CASE REPORT – OPEN ACCESS

International Journal of Surgery Case Reports 36 (2017) 110–115

Contents lists available at ScienceDirect

International Journal of Surgery Case Reports

journal homepage: www.casereports.com

Chest wall reconstruction following axillary breast augmentation and desmoid tumor resection using capsular flaps and a form-stable silicone implant: A case report, diagnosis and surgical technique

Alexandre Mendonça Munhoz [a,*], Ary de Azevedo Marques [b], José Ribas Milanez [c], Rolf Gemperli [d]

[a] Hospital Sírio Libanês and Instituto do Câncer do Estado de São Paulo, São Paulo, Brazil
[b] Hospital Sírio Libanês, São Paulo, Brazil
[c] Hospital Albert Einstein and Hospital das Clínicas University of São Paulo, Brazil
[d] University of São Paulo, São Paulo, Brazil

ARTICLE INFO

Article history:
Received 11 February 2017
Received in revised form 14 May 2017
Accepted 15 May 2017
Available online 21 May 2017

Keywords:
Case report
Breast augmentation
Breast reconstruction
Chest reconstruction
Desmoid tumor
Myocutaneous flap
Form-stable silicone implants
Complication

ABSTRACT

INTRODUCTION: Chest desmoid tumors (CDT) are rare lesions characterized by fibroblastic proliferation from the connective tissue. Although CDT have been studied previously, no cases following subfascial transaxillary breast augmentation (TBA) have been described.
PRESENTATION OF CASE: The authors describe a case of CDT in a 28-year-old woman one year after TBA, which presented as a painful and progressive mass in the lower-inner right breast quadrant. MRI showed a soft-tissue tumor (6 × 3 × 4 cm) that affected the region of the right anterior costal margin, without signs of structural costal invasion. Patient was treated surgically, exposing the right costal-sternal region through an inframammary approach and resecting the CDT. The remaining capsular flap was mobilized into the defect and a form-stable silicone implant was utilized to cover the chest wall defect and achieve an adequate breast contour. The patient is currently in 5th year after chest reconstruction, with satisfactory results. Neither the tumor or the symptoms recurred.
DISCUSSION: CDT is an uncommon evolution following TBA. Although it is a rare disease, thoracic and plastic surgeons must be alert to avoid misdiagnosis. Defect reconstruction is necessary, mobilizing the capsular flaps and replacing the implants in order to obtain a satisfactory outcome.
CONCLUSION: Knowledge of this rare post-operative evolution is crucial, and early surgical intervention is warranted in order to avoid more aggressive treatment. This case report provides general knowledge of CDT, and may be used as guidance for early diagnosis and treatment.
© 2017 The Author(s). Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

1. Introduction

Breast augmentation (BA) has become one of the most frequently performed aesthetic procedures [1]. The transaxillary approach used for augmentation (TBA) is a well-known technique, with its main benefits related to the absence of incisions on the breast [2–5].

Desmoid tumors (DT) are rare benign lesions that occur at a rate of approximately 3.7 new cases per one million persons per year [6–8]. These tumors are characterized by fibroblastic proliferation from the connective tissue of the muscle and its overlying fascia [7,8]. Desmoid tumors of the chest (CDT) are much less frequent and represent 8–10% of all DT cases, and involve local invasion of surrounding structures [9].

CDT following BA is a very rare disease and has been described in very few case reports [10,11]. Furthermore, all of these cases in the literature are related to the inframammary approach and located in the implant capsule. As of this writing no reports have been published on CDT following subfascial TBA and its surgical management and chest wall reconstruction. The case illustrates some aspects that may be useful for thoracic and plastic surgeons and may be used as guidance for surgical management.

2. Clinical case

A 30-year-old woman with a bilateral hypomastia underwent subfascial TBA with texturized anatomic silicone implants (Natrelle 410 MF style, 295cc) (Fig. 1a–d). One year after surgery, the patient noticed a painful mass in the medial lower part of her right breast. At that time a breast seroma or capsular contracture was sus-

* Corresponding author at: Division of Plastic Surgery, Hospital Sírio-Libanês, Rua Mato Grosso, 306cj.1705-1706, 01239-040 Sao Paulo, SP, Brazil.
E-mail addresses: munhozalex@uol.com.br, alexandremunhoz@hotmail.com (A.M. Munhoz).

http://dx.doi.org/10.1016/j.ijscr.2017.05.023
2210-2612/© 2017 The Author(s). Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

