

Accepted Manuscript

Shoulder Edge Anterior Adduction Contracture in Pediatric Patients after Burns:
Anatomy and Treatment: A New Approach

Viktor M Grishkevich, Max Grishkevich, Vasilii A. Menzul

PII: S2468-9122(17)30041-X

DOI: <http://dx.doi.org/10.1016/j.burnso.2017.09.001>

Reference: BURNS 24

To appear in:

Received Date: 31 July 2017

Accepted Date: 1 September 2017

Please cite this article as: V.M. Grishkevich, M. Grishkevich, V.A. Menzul, Shoulder Edge Anterior Adduction Contracture in Pediatric Patients after Burns: Anatomy and Treatment: A New Approach, (2017), doi: <http://dx.doi.org/10.1016/j.burnso.2017.09.001>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



Shoulder Edge Anterior Adduction Contracture in Pediatric Patients after Burns: Anatomy and Treatment: A New Approach

Viktor M Grishkevich, MD; Max Grishkevich, MD; Vasiliy A. Menzul, MD,

Department of Reconstructive and Plastic Surgery, A.V.Vishnevsky Institute of Surgery of the Russian Academy of Medical Sciences. Moscow, Russia

July 4, 2017

Abstract

Background. Burns of anterior shoulder joint surface and neighboring areas produce shoulder edge adduction contracture and scar deformity, slowing down the development of upper limbs in pediatric patients. Therefore, surgical reconstruction is indicated as early as the contracture is formed. Currently used surgical techniques, based on counter transposition of the local triangular flaps and skin transplants, do not solve the problem because of incomplete release of the contractures; repeated operations are often performed. The scar deformity also remains.

Methods. The anatomy of shoulder edge scar adduction contractures was studied in 16 personally-operated pediatric patients before and during surgery. Being dissatisfied by outcomes from the skin graft and triangular flaps' use, we started involving the undamaged axillary tissue in the form of adipose-cutaneous whole layer in plasty to fully release the contracture and avoid the deformity of rough scars' excision.

Results. Edge shoulder adduction contractures were caused by scars covering the joint's anterior flexion lateral (FL) surface and scars of lateral sheet of the crescent fold located along the anterior edge of axillary fossa. We pointed out that contracted scars were not restricted only by the fold, but spread from the fold's crest to the joint rotation axis and the contracture was caused by the surface deficit on all extent. After contracted scar dissection with Y-incision, wound's edges divergence and at the joint rotation axis wound (scar surface deficit) accepted a positive

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات