Letters to Editor

The ulnar digital artery perforator flap

Sir,
This letter is with regards to our article on the ulnar digital artery perforator flap that was published in IJPS recently.

Following the publication, another article about a similar flap was brought to our notice. This article by Uchida et al. from Tokyo Medical University, Japan, essentially described the same flap with anatomical studies. We missed this publication in our initial literature search.

We apologise for claiming priority in describing the flap and would like to acknowledge Uchida et al. as having described the flap first.

Uchida et al. performed cadaveric dissections in 10 hands and observed that there were on an average from three to seven branches of the ulnar palmar digital artery and had at least one branch between the MCP joint and 10 mm proximal to the MCP joint. We performed cadaveric dissections and dye studies in four limbs and found that three to four perforators were seen to arise at regular intervals from the underlying digital artery to form a continuous longitudinal vascular arcade in the flap overlying the hypothenar eminence. The larger caliber perforators on visual inspection were those near the MCP joint, distal to the distal palmar crease.

Uchida et al. have used this flap primarily for Dupuytrens contracture with a subcutaneous pedicle of 8 mm × 8 mm including the distal perforators of the ulnar palmar digital artery. They have covered defect in the distal palmar region and achieved primary closure of the donor site. We have used this flap only for burn contractures. However, we have islanded the flap on the distal perforator of the ulnar palmar digital artery, and our flap has successfully resurfaced defects beyond the distal interphalyngeal joint. We were able to close the donor defects primarily. Uchida et al. think that this flap is a good option for skin defect of the distal palm and proximal fingers. We feel that if islanded and isolated on the perforator, this flap is a good option resurfacing the entire flexor aspect of the little finger.

Also, as per the Gent perforator flap nomenclature consensus, the name of this flap should be "Small finger palmar ulnar digital artery perforator flap".

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The Sommerlad pen: Yet another use

Sir,
Often, it is difficult to curette the bone intra-operatively, particularly on the condylar surfaces of the fingers, when performing debridement of the joints, or after “nibbling back”. Often, on a basic hand set that is normally at the registrar on-call’s disposal, there are inadequate instruments available to smooth these often sharp articular surfaces. These sharp fragments of bone can also cause trauma not only to the surrounding soft tissue, and other vital adjacent structures, but also cause damage to the surgeon and the scrub nurse.

Many uses of the Sommerlad pen have been described since its invention almost 40 years ago. The author feels that yet another use can be added to the list. This instrument is available on most basic handsets and has a serrated, crazed circumference, which appears like a conical cylindrical file. This can be used to file down bony fragments to ensure a smooth condylar surface of the bone, thereby reducing the chance of inadvertent injury, damage to tissues, as well as avoiding the use of bony nibblers that
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may be inappropriately large for this delicate part of the procedure.\(^2\) No other instruments available on basic hand sets nor on complex hand sets allow this technique to be replicated as the instruments are too bulky, heavy or do not grip the bone surface well enough. The Sommerlad pen can be held like a nail-file or Emery board to facilitate reducing bony prominences after fractures or trauma to the condylar surfaces.\(^3,4\)

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