Dorsal metacarpal flaps

Sir

I read with interest the paper entitled "Dorsal metacarpal flaps" (*British Journal of Plastic Surgery*, 1987, **40**, 333). I too have found dorsal metacarpal flaps to be useful in cases with small areas of skin defects. In certain small skin defects of the hand, it can be difficult to apply transposed flaps, distant flaps and free flaps depending on the site of the defect and surrounding skin conditions. For such cases, the application of dorsal metacarpal flaps can be an excellent method.

I have used the 2nd dorsal metacarpal flap in one case and the 4th dorsal metacarpal flap in two cases. Partial necrosis of the epidermis was recognised in one case and necrosis of half a flap in another but they all epithelialised rapidly.

I have also done a Doppler flow study on 28 adult right hands and am now carrying out an anatomical dissection of dorsal metacarpal arteries on cadavers.

Yours faithfully,
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Reference

Kojima, T. *et al.* (1986). 11 cases of vascular pedicle island flap coverage for difficult skin defects on the hand. *Journal of the Japanese Society for Surgery of the Hand*, **3**, 350.

Reply from Mr Earley

Sir

Dr Kojima has arrived independently at the same conclusion that I reached when I did my first second dorsal metacarpal islanded flap in July 1985, and of eight flaps I have lost only the distal part of one, which included skin distal to the proximal interphalangeal joint. However, third and fourth dorsal metacarpal flaps taken from the dorsal proximal phalangeal skin on an isolated vascular pedicle are not reliable. I have used one of each of these and both suffered superficial necrosis, leaving a live dermo-fatty base suitable for a graft. One would suspect that these flaps had indeed taken only partially as composite grafts.

Island flaps taken from any web dorsal surface will survive, as demonstrated by J. Colville (BAPS Summer meeting, 1987), when used as advancement flaps in syndactyly correction, and these must be considered as dorsal metacarpal flaps.

Yours faithfully
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Opsite as a donor site dressing

Sir

In the recent correspondence on the use of Opsite as a donor site dressing (*British Journal of Plastic Surgery*, 1987, **40**, 438), Mr James stated that although the donor site is usually healed by about 7 days, the Opsite remains adherent to the regenerated epithelium.

In our experience, this problem may be easily solved by interposing a sheet of Surfasoft between the Opsite and the wound. Surfasoft is a polyamide mesh which is porous and highly non-adherent as long as it remains moist.

This combination is also very useful for meshed skin grafts as the delicate new epidermis is not stripped away during dressing changes, whilst the moist conditions favour epithelialisation without any detectable increase in the rate of infection.

Yours faithfully
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