

Alle abstracts til Forårsmødet DSPR 2017

1. *Forfattere:* Slaven Boljanovic og Mary Knudsen

Institution arbejdet udgår fra: Klinik for Plastikkirurgi, Brystkirurgi & Brandsårsbehandling, Rigshospitalet.

Titel: Tessier 4 ansigtsspalte – en case report.

Baggrund: Ansigtsspalter er meget sjældne misdannelser med en varierende frekvens på 1/10.000-1/100.000 nyfødte. Tilfælde af Tessier 4 spalter er sjældent rapporteret i litteraturen. Kun få kirurger vil opnå erfaringer med behandling af disse spalter, hvorfor det er væsentligt at udbrede den viden og de erfaringer der er gjort.

Materiale og Resultater: Den kirurgiske behandling af en 3 ½ mdr. gammel pige født med en bilateral Tessier 4 spalte præsenteres i detaljer. Foruden ansigtsspalten havde patienten også bilateral choanal atresi, anophthalmi på venstre side og unilateral klumpfod. Der var ingen familiære dispositioner til disse misdannelser, og pigen vurderes til i øvrigt at være normal samt at udvikle sig normalt.

Diskussion: Kun få kirurger vil opnå erfaringer med behandling af komplekse ansigtsspalter. En sjælden case med bilateral Tessier 4 spalte præsenteres, hvor der er lagt vægt på detaljerne i den kirurgiske behandling.

2. **Øges antallet af hæmatomer under hud-transplantater, hvis man ikke pauserer med blodfortyndende behandling præoperativt?**

Elin Albertsdottir , Reem Dina Jarjis , Lone Jørgensen og Lene Birk-Sørensen

Plastikkirurgisk Afdeling, Aalborg Universitetshospital

Baggrund: På Plastikkirurgisk Afdeling i Ålborg valgte man at ændre retningslinjer for pausering af blodfortyndende behandling forud for mindre kirurgiske indgreb på huden.

Formål: At undersøge om brug af blodfortyndende behandling øger risikoen for udvikling af hæmatom under transplantater.

Materiale og metoder: Et prospektivt observationsstudie af transplantater på patienter opereret i afdelingen i perioden fra januar 2015 til december 2016. Alle patienter modtog brev om ikke at pausere med blodfortyndende behandling præoperativt. Den blodfortyndende behandling blev registreret. Ved bolusfjernelse 5-7 døgn postoperativt blev det noteret om der var hæmatom under transplantatet.

Resultater:

I alt 172 patienter med 187 transplantater blev inkluderet i undersøgelsen. Af transplantaterne var 99 delhudstransplantater og 88 fuldhudstransplantater.

I gruppen uden blodfortyndende behandling var der 17 transplantater med hæmatomer ud af i alt 76 (22%). I gruppen der ikke pauserede med acetylsalicylsyre udviklede 6 ud af 29 hæmatom (21%). Sytten havde pauseret med acetylsalicylsyre og ud af disse udviklede to hæmatom (12%). Denne forskel var ikke signifikant (Chi i anden test). Elleve patienter indtog clopidogrel op til operationen, og af disse udviklede ingen hæmatomer (0%) under transplantaterne. Af transplantater hvor patienterne var i behandling med warfarin fandtes 6 hæmatomer under 22 transplantater (27%). Syv hæmatomer fandtes under 21 transplantater hvor patienterne havde indtaget fiskeolie (33%). Ved sammenligning af grupperne i to gange to tabeller fandtes ingen signifikante forskelle (Chi i anden test).

Konklusion: I denne undersøgelse kunne vi ikke se signifikante forskelle i antallet af hæmatomer under transplantater hos patienter der fortsatte deres blodfortyndende behandling i forhold til hos patienter der ikke var i behandling med blodfortyndende behandling.

