

# A Noble Structure of the Musculoskeletal System in Various Surgeries: The Fascia Lata

Sallahi Hicham<sup>1\*</sup>, Arabi Hafid<sup>2</sup>

<sup>1</sup>Assistant Professor, Orthopedic Traumatology Department, Avicenna Military Hospital, Marrakech Morocco

<sup>2</sup>Clinical and Epidemiological Research Team in Osteoarticular Pathology, UCH Mohammed VI. Faculty of Medicine and pharmacy Marrakech, Cadi AAYad University, Morocco

DOI: [10.36348/sjimps.2023.v09i08.003](https://doi.org/10.36348/sjimps.2023.v09i08.003)

| Received: 18.05.2023 | Accepted: 25.06.2023 | Published: 04.08.2023

\*Corresponding author: Sallahi Hicham

Assistant Professor, Orthopedic Traumatology Department, Avicenna Military Hospital, Marrakech Morocco

## Abstract

**Objective:** The objective of this work is to list the surgeries using the fascia lata. **Background:** The fascia lata finds a place in decayed tissues. The indications are getting wider and wider. **Method:** We used the PubMed database with the following words: fascia lata, ilio-tibial band, fascia lata and surgery, ilio-tibial band and surgery, fascia lata and reconstruction, ilio-tibial band and reconstruction. **Results:** Fascia lata is used in the reconstruction of anatomical defects. Specifically, it is used in: Hip to supplement abduction- Shoulder in glenohumeral instability, repair of the cap- Hand and fingers to reconstruct tendons- Eyes: for palpebral ptosis and scleritis - Base of the skull to reconstruct defects- Central nervous system: cerebral dura mater and Cerebrospinal Fluid leak- Otorhinolaryngology: thyroplasty, parotid surgery, rhinoplasty, tympanoplasty- Digestive tract- Tendons: Achilles, patellar, fibular, patellar, bicipital brachial and crural tendons - Ligaments: anterior cruciate ligament reconstruction, inguinal and retinaculum patellar - Perineum and penis reconstruction - Urology: Genital prolapse, fistulas and penile reconstruction - Abdominal incisional hernias - Breast reconstruction - Eschar - Thorax - Encology. Finally, in experimentation, the fascia lata is tested on cadavers, animals and in vitro. **Conclusion:** Because of the particular properties of fascia lata in reconstruction, it renders an enormous service to surgery. The development of techniques in surgery would allow its use in other indications.

**Keywords:** Fascia lata, Iliotibial band, Surgery.

**Copyright © 2023 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

The use of the fascia lata in surgery is making enormous progress. Fascia lata is an anatomical structure located between the hip and knee. It is fibrous, composed of parallel bundles of collagen, with few cells [1]. It follows the tensor muscle of the fascia lata, merging with the gluteal fascia [2]. It extends to the outer part of the thigh to be inserted below Gerdy's tuberosity at the tibial level. It is thicker at the superior lateral level [3]. This thick part or ilio-tibial band or Maissiat band is composed of three layers: superficial, intermediate and deep [4]. The fascia lata is a fascia in continuity with the connective tissue of the body playing a role in biomechanics. The tensor muscle of the fascia lata together with the gluteal musculature allow for an upright standing posture [3].

Fascia lata and its muscle is used for the repair and reconstruction of many anatomical defects [1]. In 1934, the fascia lata tensor muscle was used for the first time as a flap [5]. In the late 1970s, it was used as a free flap [6] and was used to cover trochanteric ulcers [7]. We will review the literature to make an inventory of its use.

## METHOD

We used the PubMed database with the following words: fascia lata, ilio-tibial band, fascia lata and surgery, ilio-tibial band and surgery, fascia lata and reconstruction, ilio-tibial band and reconstruction.

## RESULTS

Fascia lata is used in several pathologies (Table 1):

