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## Use of cadaveric skin in the preparation of the receptor bed in lower limb ulcer

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**Background and objective:** Considering that chronic ulcers of the lower limbs are of torpid evolution and difficult to treat, with the presence of biofilm in the wound bed associated with a process of chronic inflammation that interrupts the development of normal healing, we propose a treatment with skin substitutes (cadaveric skin and artificial skin) to adapt the wound bed and prepare it for the definitive reconstruction with autograft.

**Methods:** Retrospective cohort of 22 patients who underwent reconstructive surgery for vascular or post-traumatic chronic ulcers in the lower limbs at the Hospital Alemán in Buenos Aires (Argentina) from February 2017 to December 2019. In the first surgical stage, the ulcers were debrided with immediate coverage of cadaveric skin (allograft) and in a second surgical stage, removal of the allograft and reconstruction with a split-thickness skin graft (STSG) or Integra® (Lifesciences Corp., Plainsboro, NJ, USA) and STSG.

**Results:** A total of 22 patients were analyzed, 15 of them women (68.18%) with an average age of 72.5 years. The average surface area of the chronic ulcers was 111.76 cm<sup>2</sup>. The etiology of the ulcers was vascular in 12 patients (54.54%) and post-traumatic in 10 patients (45.45%). In 20 patients (90.9%)

the acceptance of the cadaveric skin graft was achieved; in 18 cases the graft was taken 100% and in 2 cases 50%. The allograft was applied as a temporary skin substitute for the preparation of the receptor bed. All patients showed a decrease in the inflammatory process, exudate and pain.

**Conclusions:** In our experience, cadaveric skin graft is a valid option for the treatment of chronic ulcers resistant to non-surgical treatment.

### Recent publications

1. Prezzavento GE, Mas CR, Achaval Rodríguez J. et al, Comparison of efficacy of povidone-iodine, ethanol, and an aerosol formulation of silver sulfadiazine in controlling microbial burden on sutures from clean surgeries. *J Burn Care Res.* 2021 Sep 30;42(5):975-980.
2. J Achaval Rodríguez, R Juárez Calvi, E Montes de Oca, S Valeiras, G Prezzavento. Lower palpebral reconstruction by periosteum flap and Mustardé flap. *Revista Argentina de Cirugía Plástica* 2020;(03):0140-0142.
3. R Juárez Calvi, PE Ahualli, J Achával Rodríguez, G Prezzavento. Adult buried penis reconstruction: A single center experience. *Revista Argentina de Cirugía Plástica* 2021;(01):0040-0043.

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