

# Reverse radial flap. Silver bullet for hand reconstruction

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## INTRODUCTION:

Wound over hand region posed different challenges compared to other body parts owing to its structures and functions. These wounds should be covered as soon as possible even due to infection. Primary wound closure remains the standard of treatment to have better outcome for patients.

## REPORT:

We present a case of 42 year-old female patient with infected wound over left dorsum of hand with underlying diabetes. Surgical debridement was done where there was large defect over dorsum of hand exposing tendon with loss of tendon sheath [Figure 1].

Wound subsequently covered with reverse radial flap. Post-operative 6 months showing healed scar with good functional outcome [Figure 2]. Patient reported minimal disability with DASH score of 17.

## DISCUSSION:

Good skin cover is important to allow proper functioning of underlying structure<sup>1</sup>. Split skin grafting and Full thickness skin graft are technically easier to obtain, however in cases where tendons are exposed, or wound over joint, they causes contracture that is debilitating to patients. These types of grafting also tends to fail in case of infection or on exposed tendons.

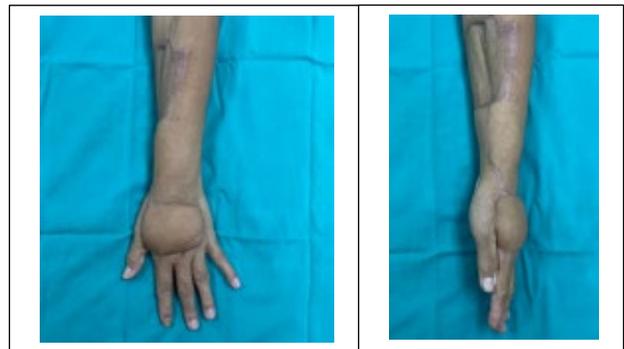
The radial forearm flap has advantages of providing soft tissue coverage while preserving the much needed tendon gliding and joint mobility. It also has its own blood supply in which healing potential is superior to grafting and allows early mobilization and rehabilitation to maintain hand function<sup>2-3</sup>.

## CONCLUSION:

Reverse radial flap is a valuable option in managing wounds over hand region even in infection.



**Figure 1. Wound post surgical debridement**



**Figure 2. Post operative reverse radial flap**

## REFERENCES:

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