**Table 1: The different uses of fascia lata**

Topography	Pathology
<b>Hip</b>	Hip Abduction Substitution by replacing the middle and small buttocks [8]
<b>Shoulder</b>	Glenohumeral instability [9], Repair of the cuff [10]
<b>Hand and fingers</b>	Rebuilding extensor [11] and flexor tendons [12]
<b>Knee</b>	Anterior cruciate ligament reconstruction or revision [13,14], Reconstruction of the medial patellofemoral ligament [1]
<b>Eyes</b>	Palpebral Ptosis [16], Necrotizing scleritis [17]
<b>Central nervous system</b>	Reconstruct anterior skull base defects [2,18], CSF leakage [19] Cerebral hardness [21]
<b>Ligament</b>	Inguinal ligament [22]
<b>Otho rhino laryngology</b>	Thyroplasty [23], Postoperative parotid fistula [24] Tertiary rhinoplasty [25] Tympanoplasty [26]
<b>Digestive tract</b>	Hiatal hernia [27]
<b>Maxillofacial</b>	Lips and Cheeks [1,2, 28, 29] and Orbits [30]
<b>Tendons</b>	Achilles tendon [31], Patellar tendon [32], Quadriceps tendon [33], Brachial biceps tendon [34], Crural biceps tendon [35], Fibular tendons [36]
<b>Perineum</b>	Reconstruction [1], Penis Repair [1]
<b>Gynecology</b>	Genital prolapse [38, 39]
<b>Urology</b>	Fistulas in Urology [40]
<b>Abdominal wall</b>	Abdominal incisional hernias [41]
<b>Breast</b>	Breast Reconstruction [42]
<b>Skin</b>	Escarres [7]
<b>Thorax</b>	[43]
<b>Oncology</b>	[44]
<b>Experimentation</b>	In animals [45], In vitro [8, 46]

## DISCUSSION

Fascia lata has been used in clinical practice with good results in several disciplines in ophthalmology, urology, orthopedics, maxillofacial, plastic and reconstructive surgery, ENT, neurosurgery, etc... With the technical development, other fields will be developed. It is used in autologous as well as allograft, fascia lata is weakly antigenic and immunological [47], therefore, in allograft, there are no or few reactive inflammatory processes induced compared to those induced by procedures involving allografts [48, 49].

Despite its role in biomechanics by transmitting the forces of the musculoskeletal system to the lower limbs, its use does not complicate the biomechanics after use. The advantage of the donor site is that it does not affect activities of daily living such as walking, sitting and stair climbing. In myocutaneous flaps with vascularized fascia lata, concentric and isometric isokinetic assessment of muscle strength did not reveal any difference between the quadriceps on the healthy and harvested side [1]. Although the results are promising, before any use, it is necessary to take into account the inflammatory, traumatic, sports-related, degenerative and other pathologies of the fascia lata [4].

Ultrasonography and MRI play a very important role in detecting them [4]. Fascia lata can be identified on an X-ray of the thigh and hip, it appears as a linear opaque band. It crosses laterally through the thigh subcutaneously to the level of the anterior

superior iliac spine of the pelvis. In ultrasonography, the tensor muscle of fascia lata is identified on the anterolateral aspect of the thigh; its aspect is identifiable thanks to its internal fat content. At the distal distal level, the ilio-tibial tract is fibrillar hyperechoic until its insertion on Gerdy's tuberosity [50].

There is no study in the literature on the varied use of this noble structure of the musculoskeletal system. This work describes an inventory of the various uses of fascia lata, without however citing all the articles exhaustively. We have not discussed technical approaches. This work is the beginning of a series of studies to broaden its field of use. In times of war as well as in times, warlike, sporting, professional, environmental and accidental events expose people to bodily injury, the surgeon finds in the fascia lata a means to reconstruct the decayed tissues.

## CONCLUSION

Fascia lata allows the reconstruction of different anatomical structures in several pathologies without morbidity of the donor site. These particular properties and the development of medical-surgical techniques will open other fields to its use. It would be desirable to multiply the use of fascia lata in clinical trials and experiments to determine its capacity to reconstruct other damaged tissues.

**What is known about this topic**

- Fascia lata allows the reconstruction of different anatomical structures in several pathologies
- Fascia lata is used in autologous as well as allograft
- Fascia lata is weakly antigenic and immunological

**What this study adds**

- This work describes an inventory of the various uses of fascia lata
- Stimulate reflection on the use of Fascia lata in other areas
- Stimulate reflection on experimental studies in both humans and animals

