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Split Thickness Skin Grafts performed in the Wound Clinic are Effective: technical lessons from an initial experience.

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Problem

J. E. Dunphy published the use of “pinch grafts” at the Allied Army Hospital on Omaha Beach in June of 1944. Dunphy utilized medical corpsman, lidocaine wheal and single edge razorblades to successfully harvest donor skin to cover complex injuries in primitive conditions.(1)

This study asks two questions. Is pinch grafting under wound clinic conditions (1) practical, and (2) as effective as grafts performed in operating room conditions?

Methods

Split thickness “Pinch grafts” harvested in a community wound clinic under local anesthesia covered chronic wounds with multiple comorbidities in three patients.(2,3)

Results

All wounds healed. Surgical technique and healing outcome are clearly documented in photographs.

Conclusions

Three generations ago split thickness pinch grafts were a dependable battlefield solution to close military wounds. It appears that

wound clinic pinch grafting is a practical, cost effective, novel technique in the modern battle to close chronic wounds.

References

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3. Gilmore, William A., Wheeland, Ronald G., "Treatment of ulcers on legs by pinch grafts and a supportive dressing of polyurethane." The Journal of Dermatologic Surgery and Oncology, Vol. 8, Issue 3, Pages 117-183.