

## References

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V. Mathen  
S. Khan  
M. O'Brien  
L. Jones  
S. Harries  
D. Clarke

*Department of Breast and Reconstructive Surgery,  
Warwick General Hospital, 26 Remburn Gardens,  
Lakin Road, Warwick,  
Warwickshire CV34 5BW,  
United Kingdom*  
E-mail address: [drvins@yahoo.com](mailto:drvins@yahoo.com)

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### Perforator based flap coverage from the anterior and lateral compartment of the leg for medium sized traumatic pretibial soft tissue defects – a simple solution for a complex problem

We read with interest the article by Kamath et al.<sup>1</sup> They presented a marvelous series of clinical cases that introduced the idea of local flap (either proximal or distal based) with perforators included for reconstruction of the soft tissue defect in the pretibial region. We found the title using 'perforator-based flap' may confuse the readers with the real perforator-based flap (usually island-designed with perforator as the only source of perfusion) that had been used in a number of articles for long time.<sup>2,3</sup> In addition, some authors had proposed new nomenclature for perforator flaps.<sup>4,5</sup> Strictly speaking, this flap was a local flap including a perforator that perpendicularly penetrates the flap base. In fact, these flaps were 'double-based', simultaneously nourished by the perforator and the skin paddle that bridged the flap. We had experience with this kind of flap that can be converted to real perforator-based island flap or true local flap, fortunately, without serious complication.

The advantage of local flap including perforator against real perforator-based island flap or local flap is the double insurance for blood perfusion, on the

contrary, it also pays the price in reduced flap excursion that was important for pedicle flaps used in lower limb reconstruction. The tug of war between perfusion and excursion of perforator-included local flap challenges the surgeon's judgement.

In summary, we would like to clarify simply the concept of 'perforator-included local flaps', they are flaps of double bases—perforator and skin paddle bridge. However, perforator-based flap should be used for flaps in which the perforators were responsible for the perfusion alone.

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Jui-Tien Lee  
Hung-Tao Hsiao  
Kwang-Yi Tung

*Department of Plastic and Reconstructive Surgery,  
Mackay Memorial Hospital, Taitung Branch,  
Mackay Junior College of Nursing, No. 1, Lane 301,  
ChangSha Street, Taitung 950, Taipei, Taiwan*  
E-mail address: [dada2626@yahoo.com.tw](mailto:dada2626@yahoo.com.tw)

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### A novel approach for the application of the vacuum assisted closure device to the difficult anatomy

Vacuum assisted closure (VAC) devices have significantly improved our ability to accelerate wound healing in chronic and difficult to treat wound by drawing wounds to closure, removing excess exudate, reducing localised oedema, reducing bacterial load at the wound base, and encouraging angiogenesis, growth of granulation tissue and epithelial