**Disclosure of interest:** The authors declare that they have no competing interest.

**Funding:** This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

**REFERENCES**

1. Kuo, Y. R., Yeh, M. C., Shih, H. S., Chen, C. C., Lin, P. Y., Chiang, Y. C., & Jeng, S. F. (2009). Versatility of the anterolateral thigh flap with vascularized fascia lata for reconstruction of complex soft-tissue defects: clinical experience and functional assessment of the donor site. *Plastic and Reconstructive Surgery*, 124(1), 171-180.
2. Fong, H. C., Tan, B. K., Chow, P. K., & Ong, H. S. (2017). The use of Bilayered fascia Lata with an Interpositional Omental flap for autologous repair of contaminated abdominal Fascial defects. *Annals of Plastic Surgery*, 79(5), 486-489.
3. Gray, H., Williams, P. L., Warwick, R, Dyson, M., & Bannister, L. H., eds. (1989). *Gray's anatomy*. 37th ed. New York, NY: Churchill Livingstone.
4. Huang, B. K., Campos, J. C., Michael Peschka, P. G., Pretterklieber, M. L., Skaf, A. Y., Chung, C. B., & Pathria, M. N. (2013). Injury of the gluteal aponeurotic fascia and proximal iliotibial band: anatomy, pathologic conditions, and MR imaging. *Radiographics*, 33(5), 1437-1452.
5. Wangensteen, O. H. (1934). Repair of recurrent and difficult hernias and other large defects of the abdominal wall employing the iliotibial tract of fascia lata as pedicle flap. *Surg Gynec & Obst*, 57, 766-780.
6. Mathes, S. J., & Buchanan, R. T. (1979). Tensor fascia lata: neurosensory musculo-cutaneous free flap. *British Journal of Plastic Surgery*, 32(3), 184-187.
7. Nahai, F., Silverton, J. S., Hill, H. L., & Vasconez, L. O. (1978). The tensor fascia lata musculocutaneous flap. *Annals of Plastic Surgery*, 1(4), 372-379.
8. Whiteside, L. A. (2014). Surgical technique: gluteus maximus and tensor fascia lata transfer for primary deficiency of the abductors of the hip. *Clinical Orthopaedics and Related Research*, 472, 645-653.
9. Ogawa, K., Naniwa, T., & Okuyama, N. (2009). Irreparable capsule tears in initial surgery for glenohumeral instability: report of two cases treated with iliotibial band autograft. *The Keio Journal of Medicine*, 58(3), 185-189.
10. Rosales-Varo, A. P., García-Espona, M. A., & Roda-Murillo, O. (2018). Outcomes of rotator cuff augmentation surgery with autologous fascia lata. *Revista española de cirugía ortopédica y traumatología (English edition)*, 62(3), 157-167.
11. Stussi, J. D., Aboualout, Y., Beau, P., & Meley, M. (2002). Anterolateral thigh flap for limb reconstructive surgery: four case reports. *Revue de Chirurgie Orthopedique et reparatrice de l'Appareil Moteur*, 88(3), 298-305.
12. Yildirim, S., Gideroglu, K., Aydogdu, E., Avci, G., Akan, M., & Aköz, T. (2006). Composite anterolateral thigh-fascia lata flap: a good alternative to radial forearm-palmaris longus flap for total lower lip reconstruction. *Plastic and reconstructive surgery*, 117(6), 2033-2041.
13. Noyes, F. R. (2016). Editorial commentary: lateral extra-articular reconstructions with anterior cruciate ligament surgery: are these operative procedures supported by in vitro biomechanical studies?. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*, 32(12), 2612-2615.
14. Hailotte, G., Hardy, A., Granger, B., Noailles, T., & Khiami, F. (2017). Early strength recovery after anterior cruciate ligament reconstruction using the fascia lata. *Orthopaedics & Traumatology: Surgery & Research*, 103(7), 1021-1025.
15. Matuszewski, Ł., Tramś, M., Ciszewski, A., Wilczyński, M., Tramś, E., Jakubowski, P., ... & John, K. (2018). Medial patellofemoral ligament reconstruction in children: a comparative randomized short-term study of fascia lata allograft and gracilis tendon autograft reconstruction. *Medicine*, 97(50), e13605.
16. Lee, J. H., Woo, K. I., & Kim, Y. D. (2018). Revision surgery for undercorrected blepharoptosis after frontalis sling operation using autogenous fascia lata. *Ophthalmic Plastic & Reconstructive Surgery*, 34(5), 487-490.
17. Zheng, X., Kodama, T., Goto, T., & Ohashi, Y. (2011). Autologous fascia lata grafts for scleral repair in eyes with infectious necrotizing scleritis. *Archives of Ophthalmology*, 129(9), 1225-1227.
18. Vitali, M., Canevari, F. R., Cattalani, A., Grasso, V., Somma, T., & Barbanera, A. (2016). Direct fascia lata reconstruction to reduce donor site morbidity in endoscopic endonasal extended surgery: a pilot study. *Clinical Neurology and Neurosurgery*, 144, 59-63.
19. Barrientos, S., Leif, M., Hon, H. H., Aizenberg, M., & Wong, S. (2019). Duraplasty using autologous fascia lata and latissimus dorsi free flap

