

Use of autologous fibrin glue (platelet-poor plasma) in abdominal dermolipectomies.

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Abstract:

Autologous plasma is endowed with properties that speed up healing, hemostasis, and adhesiveness, in addition to growth factors. Through an established protocol, it was possible to isolate thrombin, as well as the platelet-rich plasma (PRP) and platelet-poor plasma (PPP) fractions. The purpose of this study was to analyze autologous use of thrombin and PPP to foster adhesion between an abdominal dermo adipose flap and the aponeurotic surface in abdominal dermolipectomies. The data from 40 patients who underwent abdominal dermolipectomies were analyzed, with 20 patients using thrombin and autologous PPP (Plasma group) and 20 patients with no intervention (Control group). An attempt was made to assess adhesive power by quantifying the serohematic liquid volume gauged during the postoperative days (POD), and also noting the incidence of seroma. Other variables such as age and body mass index (BMI) were also analyzed. The reduction in the aspiration drain debit was statistically relevant only on the first POD in the Plasma group. There was no reduction in the incidence of seroma in these patients. Similarly, age and BMI did not influence these outcomes. The PPP fostered adhesion between the abdominal dermo adipose flap and the aponeurotic surface only on the first POD and had no influence whatsoever on the incidence of seroma. There are few reports on the use of PPP for plastic surgery, particularly the autologous type, opening up possibilities for further research projects to expand its use. LEVEL OF EVIDENCE III: This journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the table of contents or the online instructions to authors www.springer.com/00266.