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Skin Flap

The assessment of the skin flap above cranial defects (SCD) following craniectomy is routine in neurosurgical practice, and a change in the consistency of the skin flap may indicate raised intracranial pressure or the occurrence of a complication necessitating intervention. The purpose of a study of Schwarz et al. from Jena University Hospital, and Vivantes Klinikum im Friedrichshain, was to develop a clinically useful classification system based on clinical assessment of the degree of skin flap bulging or sinking and its firmness.

This was a prospective single center study. The SCDs of consecutive patients who underwent craniectomy were assessed daily by two trained independent examiners. The consistency of the flap and its bulging or sinking in comparison with the level of the cranium were noted. Testing conditions including the positioning of the patient and examiner were standardized.

A total of 520 examinations were conducted in 24 patients during their hospital stay. There was 100% interrater reliability (Cohen's $\kappa = 1.0$). In 66.6% of all patients (n = 16/24), a change of the SCD classification in comparison with that recorded on the previous day was noted.

The SCD classification facilitates the reproducible and objective assessment of SCDs, enabling reliable monitoring over time and between individuals ¹⁾.

1)

Schwarz F, Simon M, Lawson McLean A, Kalff R, Waschke A. Assessment of Skin Flaps Above Cranial Defects Following Craniectomy: A Proposed Classification System. J Neurol Surg A Cent Eur Neurosurg. 2019 Oct 7. doi: 10.1055/s-0039-1696996. [Epub ahead of print] PubMed PMID: 31590193.

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