

## Letters to the Editor

### To put the record straight

Sir

In response to my recent article on "The adjunctive use of hyaluronidase in local anaesthesia" (*British Journal of Plastic Surgery*, 39, 554), it has been brought to my attention by Mr I. A. McGregor that hyaluronidase has been used in Canniesburn Hospital for the past 36 years in the manner that I suggested and I apologise to him for not acknowledging his priority. I was unaware of its wide routine use in that hospital, with the exception of split skin graft harvesting for which I quoted Mr McGregor.

He also refers to an article by Cameron, J. A., published in the *Glasgow Medical Journal* (32, 150, 1951) entitled "The use of hyaluronidase to facilitate the cutting of free skin grafts under local anaesthesia" in which many of the points made in my article are clearly stated. My failure to refer to this article is obviously an oversight, but in extensively following up references in preparation for my paper nowhere did I encounter one to the above publication by Cameron and it is not included in the more recent editions of *Fundamental Techniques of Plastic Surgery* by McGregor to which I did make reference.

Yours sincerely

P. A. LEWIS-SMITH, FRCS  
Department of Plastic Surgery  
Newcastle General Hospital  
West Road  
Newcastle upon Tyne, NE4 6BE

### Soft tissue problems associated with the use of external fixation frames

Sir

A recent survey of lower limb trauma\* treated in a Plastic Surgery Unit over a five-year period has

\* Mercer, N. S. G. and Moss, A. L. H. (1985). Trauma to the lower limb; a five-year experience. Presented at the British Association of Plastic Surgeons Winter Meeting.

highlighted problems associated with the use of external fixation frames which are of particular importance to the reconstructive surgeon. The complications which occur with the use of external fixation frames are usually related to pin placement, particularly when transfixion pins are used. Pins may impede access to local flaps and vascular pedicles in free tissue transfer (poor placement of surgical incisions can have similar effects). Muscles may also be transfixed by the pins.

An external fixation frame was used in just under half of the 94 cases reviewed. The 29 frames *in situ* on transfer were of six different types with the Vidal-Hoffman system the commonest.

Three of these frames (10%) caused recorded complications. Two could not be adjusted because the instruments were not available in the hospital. One of these frames caused pressure necrosis of the thigh skin as a result of postoperative swelling. The pins of the other were found to be impinging on a neurovascular bundle, precluding its use in a free tissue transfer.

The third case was complicated by muscle tethering due to transfixion pins.

It is therefore essential that the referring hospital makes available the instrumentation for frames not in use in the Unit to which the patient is transferred. The use of a triangulated frame sited on the subcutaneous border of the tibia (Behrens, 1982) will also allow free access to the leg and avoid impingement on vascular pedicles.

These potentially serious problems can be avoided by early, close and continuing co-operation between accident or orthopaedic surgeon and plastic surgeon.

Yours faithfully

N. S. G. MERCER, FRCS  
Registrar in Plastic Surgery  
Frenchay Hospital  
Bristol BS16 1LE

### Reference

Behrens, F. (1982). Unilateral external fixation for severe lower extremity lesions. In *Concepts in External Fixation*. Seligson, D. and Pope, M. (Eds). New York: Grune and Stratton.