3. Targeted Two Staged Risk Reducing Mastopexi/Reduction and Straight to Implant NSM

Authors: Jørn Bo Thomsen, Camilla Bille, Peter Wamberg, Gudjon Leifur Gunnarsson

Institution: Department of plastic Surgery, Odense University Hospital, Lillebaelt Hospital, Vejle, Telemark Hospital, Skien, Norway

INTRODUCTION: Nipple sparing mastectomy (NSM) and immediate breast reconstruction (IBR) is a good option for risk reduction patients with small and non-ptotic breasts. However, patients with large and ptotic breasts remain a challenging group to treat. The aim of this study was to examine if a planned pre-shaping mastopexy/reduction followed by a NSM/IBR three months later would be possible in these patients.

MATERIALS AND METHODS: Patients seeking risk reducing NSM/IBR deemed unfit for a one stage procedure due to macromastia and ptosis were offered a targeted two staged risk reducing mastopexy/reduction followed by a NSM/IBR three months later. We registered comorbidities and risk factors, size and shape of ADMs and implants used, the time span from mastopexy to NSM/SIR, time to follow-up, partial or total nipple necrosis and infection, hematoma, skin necrosis and wound dehiscence and reconstruction outcome results.

RESULTS: We performed 40 dual procedures in 20 patients aged 43 years (26–57). Breast reconstruction was achieved in 40/40 breasts, The median BMI was 30 (22–44). Six patients were smokers and one had hypertension. We used anatomical shaped silicone implants sized 555 cc, (310 to 690). The median OR time for NSM/IBR was 125 minutes (90 to 235). The median time between surgeries was 133 days (105–266). Two patients had a reoperation due to hematoma and fat necrosis. Five patients had minor complications. The median follow-up was 220 days (30 to 602).

CONCLUSION: Targeted two staged risk reducing mastopexi/reduction and straight to implant NSM has proven to be a successful method for patients with macromastia and ptosis. It can be planned and performed safely with a time span of three to four months between surgeries.

4. Cecilie Balslev Willert, Lisbet Rosenkrantz Hölmich

Institution arbejdet udgår fra: Plastikkirurgisk Afdeling, Herlev Hospital

Titel: Breast-Q spørgeskemaet - et pilotstudie på rekonstruktionspatienter

Formål/Baggrund: Breast-Q er et spørgeskema der måler livskvalitet og patienttilfredshed hos brystkirurgiske patienter. Det er udviklet til 5 forskellige patientkategorier: mastektomi, brystbevarende operation, rekonstruktion, reduktion og augmentation. Alle skemaerne har gennemgået en dansk lingvistisk validering. Formålet med pilotstudiet var, at afprøve studiedesignet til et større valideringsstudie mht. elektronisk distribuering, besvarelsesprocent og databearbejdning. Ved præsentationen gives en introduktion til brugen af Breast-Q inklusive scoringsværktøj med udgangspunkt i pilotstudiet.

Materiale og metode: Breast-Q spørgeskemaet blev konverteret fra papirversion til elektronisk version med brug af online spørgeskemaprogrammet SurveyXact. Det blev udsendt per e-mail til 6 præ-operative og 6 post-operative patienter. Besvarelserne blev indtastet i tilhørende excel-skabeloner og behandlet i softwareprogrammet Q-score.

Resultater: SurveyXact var brugervenligt, gjorde distributionen nem og hurtig, og gav et godt overblik over besvarelserne. Besvarelsesprocenten var 67 % og 83 % hos hhv. præ- og post-operative patienter. Da der var over 4 ugers ventetid på at få tilladelse til download af Q-score på Region H's computer, vil resultaterne af spørgeskemabesvarelserne først vil blive vist ved præsentationen.

Diskussion/Konklusion: Breast-Q spørgeskemaet adskiller sig fra tidligere spørgeskemaer om livskvalitet ved at være udviklet specifikt til rekonstruktionspatienter, og indeholder spørgsmål om seksuelt velbefindende samt tilfredshed med resultatet. Det er allerede taget i brug i vid udstrækning internationalt. Det er udviklet med brug af Rasch Analyse, hvilket øger dets statistiske styrke. Vi tror, at den elektroniske version øger brugervenligheden og desuden elimineres økonomiske omkostninger til porto og konvolutter. Breast-Q kan både bruges på individuelle patienter og i større undersøgelser af livskvalitet og tilfredshed før og efter brystrekonstruktion, samt til at undersøge, om der er forskel ift. rekonstruktionsmetoden og antal år efter operationen. Et større valideringsstudie til understøttelse af den danske versions videnskabelige styrke forventes påbegyndt i 2017. Data indsamlet i studiet vil senere blive brugt i et større projekt, der undersøger ovennævnte problemstillinger.

