

CLINICAL IMAGE

Revascularization of Amputated Right Arm

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SHORT CLINICAL HISTORY AND PROCEDURE

A 25-year male, a cement factory worker, had a machine injury right arm with near-total amputation of the upper limb at the elbow with attachment by just a skin tag of about 2 cm from the posterior aspect. After starting the resuscitation, the patient was taken for revascularization of the arm. The procedure was started with the identification of all the structures in both the amputated part and the amputation stump. Bone fixation was followed by the repair

of all the soft tissue structures. The cut arteries, veins, and nerves were repaired by microsurgical anastomosis under magnification. After the stabilization of the revascularized part, the residual small raw area on the anterior aspect of the elbow was covered with a skin graft. The patient has a satisfactory postoperative outcome and is back to work.

Conflict of Interest: None

Written Informed consent: Taken

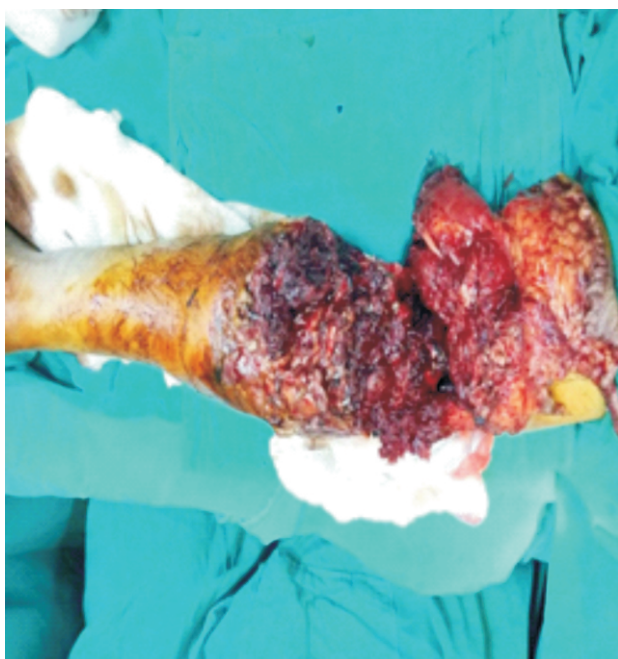


Fig 1, 2: Amputated Arm at the Start of Procedure (At Presentation)



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Fig 3: Radiograph Showing Completely Fractured Lower End of Humerus with Near-Total Severed Soft Tissues.



Fig 4: Revascularization of the Limb Completed.



Fig 5: Completely Vascularized Limb with small raw area



Fig 6: Final Result of Vascularized Limb with Complete Healing of Wounds.



Fig 7: late Postoperative photograph (6 months) showing healed fracture site with good alignment