- for chronic cerebrospinal fluid leak. *Journal of Craniofacial Surgery*, 30(7), e671-e674.
20. Zha, W., Xu, M., & Zhang, L. (2013). Reparation and restitution of head tissue deletion with fascia lata and local flap. *Lin Chuang er bi yan hou tou Jing wai ke za zhi= Journal of Clinical Otorhinolaryngology, Head, and Neck Surgery*, 27(21), 1191-1192.
  21. Han, F., Zheng, Z., Wang, H. T., Guan, H., Ji, P., Hu, X. L., ... & Hu, D. H. (2020). Effects of anterolateral thigh free flap with fascia lata in repairing dura mater defect after resection of head squamous cell carcinoma. *Zhonghua Shao Shang za zhi= Zhonghua Shaoshang Zazhi= Chinese Journal of Burns*, 36(3), 219-223.
  22. Bognár, G., Barabás, L., Tóth, E., Schöller, A., & István, G. (2017). Reconstruction of the inguinal ligament with fascia lata sling. First reported case in Hungary. *Magyar Sebeszet*, 70(2), 151-154.
  23. Chao, T. N., Mahmoud, A., Rajasekaran, K., & Mirza, N. (2018). Medialisation thyroplasty with tensor fascia lata: a novel approach for reducing post-thyroplasty complications. *The Journal of Laryngology & Otology*, 132(4), 364-367.
  24. Zeng, L., Jiang, C., Li, N., Liu, W., Wang, F., & Guo, F. (2017). Vascularized fascia lata for prevention of postoperative parotid fistula arising from partial parotidectomy during neck dissection. *Journal of Oral and Maxillofacial Surgery*, 75(5), 1071-1080.
  25. Karaaltn, M. V., Batoglu-Karaaltn, A., Orhan, K. S., Demirel, T., & Guldiken, Y. (2012). Autologous fascia lata graft for contour restoration and camouflage in tertiary rhinoplasty. *Journal of Craniofacial Surgery*, 23(3), 719-723.
  26. Forster, A. O. C., Jones, J., Weber, B., Mary Hawkshaw, R. N., & Sataloff, R. T. (2016). Efficacy of allograft fascia lata in tympanic membrane repair. *Ear, Nose & Throat Journal*, 95(4/5), 158-164.
  27. Bjelovic, M., Babic, T., Spica, B., Gunjic, D., Veselinovic, M., & Bascarevic, V. (2015). The use of autologous fascia lata graft in the laparoscopic reinforcement of large hiatal defect: initial observations of the surgical technique. *BMC surgery*, 15(1), 1-5.
  28. Ren, Z. H., Wu, H. J., Wang, K., Zhang, S., Tan, H. Y., & Gong, Z. J. (2014). Anterolateral thigh myocutaneous flaps as the preferred flaps for reconstruction of oral and maxillofacial defects. *Journal of Cranio-Maxillofacial Surgery*, 42(8), 1583-1589.
  29. Tan, O., Kuduban, S. D., Algan, S., Cinal, H., & Barin, E. Z. (2013). Total lower lip reconstruction using free neurotendinofasciocutaneous anterolateral thigh composite flap: a case report. *Journal of reconstructive microsurgery*, 29(07), 487-490.
  30. Jung, B. K., Yun, I. S., Lee, W. J., Lew, D. H., Choi, E. C., & Lee, D. W. (2016). Orbital floor reconstruction using a tensor fascia lata sling after total maxillectomy. *Journal of Cranio-Maxillofacial Surgery*, 44(5), 648-653.
  31. Jandali, Z., Lam, M. C., Merwart, B., Möhring, B., Geil, S., Müller, K., ... & Jiga, L. P. (2018). Predictors of clinical outcome after reconstruction of complex soft tissue defects involving the Achilles tendon with the composite anterolateral thigh flap with vascularized fascia lata. *Journal of Reconstructive Microsurgery*, 34(08), 632-641.
  32. Sapino, G., Zaugg, P., Cherix, S., Borens, O., Lo, S. J., Raffoul, W., & di Summa, P. G. (2019). ALT flap with vascularized fascia lata for one-stage functional patellar tendon reconstruction. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 72(3), 467-476.
  33. Lucattelli, E., Delcroix, L., Baldrighi, C., Tanini, S., & Innocenti, M. (2019). Quadriceps tendon reconstruction using a fascia lata included in a reverse-flow anterolateral thigh flap. *Microsurgery*, 39(7), 642-646.
  34. Morrell, N. T., Mercer, D. M., & Moneim, M. S. (2012). Late reconstruction of chronic distal biceps tendon ruptures using fascia lata autograft and suture anchor fixation. *Techniques in Hand & Upper Extremity Surgery*, 16(3), 141-144.
  35. Oliveira, M. G. D., Severino, N. R., & Kawano, C. T. (2012). Reconstruction of chronic lesions in the posterolateral corner of the knee with autologous biceps femoralis and fascia lata grafts. *Clinics*, 67, 597-602.
  36. Lykoudis, E. G., Dalianoudis, I., Seretis, K., Lykoudis, G. E., & Lykissas, M. G. (2018). Single stage functional reconstruction of both peroneal tendons and overlying skin with an anterolateral thigh flap and vascularized fascia lata: a case report. *Microsurgery*, 38(3), 318-323.
  37. Yazar, Ş., Eroğlu, M., Gökçaya, A., & Semerciöz, A. (2015). The repair of complex penile defect with composite anterolateral thigh and vascularized fascia lata flap. *Ulus Travma Acil Cerrahi Derg*, 21(3), 223-227.
  38. Scott, V. C., Oliver, J. L., Raz, S., & Kim, J. H. (2019). Robot-assisted laparoscopic sacrocolpopexy with autologous fascia lata: technique and initial outcomes. *International Urogynecology Journal*, 30, 1965-1971.
  39. Chaus, F. M., Funk, J. T., Pangilinan, J., Lin, F. C., & Twiss, C. O. (2020). Total autologous fascia lata anterior and apical pelvic organ prolapse repair: a new technique and initial experience. *Urology*, 137, 190-195.
  40. Kargi, E., Yeşilli, Ç., Akduman, B., Babuççu, O., Hoşnüter, M., & Mungan, A. (2003). Fascia lata grafts for closure of secondary urethral fistulas. *Urology*, 62(5), 928-931.
  41. Miyamoto, Y., Watanabe, M., Ishimoto, T., Baba, Y., Iwagami, S., Sakamoto, Y., ... & Baba, H. (2015). Fascia lata onlay patch for repairing infected incisional hernias. *Surgery today*, 45, 121-124.
  42. Lefèvre, M., Sarfati, B., Honart, J. F., Alkashnam, H., Rimareix, F., Leymarie, N., & Kolb, F. (2017, February). Le lambeau perforant de fascia lata en reconstruction mammaire: une option intéressante en cas de contre-indication au DIEP. In *Annales de*