5. Louise Bjerregaard MS; Jacob Juel MD; Lene Birk-Sørensen MD PhD

Institution

Department of Plastic Surgery, Aalborg University Hospital, Aalborg, Denmark

Title

Single centre experience with immediate implant-based breast reconstruction. A retrospective study from 2011 to 2016

Background

In 2011, novel techniques in immediate implant-based breast reconstruction (IBR) were introduced in our department utilising acellular dermal matrix (ADM) or a de-epithelialised dermal flap (IDF) to cover implants. The standard method was complete muscle/fascia coverage. Patient co-morbidity and anatomy are important factors to consider when selecting procedure. In patients with high levels of co-morbidity a reconstruction with full muscle coverage is preferred while in patients with lower levels of co-morbidity, novel techniques are preferred, unless a contralateral secondary reconstruction shall be matched. The inferior dermal flap is preferred when excess skin is available. Expanders are used when the desired volume exceeds what can be contained in the skin envelope.

Material and methods

Medical records of patients undergoing IBR from 1/1 2011 to 1/1 2016 were reviewed. Outcome measures were defined and recorded. All data are presented as per breast unless otherwise indicated.

Results

Sixty-two patients underwent IBR. Twenty-four patients received bilateral and 38 unilateral reconstructions. The methods of reconstruction were equally distributed with 34% receiving ADM, 30% IDF and 36% full muscle/fascia coverage. A total of eight complications were found in seven breasts. Three haematomas, one infection, two explantations and two demanding skin revision. Complications were equally distributed among the methods. Of the two explantations, one was seen in a current smoker and the other in a patient with a previously irradiated breast, where it was impossible to expand the tissues. The latter was later secondarily reconstructed using a latissimus dorsi musculo-cutaneous flap (LD flap).

Discussion

The number of IBR performed were too low for statistical comparison of procedures and co-morbidities. The overall rate of complications was though comparable with other institutions.

Conclusion

In conclusion, an approach of individualised method of reconstruction in accordance with patient co-morbidity and anatomy seems rational.

6. Jakob Felbo¹, Jais Oliver Berg¹, Mikkel Mieritz², Niels Kroman³, Niels Jørgensen²

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2. Klinik for Vækst og Reproduktion, Rigshospitalet

3. Klinik for Plastikkirurgi, Brystkirurgi og Brandsårsbehandling, Rigshospitalet

Titel: Gynækomasti – nye anbefalinger til udredning og behandling

Formål: At give et kort overblik over gynækomasti (GM): ætiologi, symptomer, diagnostik samt anbefalinger til udredning og behandling.

Baggrund: GM er en hyppigt forekommende brystlidelse hos mænd og skyldes benign proliferation af kirtelvæv. Ætiologien er ikke fuldt afklaret, men forstyrrelser i det relative forhold mellem kønshormoner formodes at være hovedårsagen.

Materiale og metode: Relevant litteratur efter søgning på PubMed.

Resultater: Der præsenteres et overblik over de seneste forskningsresultater for GM.

Diskussion/Konklusion: Nyopstået GM hos voksne over 18 år skal betragtes som et symptom på en underliggende sygdom, og bør derfor lede til udredning i endokrinologisk regi suppleret med ultralydsscanning af testes. Hos 43 % kan en medicinsk årsag findes, og denne bør primært søges behandlet. Ved klinisk mistanke om brystkræft (sjældent) viderehenvises til primærudredning på brystkirurgisk afdeling.

