











Fig. 4-26a-f Grade III (18-year-old patient). Spontaneous dead skin demarcation, excised granulation cultivation, coverage with split skin mesh grafts.

abc The fracture history in 8 months.

- d 2 1/2 months after the accident: necrotic skin areas kept dry with an electric hairdrier.
  Necrosis is now resected. Moist and mild antiseptic local treatment (no antibiotics!).
- e 3 weeks after resection of necrosis: Granulation campus ready for skingrafting.
- f 8 months after injury, 6 months after skin transplant: stable skin cover.

## 4 Open fractures of the lower leg











- Fig. 4-27a-m Grade III (22-year-old patient). 'Motorized' Picot skin flaps.
  - Injury and primary treatment in another hospital.
- Admission at 8 days: tibial and lateral plate (arrow) lie open in the infected wound.
- The plate is removed and replaced by a single lag screw. Protective fixation with an anterior external fixator. The two lips of the wound are tied to one of the two threaded rods with steel wires.
- d The skin over the calf is largely split open. Split skin grafting follows when flap transport is made.
- e Cross-section view: one rod is used as a spindle onto which the steel cables are wound forward by twisting by daily 2 mm increments.
- fg In 2 weeks, the flaps have migrated to achieve contact. The necrotic tibial surface was scarcely shingled away. The gap of the skin on the rear of the calf was closed with split-skin mesh. 3 weeks after start of flap migration.