

## Healing of donor site wound after split thickness skin graft harvest in a case of systemic sclerosis

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### Abstract

Systemic sclerosis is a clinically heterogeneous, systemic disorder which affects the connective tissue of the skin, internal organs and the walls of blood vessels. Non healing ulcers of systemic sclerosis are usually managed by split thickness skin grafting. Literature search does not exactly reveal nor is very specific about the behaviour of donor site after harvesting skin graft in such patients.

**Keywords:** Donor site, Healing, Scleroderma.

### Introduction

Ulcers of scleroderma are relatively non healing due to ischemia. Hence thorough debridement and covering by autologous skin graft remains the best option. But donor area healing also is equally important. Harvesting skin graft in such a patient would be a double edged sword. But careful planning of donor site, meticulous intraoperative harvesting and vigilant post operative care would heal the donor site without any complication in such patients.

### Case History

We present here a lady 80 years old with systemic sclerosis. She had diabetes mellitus since 15 years. She had her left great and second toe amputated 5 years back. She presented to us with a post traumatic wound on the dorsum of left leg measuring 8 by 5cms in size. She underwent debridement and split thickness skin grafting in single stage. Thin split thickness skin graft was harvested from left lateral aspect of right thigh which was free from the disease. Conventional Vaseline guage dressing was done to the donor site. Post operative graft take was good and donor site healed in 11 days.



Fig.

### Discussion

Systemic sclerosis is characterized by alterations of the microvasculature, disturbances of the immune system and by massive deposition of collagen<sup>1</sup>. When the patient was referred to plastic surgery department for resurfacing the dorsum of foot defect, we were in dilemma of how a donor site would behave after harvesting skin graft. Literature search did reveal about the donor site healing but there was no specificity nor any importance attached towards the donor site healing. After proper counselling to the patient, skin graft was harvested and post operative donor site healing occurred in 11 days.

With this case experience we would be able to tell that appropriate donor site selection is very important in such patients and one would confidently harvest a split thickness skin graft without worrying about the donor site complications. It is preferable not to use involved skin as grafts<sup>2</sup>

### Conclusion

Split thickness skin graft can be harvested in scleroderma patients and the donor site healing would be as that of a normal healthy skin. We would like to highlight that a prospective study would be required to come to a proper conclusion.

### References

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