

Editorial

The changing fashions in flaps-----

Dear Readers,

As a person who has been performing soft tissue reconstruction for over two decades and studying it even longer it amazes me to see how fashions change in the choice of flaps in Plastic Surgery. I use the word 'fashion' deliberately. It is my feeling that as in 'Haute Couture' we too succumb to prevailing trends in our choice of flaps. After a long reign of the tube pedicle from World War I till the early sixties the world of Plastic Surgeons suddenly saw an explosion of new flaps and nothing symbolized this better than the description of the 'Axial Pattern Groin flap' by McGregor and Jackson. There was no looking back after that. The introduction of microsurgery, and the advent of 'Free Flaps' added to this great bonanza of choices. However the Groin Flap remained the favoured choice for soft tissue reconstruction in the 70s.

In the 80s the Radial Artery Forearm Flap (RAFF) ruled the roost, however donor site aesthetics swept it aside in large parts of the world, the Latissimus Dorsi free flap was another favourite for lower limb reconstruction and remains so till date in many places. However currently the flavour of the times is the Anterolateral Thigh Flap (ALT). A perusal of any journal including this one will show that we as a community

are currently in the phase of using the ALT for every conceivable defect. It is the answer for any problem and has very few drawbacks! If done just perforator based then it is even more avant garde.

Are we correct? I wonder. The truth of the matter is that all of these flaps have an indication and a place in our repertoire and that we need to be judicious about our choices (we are incidentally spoilt for choice). I am certain we will get a new favourite in a decade, in fact as I write some bright surgeon is already doing the preliminary cadaveric dissections for the next revolutionary concept in tissue transfer. What will happen to the ALT then—nothing at all is the answer. The RAFF is in fact regaining its popularity and new virtues are being seen which no one saw. A recent article shows how the donor defect can be cleverly covered thus rendering the main objection invalid.

The fact of the matter is nothing changes except our perceptions. For, if you wait long enough some of the old favourites are likely to bounce back in favour. So what do you say, shall we revive the groin flap?

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