Ved idiopatisk og persisterende GM kan patienten henvises til plastikkirurgisk vurdering. Pubertær GM må nærmest betegnes som en udviklingsmæssig normaltilstand med en forekomst på ca. 50 % hos danske teenagedrenge. Pubertær GM uden ledsagende testistumor eller mistanke om anden systemisk årsag kan ses an med kontrol. Specielt yngre patienter kan blive psykosocialt påvirkede og tidligt søge kirurgisk behandling. Operation sikrer et tilfredsstillende kosmetisk resultat, men især hos teenagere bør man være restriktiv med operation grundet tilstandens benigne og ofte selvlimiterende natur.

7.Rami Mossad Ibrahim (1), Gudjon Gunnarson(2), Javed Akram(1), Jens Ahm Sørensen(1), Jørn Bo Thomsen(1)

Institution: Department of Plastic Surgery, Odense University Hospital, Odense, Denmark (1) Department of Plastic Surgery, Telemark Hospital, Skien, Norway(2)

Background: We conducted a systematically literature review and meta analyses regarding color Doppler (CDU) targeted propeller flap reconstructions and related outcomes and complication rates.

Materials and Methods: We performed the literature review regarding CDU targeted propeller flap reconstructions in the Pubmed and Embase databases for articles published before April 2017. We included randomized clinical trials, meta-analysis, prospective studies, case-control studies and cohort studies written in the English language. We only included studies where CDU was used to identify the perforator(s) prior to surgery. We evaluated the quality of the included studies using checklists recommended by the Cochrane group and the PRISMA statement.

Results: We identified 14 studies, 13 case series and 1 prospective study, which met the inclusion criteria out of 240 eligible studies. CDU targeted was used for 261 propeller flap reconstructions. The defects were located in the upper limb in 17/261 cases, lower limb 95/261 and trunk 149/261. Major complications were described in 21/251 (8%) and minor 39/251 (16%). Major necrosis was described in 5 cases, but no cases of total flap loss. Venous congestion was a frequent complication in lower limb 21 (8%) compared to only 3 (1%) in the trunk.

Conclusions: CDU targeted propeller flap reconstruction is a valuable concept. However CDU itself does not guarantee a successful reconstruction. There is a learning curve using CDU for pedicled perforator flap reconstruction. CDU can be used to localize the perforator adjacent to the defect, but correct planning of

the reconstruction still relies on the skills and experience of the surgeon. Venous congestion is a frequent complication, which seems to be more frequent in the lower limb than in the trunk.

8.

Caspar Krammer, Jesper Næsted, Troels Tei

Institution: Department of Plastic Surgery, Hospital Southwest Jutland

Title: Applications and results with perforator based flaps

Background

Perforator based flaps have gained increasing popularity during the last decades and is a new paradigm in reconstructive surgery. Taylor and Palmer introduced in 1987 the concept of angiosomes and showed on human cadavers an average of 374 cutaneous perforators. Therefore it is possible to raise a perforator flap on most parts of the body. The purpose of this presentation is to present the concept of perforator flaps and our results.

Materials and methods

Perforators were located using color doppler ultrasound. The course of the perforator was traced to the subcutis and the location of best perforator was marked. The flap was elevated and a handheld doppler was used to confirm the location of the perforator. The vascular pedicle was kept intact with the surrounding connective tissue.

Results

We have successfully used different perforator based flaps such as advancement, V-Y and 180 degree propeller flaps for treatment of contractures, ulcers, carcinomas and melanomas. We did not encounter any major complications using perforator flaps. We hereby present our experience using perforator flaps.

Discussion/conclusion

Perforator flaps offers several advantages. They can be designed in a freestyle manner on a major cutaneous perforator which offers more possibilities than traditional flaps. As a result, they can be designed specifically for the defect and matches the recipient site in texture and color. They offer better donor-site morbidity compared to conventional flaps. Perforator flaps present a good reconstructive option for difficult defects and provides a safe and reliable blood supply.

9.

Psychological aspects of body contouring surgery: A qualitative study.

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Abstract

Background Body contouring surgery after massive weight loss aims to improve patients' appearance and health-related quality of life. Psychological aspects are of great importance in the patient journey, however, they are not always addressed properly. As part of a development process of a patient education program for body contouring patients, our study aims to identify influencing psychological factors important to patients both before and after body contouring surgery.

