



## Correspondence

**Skin flap-like wounds debridement considerations:  
What to do in Emergency Department**


Dear Editor,

We have carefully read the article by Qiu et al. [1] published in American Journal of Emergency Medicine. We would like to acknowledge the authors for the evidence presented and also thought that some issues should be addressed.

The management of flap-like wounds is a frequent problem at the Emergency Department. There is scarce available bibliography about the optimal manner to manage this kind of wounds. This leads to an action based on individual experience and “common sense” when adopting a conservative or aggressive attitude in initial attention.

Frequently, in flap-like wounds located in functional or aesthetic areas, the most widespread attitude is to be more conservative at the initial moment, reevaluating the situation after a few days. However, based on the evidence from the study, do the authors believe that a flap-like wound with several factors of poor prognosis of the exposed should be handled more aggressively from the initial assessment in the Emergency Department? Also, do any of the factors imply a change in therapeutic management over others?

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**Reference**

- [1] Qiu D, Wang X, Wang X, Jiao Y, Li Y, Jiang D. Risk factors for necrosis of skin flap-like wounds after ED debridement and suture. *Am J Emerg Med* 2019 May;37(5):828–31. <https://doi.org/10.1016/j.ajem.2018.07.049>.

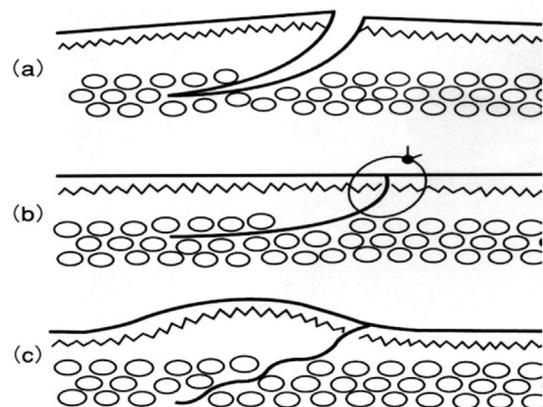
**Reply: Skin flap-like wounds debridement considerations: What to do in emergency department**


Sir:

Our article entitled “Risk factors for necrosis of skin flap-like wounds after debridement and suture in the emergency room” published in American Journal of Emergency Medicine, presented therapeutic management of flap-like wounds with some plastic surgical techniques. We appreciate the careful review of our work and hope to offer clarification on the questions raised by the readers.

First, the characteristic of a flap-like wound is determined by its configuration. These special wounds are characterized by discontinuity and damage to the structure of soft tissue, with one side of the tissue connected to the wound base by a pedicle and the remaining tissue detached. In some cases, the blood supply of the narrow flaps was quite tenuous because it derived perfusion from the intact dermal attachment. To avoid secondary operation, we insist the narrow tenuous flap should be excised when the surrounding soft tissue is sufficient.

Second, “trap door deformity” after wound healing is another crucial factor that we should take into consideration in primary care [1]. These unfavorable lumpy deformities are often produced by the formation of elevations of U-shaped flaps, and the flaps have been created when the striking force is not perpendicular. With the day going on, the



**Fig. 1.** The formation of “trap door deformity”. (a) A U-shaped flap was created when the striking force was not perpendicular; (b) the beveled wound was managed with simple interrupted percutaneous sutures; (c) “Trap door deformity” formed after healing.