

The place of autodermaplasty in today's medicine

Khamrayev Zafar

Tashkent Medical Academy Termiz branch of student grade 4th

zafarjonhamrayev6@gmail.com

Ergasheva Sofiya

Samarkand State Medical University of student grade 4th

sofiya18022002@gmail.com

Khakimova Asilabonu

Samarkand State Medical University of student grade 3th

hakimovaasilabonu@gmail.com

Abstract: Today, as a result of various physical injuries, damage to the external protective part of the body (skin) is observed. In these cases, the patient's damaged skin is replaced with a new one or skin is transplanted from another part of the body. Autodermaplasty is the implementation of this process and provides information about this process.

Key words: Autodermaplasty, skin covering, donor tissue, immobilization, operation.

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For some injuries, the skin defect remains for a long time. As a result, the surrounding tissue undergoes scar and dystrophic changes, the wound itself cannot epithelize. Therefore, autodermaplasty, i.e. plastic body transplantation, is performed in surgery.

Most authors agree that any granular wound larger than five square centimeters requires skin grafting. Autologous and non-detachable flaps can be used for transplantation.

A complete skin graft (layer) is performed when the wound is highly vascularized and the doctor excludes the possibility of infection. Often, this method is used to plasticize the surface of the face and hands with small wounds. The advantages of this method are that this piece of skin is not subject to autolysis and secondary wrinkles.

The coated leather can cover large surfaces thanks to its special "stretching" technique. Unfortunately, such pieces shrink, and the finer the weld, the more it shrinks. Retraction occurs as a result of the reduction of collagen fibers.

The procedure for performing the operation

Autodermaplasty is performed in several stages:

Autodermaplasty is performed under general anesthesia.

- Dermatome is used for covering.
- Skin cutting depth is given.
- The donor part of the skin should be lubricated with special oils and stretched.
- Dermatoma is applied and mobilized.
- The place of the skin covering should be covered with a sterile material. This work is usually done 2 weeks before the procedure.
- The skin to be covered is washed, placed on the wound, and well combined.
- Bandage is applied.
- The first dressing is done in about a week if the wound has not been diagnosed.
- Bandages should be performed by a treating doctor who knows the characteristics of the wound and allows to minimize its damage.

Materials and methods

The experiment is based on the study of 62 patients with thermal burns aged 18 to 60 years, who were treated from 2007 to 2015 at the Primorsky Burn Department of the Far Eastern Regional Medical Center of Russia. Inclusion criteria were IIIA-IIIB burns of 10-20% of body surface area, Frank index of 30-60%. Exclusion criteria were victims with a large superficial burn area of I and II degree, as well as depth of IV degree.

After obtaining written voluntary consent, biopsy materials were taken from burn wounds under local anesthesia to study the dynamics of morphological changes in all patients. Biopsies were 2-3 mm³ in size. Depending on the purpose of the study, the material was obtained at different times.

Depending on the time of preservation of burn wounds, all patients were divided into 2 groups: the first, victims who completed the final stage of autodermoplasty in the first 7-14 days. (32 people), the second - patients in the last stage of wounds (30 patients).

According to statistics, autodermoplasty in trophic ulcers is effective in 72-98% of cases in trophic ulcers of the lower extremities. One of the most common complications is skin instability and the possible development of necrosis.

Unfortunately, the methods of treating trophic ulcers in large Russian cities and in the environment still differ. Despite the reliable data and results of autodermoplasty, this method is not used in all clinics of the Russian Federation. The problem is not only the lack of expensive equipment and high-quality diagnostics, but also the lack of qualified specialists.

The cost of autodermoplasty depends on many factors:

- the complexity of the operation
- type of intervention
- workspace
- skin area being transplanted.

Summary

The main advantages of the method are simultaneous closure of wide wounds, fewer injuries and ease of technical performance. This operation does not lead to deterioration of the general condition of the patient, and in the postoperative period there is no increase in the size of the wound and significant loss of blood, complex types of pain do not affect the patient. This allows for a successful procedure in elderly patients.

The first step in deciding whether to undergo this procedure is to seek medical advice. In the initial diagnosis, the doctor evaluates the size of the wound, determines the cause of its occurrence, evaluates the general condition of the patient, and determines the indications and contraindications for autodermoplasty.

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