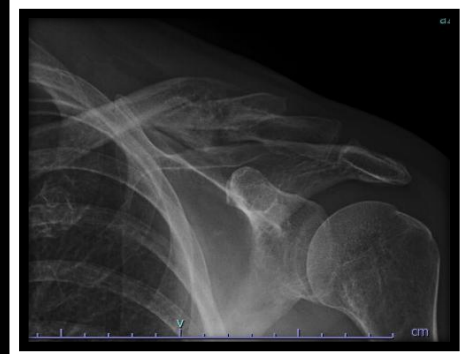
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---p: 50
Not Initialized: -5,80
S: 61,03 I: 704
Z: 0,506 : 183,52
C: 9328 seAreaProduct: 0,85
W: 13068posure: 4
IM: 2ge: 8 of 10



Not Initialized
S: 61,03
Z: 0,506
C: 9394
W: 13549
IM: 3



CONTROLLO A 1 ANNO



CASO 2

J.S,m.,17 aa

APR muta

TRAUMA DA INCIDENTE IN MOTO



PublMed®

open lisfranc fracture dislocation

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111 results

RESULTS BY YEAR

1973 2025

1

Page 1 of 12

Lisfranc fracture-dislocations: current management.

Moracia-Ochagavía I, Rodríguez-Merchán EC.

EFORT Open Rev. 2019 Jul 2;4(7):430-444. doi: 10.1302/2058-5241.4.180076. eCollection 2019 Jul.

PMID: 31423327 Free PMC article. Review.

It is essential to know and understand the anatomy of the tarsometatarsal (TMT) joint (Lisfranc joint) to achieve a correct diagnosis and proper treatment of the injuries that occur at that level.Up to 20% of Lisfranc fracture-dislocations go unnoticed or are ...

GENNAIO 2024

- LAVAGGIO
- AMPIO DEBRIDEMENT
- PDS CUTANEA DI CIRCA 10X6 CM
- TENORRAFIA ESTENSORI DITA
- RIDUZIONE E SINTESI CON ASNISS+FILI DI K
- VAC THERAPY



A 7 GG:

-SINTESI DEFINITIVA CON ASNISS

-SURAL ADIPOFASCIAL FLAP REVERSE +
SOSTITUTO DERMICO DOPPIO STRATO
FENESTRATO+VAC THERAPY (-50 MM HG)

A 21 GG:

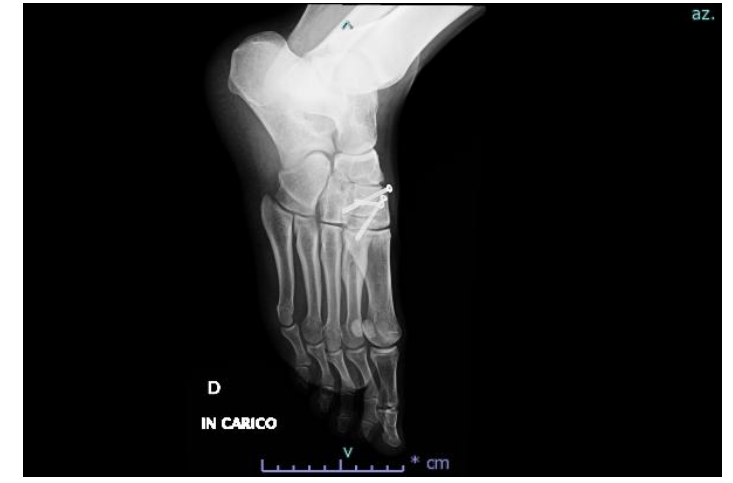
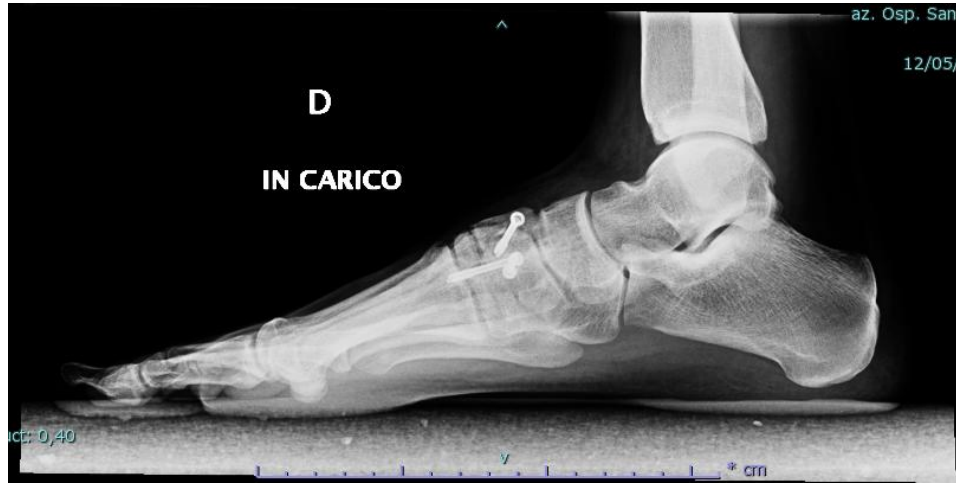
-INNESTO CUTANEO

