

Latissimus Dorsi Flap: A Winning Hand for Breast Reconstruction Salvage

Dean Ad-El MD

Department of Plastic Surgery and Burns, Rabin Medical Center (Beilinson Campus), Petah Tikva, Israel

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Cancer of the breast is the most common malignancy among women, with approximately 1 in 8 women developing breast cancer during their lifetime [1]. The current practice is to avoid radical mastectomy procedures. Medical professionals are adopting more conservative surgical oncology methods; therefore, breast reconstruction has evolved from an occasional chest wall wound closure to a common surgical procedure that enables creation of a satisfactory breast mound. This change in technique supports better social function and better emotional coping with the disease.

A parallel surgical development occurred when partial mastectomies became the most common breast ablative procedure. Breast deformations, occurring mostly after radiotherapy, have led to patient dissatisfaction with the final result, a negative effect on body image, and difficulty in coping with the disease.

Breast reconstructive procedures are not without complications, and can reach 38% depending on the procedure [2]. Autologous reconstruction, usually using the abdominal wall, has a high rate of donor and recipient wound problems. Alloplastic reconstructions (using breast implants) harbor high rates of postoperative wound infection, seromas, and late effects like capsular contracture and deflation. Alloplastic reconstruction results

deteriorate with time and eventually necessitate future procedures.

In this issue of *IMAJ*, Freidman and colleagues [3] described their experience using the latissimus dorsi (LD) flap as a salvage procedure for breast reconstruction failure.

During the 5-year time interval of the study, 220 patients underwent immediate breast reconstructions at Tel Aviv Sourasky Medical Center and at a private clinic. Among the patients in this group, 13% encountered major complications leading to re-operation. The authors did not report on the rate of complications in relation to the operation site.

The LD flap was used as salvage for 17 of 29 patients who needed re-operation. The authors did not elaborate on the criteria for choosing the specific operation among all patients needing salvage, nor the reasons for choosing such options. However, their results showed that this procedure was the proper choice for reconstruction after breast cancer.

The LD flap is considered as an alternative for breast reconstruction, although due to more sophisticated primary and secondary reconstruction procedures now available, it is often considered as a backup method. It is the easiest of all autologous reconstruction methods, but it has some disadvantages:

- It almost always necessitates using an implant to augment its volume to create a full breast mound. This implant has drawbacks such as capsular contracture and deflation
- It can affect the function of the shoulder, especially in swimmers

- It depends on the thoracodorsal blood vessels, which can potentially be damaged during axillary lymph node dissection

The failed reconstruction can be salvaged using other procedures. Alloplastic breast reconstruction can be salvaged with an abdominal wall-based flap or by using a pedicled perforator flap from the abdominal wall or back tissues [4].

Although the LD flap is not new for the plastic surgery community, Friedman's group expertly gathered retrospective data and presented their experiences of this important aspect of breast reconstruction.

Correspondence

Dr. D. Ad-El

Dept. of Plastic Surgery and Burns, Rabin Medical Center (Beilinson Campus), Petah Tikva 4941492, Israel

email: deana@clalit.org.il

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