

flap; Scrotal flap

**Background.**— Pressure ulcer, major complication in persons with paraplegia, often requires a quick surgical decision. Muscle-cutaneous flaps of the gluteus maximus or hamstrings are the main techniques used for ischial pressure ulcers. The recurrence rate of these surgeries remains quite important. Scrotal flap has been described as an alternative [1], but long-term results have never been evaluated.

**Observations.**— Three patients with paraplegia with recurring ischial and perineal pressure ulcers on the right side with a history of multiple surgeries ( $\geq 3$ ) had scrotal flap surgery by the same operator between 2001 and 2008. Proper wound healing was achieved in 2 months without complications. Long-term outcomes (5 to 12 years) were excellent without local recurrence or complication.

**Discussion and conclusion.**— The good long-term outcomes can probably be explained by the anatomical structure of the scrotum (multiple sliding planes, elasticity, rich vascularization). This flap represents a possible alternative for patients who had multiple surgeries and for whom teams are running out of surgical options.

#### Reference

[1] Kaplan. The scrotal flap in ischial decubitus. *Br J Plast Surg* 1972.

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### Lymphedema secondary to breast cancer: Rehabilitation and quality of life

W. Kessomtini<sup>a</sup>, H. Ben Brahim<sup>a</sup>, N. Gader<sup>a</sup>, W. Said<sup>a</sup>, A. Jellad<sup>b</sup>, Z. Ben Salah<sup>b</sup>

<sup>a</sup> *Unité de médecine physique et readaptation, CHU Tahar Sfar, Mahdia, Tunisia*

<sup>b</sup> *Service de médecine physique et réadaptation, CHU Fattouma Bourguiba, Tunisia*

**Keywords:** Lymphedema; Breast cancer; Rehabilitation; Quality of life

**Background.**— Lymphedema is a common complication of breast cancer. He may have a functional impact, aesthetic, psychological and impaired quality of life. Our goal is to assess the rehabilitative management of secondary lymphedema in breast cancer and its impact on quality of life.

**Methods.**— This was a prospective study during 4 years including patients referred for upper limb lymphedema secondary to breast cancer. Evaluation before therapy and after 6 months later had focused on the measurement of the

specific questionnaire for lymphedema (LMS 27).

**Results.**— We recruited 17 patients after rehabilitation, there has been a marked decrease in limb circumference, an improvement in VAS pain and improved quality of life on the LMS27. These results were maintained after 6 months.

**Conclusion.**— The rehabilitation is crucial for its positive effect on the severity of lymphedema and quality of life.

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### Lipoatrophia semicircularis: A case report

B. Mur Molina\*, S. Miranda Bautista, A. González Peña

*Hospital Ramón y Cajal, Madrid, Spain*

\*Corresponding author.

**Keywords:** Lipoatrophy thighs; Semicircularis; Pressure-induced

**Background.**— Localized lipodystrophies are characterized by a loss of subcutaneous fat from small areas of the body. The pathogenesis is unknown. One rare cause of localized lipoatrophy include repeated pressure against any body part. **Observations.**— We describe a case in a 38-year-old woman of Lipoatrophia Semicircularis (LS). The patient worked as stewardess, almost always wearing tight pants. She has taken advice of depressions on one thigh, later bilateral. No trauma or exertion. ECO and ECO Doppler were ordinary. NMR showed atrophy of the subcutaneous fatty tissue with segmental concentric and bilateral allocation involving the circumference of the thighs. She was prescribed compression stocking through waist. Three months later, she was in complete remission.

**Discussion.**— LS is characterized by horizontal semicircular depressions distributed to form a band with scaly changes at the periphery. The asymptomatic, often bilateral and symmetric lesions are localized on the anterolateral aspect of the thighs. Most of patients recover spontaneously in life. A minority of cases require physical therapy.

#### Further reading

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