- Chirurgie Plastique Esthétique* (Vol. 62, No. 1, pp. 97-103). Elsevier Masson.
43. Puviani, L., Fazio, N., Boriani, L., Ruggieri, P., Fornasari, P. M., & Briccoli, A. (2013). Reconstruction with fascia lata after extensive chest wall resection: results. *European Journal of Cardio-Thoracic Surgery*, 44(1), 125-129.
  44. Saito, A., Minakawa, H., Saito, N., Isu, K., Hiraga, H., & Osanai, T. (2014). Clinical experience using a tensor fascia lata flap in oncology patients. *Surgery today*, 44, 1438-1442.
  45. Suzuki, K., Takahashi, T., Itou, Y., Asai, K., Shimota, H., & Kazui, T. (2002). Reconstruction of diaphragm using autologous fascia lata: an experimental study in dogs. *The Annals of thoracic surgery*, 74(1), 209-212.
  46. Lee, S., Wuerz, T. H., Shewman, E., McCormick, F. M., Salata, M. J., Philippon, M. J., & Nho, S. J. (2015). Labral reconstruction with iliotibial band autografts and semitendinosus allografts improves hip joint contact area and contact pressure: an in vitro analysis. *The American journal of sports medicine*, 43(1), 98-104.
  47. Dong, L., Chen, X., Zhang, Y., Li, B., Wang, X., Zhang, N., & Ma, S. (2012). Progress in research of clinical applications of fascia lata allograft. *Zhongguo xiu fu Chong Jian wai ke za zhi= Zhongguo Xiufu Chongjian Waike Zazhi= Chinese Journal of Reparative and Reconstructive Surgery*, 26(7), 880-884.
  48. Ciampi, P., Scotti, C., Nonis, A., Vitali, M., Di Serio, C., Peretti, G. M., & Frascini, G. (2014). The benefit of synthetic versus biological patch augmentation in the repair of posterosuperior massive rotator cuff tears: a 3-year follow-up study. *The American journal of sports medicine*, 42(5), 1169-1175.
  49. Ono, Y., Davalos Herrera, D. A., Woodmass, J. M., Boorman, R. S., Thornton, G. M., & Lo, I. K. (2016). Can grafts provide superior tendon healing and clinical outcomes after rotator cuff repairs? A meta-analysis. *Orthopaedic Journal of Sports Medicine*, 4(12), 2325967116674191.
  50. Flato, R., Passanante, G. J., Skalski, M. R., Patel, D. B., White, E. A., & Matcuk, G. R. (2017). The iliotibial tract: imaging, anatomy, injuries, and other pathology. *Skeletal radiology*, 46, 605-622.