

"Is 40 years enough delay?"

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Summary—The case of a 40-year-old tube pedicle, raised in 1939 and subsequently lost to follow-up, is presented together with a description of its appearance and eventual modified use to accomplish its original purpose.

An apocryphal story that somewhere in London there was a lady with an unfinished tube pedicle has long been accepted as part of the mythology of plastic surgery.

It is now shown to have been true, as this case report describes.

Case report

In 1925 a 5-year-old child had her upper chest, neck and chin burned when her nightdress caught fire in front of

an open grate. She survived the initial injury, but subsequently developed a moderately severe neck contracture and lower lip ectropion.

At the age of 19 she was referred to Archibald McIndoe, as he was then, at St James Hospital, Balham. He raised a lateral abdominal wall tube pedicle which was to have been moved to her neck and chin on a wrist carrier.

With the outbreak of the Second World War in September 1939 and the evacuation of a substantial part of the population of inner London, she was lost to follow-up.



Fig.

Figure Appearance of tube pedicle after 40 years delay. Free length 6 inches.

Her neck contracture and lip ectropion gradually became less troublesome, she married, and worked as a domestic for many years before retiring.

She seems to have given little thought to her pedicle, and even confided that it was useful as somewhere to tuck a handkerchief, but eventually showed it to her general practitioner, who referred her to the senior author of this case presentation.

She was a fit 63-year-old, with symptomless minor neck contractures, a moderate degree of lower lip ectropion causing minor problems of oral continence, and a beautifully soft, mature and supple left lateral oblique abdominal tube pedicle some 6 inches long (Fig.).

The first tube pedicle was performed in 1916 by Filatow, and in 1917 Gillies carried out a similar procedure, being responsible for its popularisation. Almost immediately controversy over the necessary period of delay arose. A variety of tests to determine a safe minimum time for transfer were described (Hynes, 1948; Hynes and Macgregor, 1949; Barron *et al.*, 1952; Barron, 1956). Some, like Gillies himself, and Battle (1964), advised the longest reasonable delay, while Hynes (1949) and others pointed out that under favourable conditions quite brief delays of 9 to 12 days were safe. The delay in this case would appear to be the longest recorded.

It was suggested to the patient that McIndoe's original plan be completed, but she declined, saying that she wished the tube to be removed. The pedicle provided an ideal split skin donor site to release her lower lip. This was carried out by the authors on the tenth of November 1983, the lip ectropion being released and the skin defect filled with a thick split-skin graft taken from the outer surface of the pedicle. The pedicle was excised and its distal ends used to close the excision defects directly. A large axial artery was noted to traverse the pedicle. Her post-

operative course was uneventful and her grafted lip showed a good take.

On subsequent follow-up she had no regrets about losing her pedicle and has achieved a good lip seal.

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