Materials and methods We took an interdisciplinary approach to capture both the healthcare professional and patient perspective. We conducted semi-structured interviews with 4 healthcare professionals (two surgeons and two nurses) and 8 patients between April and June of 2016. Healthcare professionals were

interviewed individually. Patient interviews consisted of a pre- and postoperative focus group interview. Data were analyzed using an interpretive descriptive approach and coded line-by-line until all relevant codes were extracted.

Results We identified seven psychological themes: Our findings indicate that surgery alone cannot improve patients' psychological difficulties and that psychological care and management is of high importance for providing continuity of care.

Conclusion The psychological aspect is of great importance to patients undergoing body contouring surgery after massive weight loss. Increased focus on the identified psychological themes has the potential to improve quality of life for body contouring patients. Our findings have the potential to provide content validity in patient education programs, to reduce discrepancies in patient expectations and improve patient satisfaction.

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Hoda Khorasani, Slaven Boljanovic, Mary Knudsen, Linda P. Jakobsen

Institution: Klinik for Plastikkirurgi, Brystkirurgi og Brandsårsbehandling, Rigshospitalet

Title: Surgical treatment of 5 different cases of the Tessier 7 cleft - a case series

Aim/background: Surgical treatment of the Tessier 7 cleft has been described with different surgical methods. In this study, we present the four-layered closure approach of the cleft, with a single or double z-plasty for closure of the overlying skin.

Material and methods: During a one-and-a-half-year period, five patients with the Tessier 7 cleft were referred to the department of plastic surgery, Rigshospitalet. All cases had different clinical manifestations of the cleft. Related cranial and extracranial lesions, with or without craniofacial syndromes, were present in some of the cases.

Results: All patients underwent surgery without any complications. Satisfactory functional and aesthetic results were seen in all cases during follow-up.

Discussion/conclusion: The four-layered approach for closure of the Tessier 7 cleft is a reliable method with a good functional and aesthetic result. Several suggestions for the closure of the skin have been presented in the literature previously. The z-plasty releases the tension of the skin, which gives the patient a good functional ability of the underlying muscles throughout growth

11.

Frozen section in surgical treatment of non-melanoma skin cancer

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Background: Frozen section histology (FS) is often used when treating non-melanoma skin cancer (NMSC) with surgical excision and flap reconstruction. The aim of the study is to evaluate the efficiency of FS in the surgical treatment of NMSC.

Methods: A retrospective study was designed selecting all patients treated for NMSC from 1st of January 2015 to 31st of December 2015 at the Department of Plastic Surgery, Sygehus Lillebælt Vejle, Odense University Hospital, Denmark.

Patients were identified by the WHO ICD-10 diagnosis codes for NMSC and the procedure code for FS. Data was retrieved from the Danish national pathology database Pato-Web and the patients' electronic journal.

Results: We identified 34 patients with NMSCs where peroperative FS was used. A total of 35 NMSCs were treated. Male-female ratio was 1.12. Mean age 71.5 years. Mean tumor size 12.5 mm (range 3-30 mm). BCC/SCC ratio was 4.8. Concerning stages, 85.7 % were T1 stage and 14.3 % T2 tumors. 44% of the operations were performed on high-risk areas of the head and neck area (ala nasi 29 %, medial canthus 6 %, lateral canthus 3 % and lip 6 %).

51 % had a single excision. Direct suturing was performed in 12 %, skin transplants in 15 % and local flaps in 73 % of the patients. 76 % were hospitalized after surgery, mean time in hospital was one day. FS and paraffin section (PS) concurred in all but a single patient, resulting in a 97 % concordance rate between FS and PS.

Conclusion: FS is a valuable tool for the surgeon to control NMSC margins in selected cases. It is accurate, at least in the setting of our department. FS can thus potentially minimize the extent of surgery as well as ensure a safe reconstruction for the patients.

12.

Forbedret afgrænsning af basalcellekarcinomer forud for kirurgi med Dynamic Optical Coherence Tomography (D-OCT)

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Baggrund og Formål: I Danmark behandles over 10.000 patienter med basalcellekarcinom årligt.

