

Accepted Manuscript

Title: Latissimus Dorsi Muscle Harvest

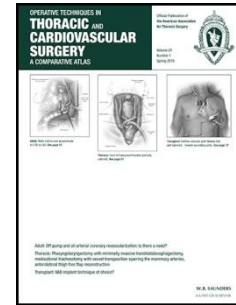
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PII: S1522-2942(18)30034-5

DOI: <https://doi.org/10.1053/j.optechstcvs.2018.02.005>

Reference: YOTCT 438

To appear in: *Operative Techniques in Thoracic and Cardiovascular Surgery: A Comparative Atlas*



Please cite this article as: Jarosław Kuźdzał, Latissimus Dorsi Muscle Harvest, *Operative Techniques in Thoracic and Cardiovascular Surgery: A Comparative Atlas* (2018), <https://doi.org/10.1053/j.optechstcvs.2018.02.005>.

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Latissimus Dorsi Muscle Harvest

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Key words: anatomy, chest wall, myoplasty

Abstract

Muscle flaps have multiple applications in thoracic surgery. Among the available flaps, the latissimus dorsi muscle flap is of special interest because of its unique characteristics such as: large volume, making it suitable for filling pleural spaces; constant pattern of vascular supply and wide arch of rotation, enabling transposition to different regional sites in the chest, back and neck, thus with no need for vascular microanastomosis in virtually all applications within the chest. Also, after division of the dominant vascular pedicle, the latissimus dorsi can be prepared as an inverted flap and used for reconstruction of the diaphragm. It is useful for myoplasty of infected pleural spaces and bronchial fistulas, as well as for reconstructions of large soft tissue defects. Latissimus dorsi can be used either as simple muscle flap or musculo-cutaneous flap. It is well suited to be used locally but also, as a free flap with microvascular anastomosis, in remote areas of the body. This paper presents the technique of harvesting of the latissimus dorsi muscle flap and provides clues for its effective application in different clinical scenarios.

Introduction

The latissimus dorsi flap was described as early as 1906 by Italian surgeon Iginio Tansini,¹ but this technique was abandoned at that time and not widely used until the 1970s^{2,3}. Latissimus dorsi muscle plays an important role in thoracic and reconstructive surgery. It is useful for myoplasty of infected pleural spaces and bronchial fistulas, as well as for reconstruction of large soft tissue defects. The latissimus dorsi can be used either as simple muscle flap or musculo-cutaneous flap (the latter is not described here). It is well suited to be used locally but also, as a free flap with microvascular anastomosis, in remote areas of the body.

This is due to its following anatomic characteristics: (1) large volume which makes it suitable for filling pleural spaces; (2) a constant pattern of vascular supply; (3) a wide arc of rotation, enabling transposition to different regional sites in the chest, back and neck; (4) absence of avascular microanastomoses.”

In this chapter, only the fundamental topics related to harvesting the latissimus dorsi are discussed, these being of practical importance for thoracic surgeons (Figures 1-12). Harvesting of the latissimus dorsi musculocutaneous flap is not discussed here. Similarly, more advanced techniques, e.g. enlarged, split or extended flaps as well as the thoracodorsal artery perforator flap (TDAP flap) and osteomusculocutaneous flaps, which are the domain of reconstructive surgeons, are beyond the scope of this text.

Anatomy (Figures 1-3)

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