



DERMATOLOGICAL SURGERY

SUPERIORITY OF OCCIPITAL DONOR SITES FOR SPLIT-THICKNESS SKIN GRAFTING IN DERMATOSURGERY: RESULTS OF A PROSPECTIVE RANDOMIZED CONTROLLED STUDY

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INTRODUCTION: Split-thickness skin grafts are commonly used in dermatologic surgery. For occipital donor sites, retrospective studies have shown good results with respect to graft take and healing rates. Nevertheless, the majority of grafts in dermatosurgery are harvested from the thigh. To date, there has been no prospective randomized controlled study comparing occipital versus femoral donor sites.

OBJECTIVE: The objective of this randomized controlled study was to compare two of the most common donor sites in split thickness skin grafting.

MATERIALS AND METHODS: Following micrographically controlled R0 tumor resection, 108 patients were randomized prior to undergoing split-thickness skin grafting (donor site: occiput vs. thigh). Follow-up examinations were carried out on day 3, 5, 7, and 14, as well as one month and three months after surgery. Documented data included graft take rates, re-epithelialization rates at the donor site, pain, cosmetic outcome, Vancouver Scar Scale (VSS), and complications.

RESULTS: Occipital donor sites showed significantly faster reepithelization, less pain, fewer complications, a better cosmetic outcome, and better results on the VSS. With regard to graft take rates, grafts harvested from the occiput were significantly superior on days 3 and 5.

CONCLUSIONS: This is the first randomized controlled trial showing a significant superiority of occipital compared to femoral donor sites regarding re-epithelialization, pain, cosmetic outcome and the Vancouver Scar Scale.