Ved kirurgisk behandling kan afgrænsning af karcinomet være en udfordring, medførende excisionsmargen på 5 mm eller mere mhp. at opnå radikalitet. Herved kan man dog risikere større defekter end påkrævet og også irradikalitet især når tumor er dårligt makroskopisk afgrænset.

Angiogenese er en vigtig proces i vækst og metastasering for mange cancere, herunder basalcellekarcinomer, og der pågår derfor studier om hvorvidt tumorangiogenese kan anvendes som en diagnostisk og prognostisk markør for karcinomer. Optical Coherence Tomography (OCT) er en non-invasiv billedteknologi, baseret på reflekteret lys, analog med ultralyd, men med bedre opløsning og kontrast. OCT's anvendelse til hud-læsioner, inkl. karcinomer, er veletableret i dermatologien og muligheden for at visualisere karstrukturer er bevist. Flere OCT studier har foreslået diagnostiske kriterier for basalcellekarcinomer og anvendelsen i tumorafgrænsning er også velundersøgt. Dynamic OCT (D-OCT) er en angiografisk variation af OCT og en ny teknik anvendt til at visualisere det mikro-vaskulære netværk i hudcancer. Anvendelsen af OCT til tumorafgrænsning er evalueret i et systematisk review af Cheng et al i 2015, men D-OCT har aldrig været undersøgt i forhold til tumor afgrænsning.

Formålet med dette studie var at undersøge om D-OCT kan anvendes til bedre at afgrænse basalcellekarcinomer forud for kirurgi, mhp. at sikre radikalitet og minimere den kirurgiske defekt.

Materiale og metode: 10 patienter med histologiverificerede primære basalcellekarcinomer i hoved-hals-området blev inkluderet. Efter makroskopisk afgrænsning af tumor blev udbredelsen af karcinomet vurderet ved hjælp af D-OCT og begge vurderinger blev postoperativt sammenlignet med den histologiske afgrænsning.

Konklusion: Der ses en høj grad af overensstemmelse med den histologiske afgrænsning af tumor og afgrænsning vurderet ved D-OCT. D-OCT viser lovende resultater ift. bedre at afgrænse basalcellekarcinomer forud for kirurgisk behandling og kan muligvis på sigt medføre mindre excisionsafstande og operative defekter.

13.

A new perspective on sunscreens as a prevention of MM.

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Materials and Methods: Use of sunscreen is one of the main tools in the prevention of malignant melanoma (MM). However, in spite of increasing sunscreen use, we observe increasing MM incidence. To elucidate the degree of exposure to sunscreens in Danish population and possible side effects of this exposure we collected prospectively 266 urine samples from Danish kindergarten children, 200 paired simultaneously collected samples of amniotic fluid, maternal urine and serum supplemented with cord blood collected at delivery and foetal blood collected by cordocentesis. All the biological samples were analysed for nine different UV filters to measure the estimate of exposure in children, in pregnant women and in fetuses. Concentrations of UV filters in different biological samples were correlated to maternal thyroid hormones and growth factors during pregnancy and to birth size of their infants.

Results: Surprisingly, UV filters in kindergarten children were detectable not only during summer, but also during winter period when sunscreens are not used in Denmark. Simultaneously collected unique samples in pregnant women have for the first time demonstrated directly that several UV filters are able to enter foetal circulation, consequence of which requires further investigation. Furthermore high concentrations of UV filter (4-hydroxybenzophenone (4-HBP)) in maternal serum were associated with disturbance of maternal growth factors, thyroid hormones and decreased birth size in boys.

Discussion / Conclusion: UV filters were detectable in all the different collected body fluids, demonstrating their ability to enter human and foetal circulation. Exposure to UV filters during summertime can partly be explained by sunscreen use which is considered to be beneficial during outdoor activities for prevention of MM and other skin cancers. However, exposure to UV filters during winter time indicate, that UV filters might originate from other sources where exposure is completely unintended, without benefit and potentially harmful.

14.

