



ELSEVIER

Contents lists available at ScienceDirect

JPRAS Open

journal homepage: <http://www.journals.elsevier.com/jpras-open>

## Case report

## Tertiary breast reconstruction using a free contralateral latissimus dorsi myocutaneous flap and contralateral internal mammary recipient vessel anastomosis

Toshihiko Satake<sup>a,\*</sup>, Mayu Muto<sup>a</sup>, Yuji Yasuoka<sup>a</sup>, Yoshihiko Tamanoi<sup>a</sup>, Miki Hishikawa<sup>a</sup>, Jun Sugawara<sup>a</sup>, Kazunori Yasumura<sup>a</sup>, Shinji Kobayashi<sup>b</sup>, Jiro Maegawa<sup>c</sup>

<sup>a</sup> Department of Plastic and Reconstructive Surgery, Yokohama City University Medical Center, Yokohama, Kanagawa, Japan

<sup>b</sup> Department of Plastic and Reconstructive Surgery, Kanagawa Children's Medical Center, Yokohama, Kanagawa, Japan

<sup>c</sup> Department of Plastic and Reconstructive Surgery, Yokohama City University Hospital, Yokohama, Kanagawa, Japan

## ARTICLE INFO

## Article history:

Received 5 October 2015

Accepted 4 November 2015

Available online 24 November 2015

## Keywords:

Tertiary breast reconstruction

Contralateral latissimus dorsi myocutaneous flap

Contralateral internal mammary recipient vessel

Silicone gel implant

## ABSTRACT

Tertiary breast reconstruction after a failed autologous procedure is often performed under various restrictions, posing considerable problems not only in the choice of alternative free flap but also in that of recipient vessels. This is a case report of a free contralateral latissimus dorsi myocutaneous flap combined with a silicone gel implant, with flap pedicle anastomosis to the contralateral internal mammary recipient vessels in a 46-year-old woman with right breast deformity. She underwent a right modified radical mastectomy and failed attempts of reconstruction at another hospital. The deep inferior epigastric artery perforator flap had already been harvested for the failed reconstruction and high-level interruptions of the internal mammary, thoracodorsal, and thoracoacromial vessels were revealed on preoperative three-dimensional computed tomography angiography; therefore, we selected a contralateral latissimus dorsi myocutaneous flap to supply the lower pole skin along with a silicone gel implant for volume in this tertiary breast reconstruction. However, weak blood flow in the ipsilateral internal mammary artery and exhaustion of all recipient ipsilateral vessels in previous attempts to salvage the failing deep inferior epigastric artery perforator flap necessitated the use of the contralateral internal mammary recipient vessels. A

\* Corresponding author. 4-57 Urafune-cho, Minami-ku, Yokohama 232-0024, Japan. Tel.: +81 45 261 5656; fax: +81 45 253 5375.

E-mail address: [toshi@yokohama-cu.ac.jp](mailto:toshi@yokohama-cu.ac.jp) (T. Satake).

<http://dx.doi.org/10.1016/j.jpra.2015.11.001>

2352-5878/© 2015 The Authors. Published by Elsevier Ltd on behalf of British Association of Plastic, Reconstructive and Aesthetic Surgeons. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

contralateral latissimus dorsi myocutaneous flap with contralateral internal mammary recipient vessel anastomosis appears to be a viable option in complicated cases with unavailable deep inferior epigastric artery perforator flap or ipsilateral recipient vessels.

© 2015 The Authors. Published by Elsevier Ltd on behalf of British Association of Plastic, Reconstructive and Aesthetic Surgeons. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

---

## Introduction

Tertiary breast reconstruction after a failed autologous procedure uses autologous tissue, implant, or a combination of both.<sup>1</sup> However, previous procedural outcomes can pose considerable problems in the choice of alternative free flap as well as in that of recipient vessels. We report a case of tertiary autologous breast reconstruction using a free contralateral latissimus dorsi myocutaneous flap combined with a silicone gel implant, wherein a flap pedicle was anastomosed to the contralateral internal mammary recipient vessels.

## Case report

A 46-year-old woman was referred to us for right breast deformity after breast reconstruction. Four years ago, at a hospital abroad, the patient underwent a modified radical mastectomy, sentinel lymph node biopsy, and an immediate one-stage reconstruction of the right breast using a permanent expandable implant, followed by adjuvant chemotherapy. After 7 months, she underwent an implant replacement with a smaller implant to correct capsular contracture and size mismatch. After 2 years, due to the asymmetry of breast shape and size (the patient's normal left breast was large and ptotic), the patient underwent implant removal and a delayed one-stage breast reconstruction using the deep inferior epigastric artery perforator (DIEP) flap and simultaneous contralateral reduction mammoplasty. Because the autologous reconstruction was unsuccessful, and the flap failed immediately thereafter, the patient simultaneously received an anatomical implant reconstruction as the salvage reoperation.

On initial examination at our outpatient clinic, the reconstructed right breast was considerably deformed. The lower pole skin was thin and indicated impending rupture. Additional operative scars along the right anterior axillary line and right upper arm from the multiple salvage procedures (vessel graft from thoracodorsal vessel and cephalic vein; [Figure 1a](#) and [c](#)) were also evident. Four weeks later, we removed the silicone gel implant and closed the wound primarily ([Figure 1b, c](#)).

## Surgical planning

Preoperative blood investigations indicated absence of coagulopathy. As the remaining skin at the right breast was insufficient to construct a matching-sized breast, the reconstruction may require an additional autologous skin and subcutaneous tissue. Preoperative recipient site three-dimensional computed tomography (3D-CT) angiography showed high-level interruptions of the internal mammary, thoracodorsal, and thoracoacromial vessels. Therefore, we considered the gluteal artery perforator flap,<sup>2</sup> posterior medial thigh perforator flap,<sup>3</sup> and contralateral latissimus dorsi myocutaneous (LDMC) flap as potential options for the reconstruction. Skin color of the gluteal and thigh flaps is different from that of the native breast skin, and these flaps have shorter pedicles. However, the LDMC flap has a similar color and a longer vascular pedicle. In addition, its skin paddle is relatively large, although still inadequate for the breast size required in the present case. Therefore, we selected a contralateral LDMC flap in combination with a silicone gel implant for this tertiary breast reconstruction.

Download English Version:

<https://daneshyari.com/en/article/4305732>

Download Persian Version:

<https://daneshyari.com/article/4305732>

[Daneshyari.com](https://daneshyari.com)