

OBLIQUE TRIANGULAR FLAP FOR OBLIQUE FINGERTIP AMPUTATION

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Introduction: Fingertip amputation is a common injury. The optimum management for fingertip amputation is to preserve fingertip sensation, durable soft tissue coverage, to cover and preserve bone length for nail bed support. 14 years-old-boy left index finger got stuck in between motorbike chain while fixing motorbike sustained oblique fingertip amputation (Allen type II) with exposed distal phalanx.

Discussion: A straight-line incision was made along the junction of volar and dorsal skin at the long segment (so that the neurovascular bundle volar to the straight incision) (Figure 2-B). An oblique incision was made over the volar aspect starting at the short segment amputated part till the apex of the triangle at PIPJ (Figure 2-A). The width of the flap (the base of the triangle) is kept as wide as the defect. The length is kept 2-2.5 times of this base. Skin & subcutaneous tissue was incised. The flap is dissected free from the underlying flexor tendon sheath, by dividing the septae (superficial to flexor tendon paratenon). Dissection proceeds deep to the neurovascular bundle to include it in the flap. At the apex of the flap, the bundle is gently dissected and freed to advance the flap. The flap was sutured to the nail bed and pulp margins. At 3 months post-operation, the wound well-healed with sensate and durable finger tip with the restoration of 2 mm two-point discrimination of fingertip.

Conclusion: An oblique triangular flap is a good option to give an optimum outcome for oblique fingertip amputation to restore back sensate and durable fingertip with the good aesthetic result.