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Surgical treatment of disabling conditions caused by anogenital lichen sclerosus in women: An account of surgical procedures and results, including patient satisfaction, benefits, and improvements in health-related quality of life

BACKGROUND:

Anogenital lichen sclerosus (LS), a chronic dermatitis that causes scarring and introital stenosis, may prevent sexual intercourse and reduce health-related quality of life (QoL). Surgery can restore the anatomy, allowing patients to resume their sexual lives. This study investigates outcomes in women treated with local skin flaps.

METHODS:

Thirty-eight consecutive LS-verified patients, surgically treated for debilitating conditions between 1990 and 2013, were retrospectively evaluated. A survey measured patient satisfaction, benefits, and health-related QoL, and the patients were also evaluated by a long-term clinical follow-up.

RESULTS:

In total, 33 patients (87%) experienced dyspareunia, 24 of whom could not perform coitus. Following surgery, at mean short-term follow-up (10.0 months), only five patients (15%) reported dyspareunia; for seven patients, the outcome was unknown. The survey response rate was 87%, and the mean time from treatment to response was 7.6 years. Twenty of 24 patients reported dyspareunia. Seventy-five percent of patients with preoperative dyspareunia reported a surgical benefit, 74% were satisfied/very satisfied with the cosmetic and overall results, respectively, and 58% reported that surgery had improved their sexual lives. Approximately one-third of the patients reported improvements in disease-related self-esteem, mental well-being and body image. The mean long-term clinical follow-up was 8.4 years. The follow-up rate

was 78%. The main reason for recurrent dyspareunia was minor LS relapse (50%); these patients were still able to have coitus, and dyspareunia was reported as considerably minor compared to before surgery; 38% had more severe LS relapse, resulting in a pareunia.

CONCLUSIONS:

Surgery for LS sequelae provides acceptable short-term functional results, enabling patients to resume coitus, with high patient satisfaction reported. However, the chronic relapsing nature of LS consequently provides varying and often short-term coital improvements following surgery

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**Danish burn victims compared to burn victims in other northern European countries.
A 5-year retrospective study.**

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Aim/background: Burn injuries are associated with significant morbidity and mortality. Detailed and updated data regarding incidence, mechanism of injury and mortality of burn injuries is key to improve future care, in terms of both treatment and preventive measures. We examine the epidemiology of burn injuries in the Danish population from year 2010 through 2014.

Material and Method: We examined the characteristics of patients admitted at the burns department of The Copenhagen University Hospital, Rigshospitalet, between January 1st 2010 and December 31st 2014. Data on incidence, mechanism of injury and mortality were collected retrospectively.

Results: We found 1158 patients, consisting of 765 men (66%) and 393 women (34%) giving a male:female ratio of approximately 2:1. Children from 0-4 years accounted for 21% of patients, and scalding was the mechanism of injury in 86% of cases. For all remaining age groups the most frequent mechanism of injury was fire. For age 0-14 total body surface area (TBSA) $\geq 10\%$ accounted for 63/377 (17%) patients, for age 15-90 TBSA $\geq 10\%$ accounted for 243/781 (31%) of patients. Total mortality-rate was 7,2% (83/1158). No patients under 20 died. Mortality was respectively 2,3% (5/216) aged 20-39, 7,4% (18/244) aged 40-59, 20% (43/208) aged 60-79, 36% (17/47) aged 80 and above.

Discussion/Conclusion: In the present study, we report incidence and mortality data from a single, tertiary burns center. Our patient population is comparable to our neighbouring countries in regards to mechanism of injury within age groups and gender distribution but in Denmark we appear to have a higher mortality rate.

16.

Full- or Split-Thickness Skin Transplant in Scalp Surgery?
- A retrospective cohort study

Carolina Maria Helena Hilton

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Aim/Background:

Closure of skin defects after scalp-surgery may be accomplished by transplantation of either split- or full-thickness skin grafts. No data regarding the optimal approach has previously been published. The present study reports our experience using the two types of transplant after scalp surgery.

