



Fig. 2. Postoperative view.

not providing sufficient arterial inflow or, especially, sufficient venous outflow, an extra pedicle can be added. A vein of the flap, superficial or perforating, can be anastomosed microsurgically to a recipient vein to increase venous drainage.

The propeller flap concept was first described by Teo,³ especially for distal lower limb reconstruction. It is a local island fasciocutaneous flap based on a single dissected perforator, and the ability of this flap to rotate to any angle up to 180 degrees makes it extremely versatile for reconstructing various defects in different parts of the body.

Perforator flaps can be raised anywhere on the body, have a reliable defined blood supply, and have greater freedom of movement. With the present approach, local flaps can be planned and raised over known or Doppler-identified perforator sites (i.e., thoracodorsal artery perforator flap, superior epigastric artery perforator flap, lateral intercostal artery perforator flap). Care is taken in identifying and safeguarding all perforators to the flaps. The perforators can be completely dissected to allow flap inset without tension.

Furthermore, the vast majority of locally advanced breast cancer patients undergo multidetector computed tomographic scanning for oncologic staging, and this type of imaging can be a very useful tool for studying and localizing abdominal wall perforators vessels, on which safe island pedicled perforator flaps can be raised. In conclusion, we applaud the authors' use of this modified perforator flap to improve chest wall coverage in patients with large defects.

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DISCLOSURE

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Digital Photography in Plastic Surgery: The Importance of Standardization in the Era of Medicolegal Issues

Sir:

We read with great interest the article by Sannic et al. entitled “Adherence to Photographic Standards: A Review of Plastic Surgeon Websites,”¹ and we agree with the authors that photographs are essential in a plastic surgeon’s practice. Although several articles have been published on this subject, medical publications/presentations and Web sites continue to appear that fail to satisfy clinical photography standards.²

These images are valuable for various purposes, including the following: creating models for preoperative planning, providing visual references during surgery, assessing surgical outcome, sharing data and experience with colleagues, communicating with patients to clarify their treatment plan, educating residents, and preparing presentations and publications.

Moreover, photographs should be an integral part of the patient clinical record, in addition to informed consent, because they could represent one of the few elements of a physician’s defense in medicolegal issues. In fact, today, most plastic surgeons, at some point in their career, have to address a complaint filed by a patient about their clinical performance, which may be followed by litigation.

Because of the increasing importance of photographs, standardization according to well-established criteria is necessary to obtain significant and comparable images to be used in lawsuits. Very small variations can cause notable changes and may decrease markedly the value of clinical photography.³