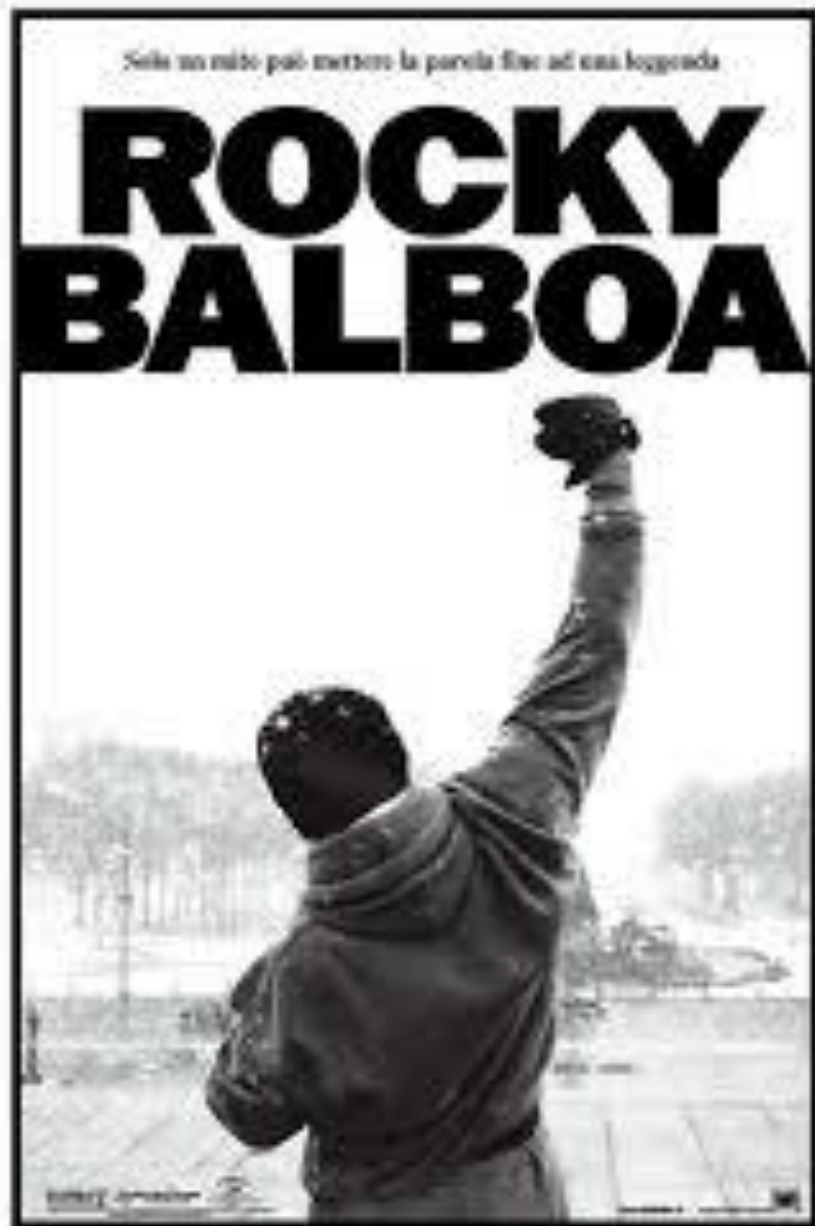


A 3 MESI



MAGGIO 2025





WHAT I LEARNED FROM

- LEMBI PEDUNCOLATI:INTERVENTI RIPRODUCIBILI,BASATI SU VASI ANATOMICAMENTE COSTANTI-STRUTTURE SACRIFICABILI SENZA IMPORTANTI ESITI FUNZIONALI
- NON NECESSARIO APPROCCIO MICROCHIRURGICO
- SOLUZIONI «SEMPLICI»PER PROBLEMI COMPLESSI





GRAZIE