Material & Method:

This is a retrospective single-centre cohort study on patients undergoing full-thickness or split-thickness skin transplant after scalp surgery in the inclusion period from 1.1.2014 to 30.09.2015. Data on demographics, pathology site, ulceration/infection before surgery, longest excision diameter, length of hospital stay, complications, number of outpatient visits and time from operation until the last outpatient visit was obtained from hospital files. Data was analysed according to transplantation with a full-thickness skin graft (*FTSG-group*) or a split-thickness skin graft (*STSG-group*).

Results:

In the inclusion period, 106 patients had surgery (28 with a FTSG and 78 with a STSG). There was no significant difference between the two groups regarding ulceration/infection before surgery. The *FTSG-group* had a median excision of 3,0 (1,5-5,0) cm and *the STSG-group* a median excision of 4,0 (2,0-17,5) cm ($P= 0,001$). There was a statistically significant difference in excision to the galea fascia or the periost (deeper) ($P= 0,02$) with 42,9% to the periost in *the FTSG-group* and 68,4% in *the STSG-group*. There was no statistically significant difference regarding complications, hospital stay, re-hospitalization, number of outpatient visits and time from operation until last outpatient visit regarding recipient site ($P>0.05$).

Discussion/Conclusion:

Irrespective of which skin graft that was used, we found no significant difference regarding percentage of adherence, complications, or any of the other variables investigated. There might, however, be confounding by indication, since defects with lower healing potential probably would have received STSG. Yet our findings support that use of FTSG in the scalp is not necessarily associated with more complications than STSG.

17.

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Predatoriske publikationer: Når "open access" bliver for åbent

Den moderne tidsalders overgang fra fysiske tidsskrifter til online adgang har ændret måden, hvorpå vi finder og læser videnskabelige artikler. Én måde er "open access" (åben adgang), hvor online tidsskrifter tillader enhver med internetadgang at læse hele artikler gratis. Gennem "open acces" er udsprunget en ny, spekulativ forretningsmodel kaldet "predatory publishing" (predatorisk udgivelse). Predatoriske udgivere tilbyder, gennem aggressiv markedsføring, hurtig artikelgodkendelse med løs eller ingen peer-review. Herefter opkræves forfatteren et ofte højt beløb maskeret som publikationsomkostninger. Et nyligt studie har vist, at predatoriske udgivere publicerede omkring 420.000 artikler i 2014 sammenholdt med 53.000 artikler i 2010, hvilket svarer til en otte-fold stigning.

I Danmark er især uddannelsessøgende yngre læger og læger endnu ikke ansat i slutstilling underlagt publikationspres. Predatoriske udgivere udnytter dette samtidig med, at den medicinske litteraturs kvalitet og integritet trues.

I dette foredrag gennemgås den stigende forekomst af "open access"-artikler, eksempler på predatorisk udgivelse samt diskuteres konsekvensen og mulig forebyggelse heraf.

18.

"Dermal sling" i stedet for ADM/mesh ved rekonstruktiv og kosmetisk brystkirurgi

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Formål/Baggrund:

Primær brystrekonstruktion med implantat og acellulær dermal matrix (ADM) eller net har vundet indpas i behandlingen de senere år. Behandlingen er omkostningstung, tidskrævende og forbundet med betydelige risici. Hos udvalgte patienter kan i stedet for ADM anvendes en de-epithelialiseret nedre dermal lap ("dermal sling") i kombination med implantat.

Materiale og metode:

Præsentation af operationsmetode ved operationsfotos og gennemgang af rekonstruktive overvejelser og en vanskelig kosmetisk case.

Resultater:

Case serie af patienter opereret med nedre dermal lap og protese, af samme kirurg, i perioden august 2014 - forår 2017 præsenteres. To patienter, der har bevaret papilareolakomplekset enten som transposition eller transplantation, fik epidermolyse med spontan opheling. Der er ingen øvrige registrerede komplikationer (hæmatom, infektion, forsinket sårheling, nekrose, eksplantation, rotation) ved followuptid på 1-30 mdr.

Diskussion/Konklusion:

Dermal sling er et pålideligt, billigt alternativ til brug af ADM i forbindelse med rekonstruktiv og kosmetisk brystkirurgi.