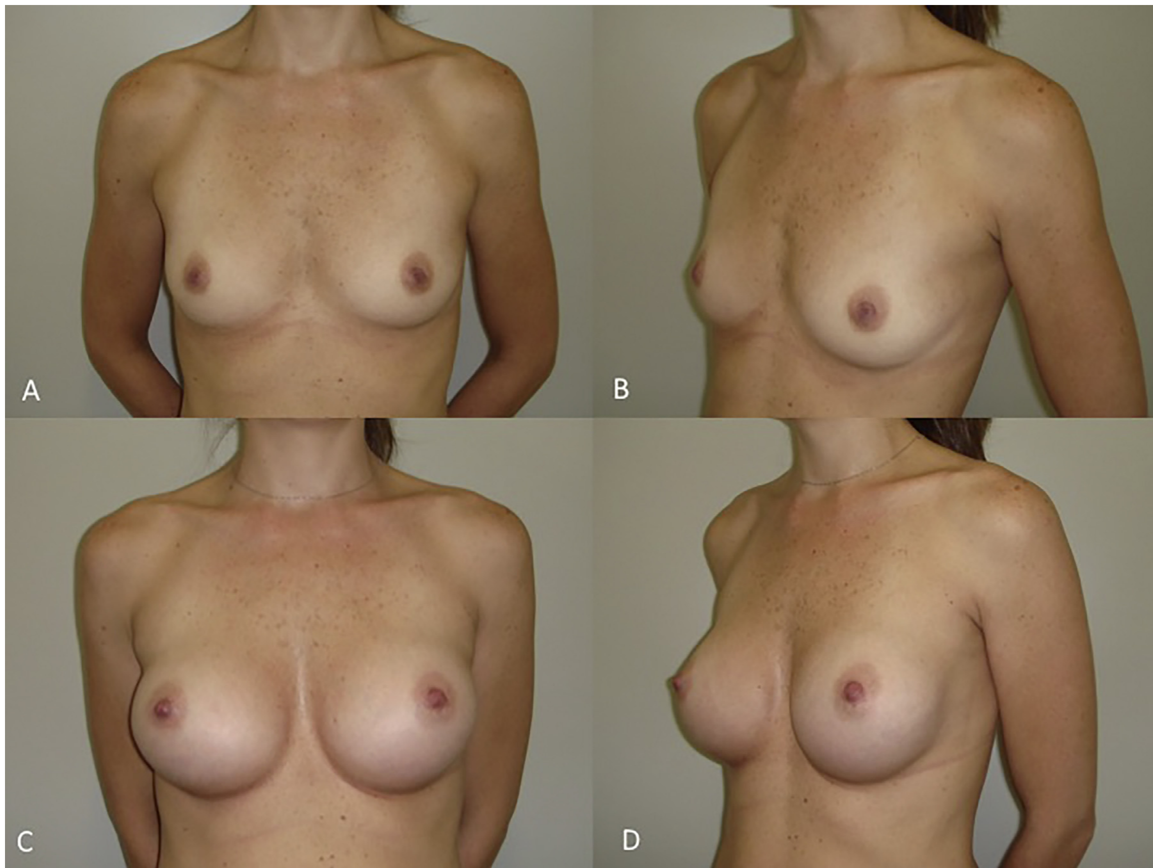

Fig 1. (A–D) Pre-operative frontal and left oblique views of a 28-year-old patient with hypoplastic breasts (A top left. B top right). Appearance six months after procedure, showing very good outcome. 255 cc Natrelle Style 410 MF implants were used bilaterally (C bottom left. D bottom right).

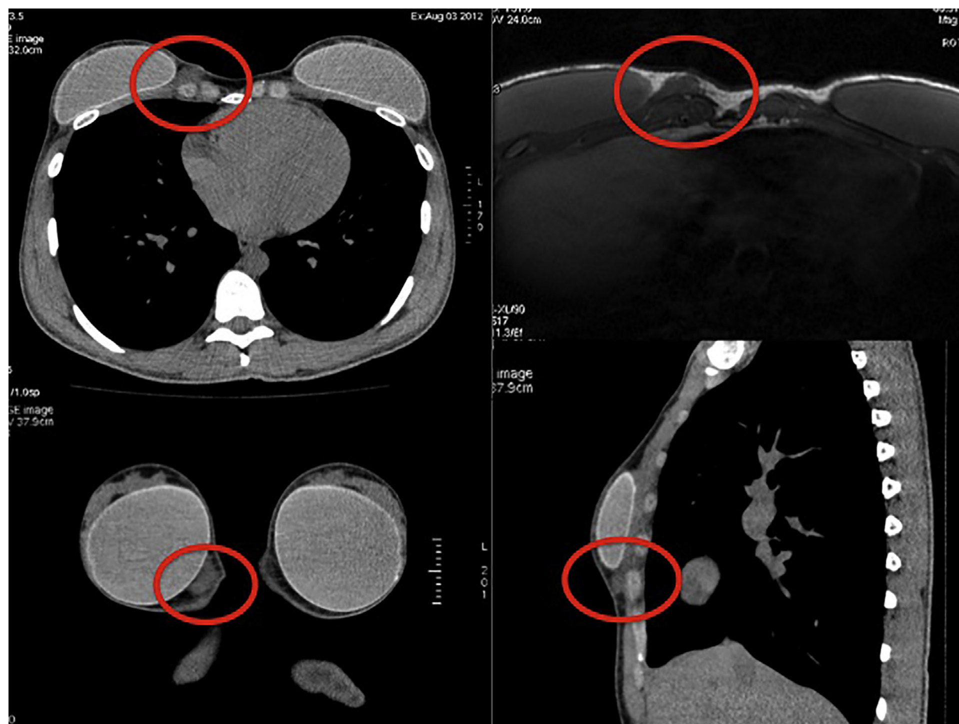

Fig. 2. Chest MRI showed a well-defined solid submuscular mass 6.1 cm × 2.4 cm × 5.1 cm in size with low to intermediate signal intensity in T1 imaging and high signal intensity in T2 imaging.

Download English Version:

https://daneshyari.com/en/article/8833202

Download Persian Version:

https://daneshyari.com/article/8833202

Daneshyari.com