ABSTRACT

An adult female patient with primary lymphedema of the lower extremity was treated with total excision of the subcutaneous tissues followed by delayed reconstruction with a giant full thickness skin graft taken from the excised surgical specimen. The leg has maintained excellent function and contour over the ensuing 15 years. A small area on the dorsum of the foot that initially was covered with a split thickness skin graft required subsequent regrafting using abdominal skin. This area developed verrucoid changes.