

Correspondence

V-Y advancement LDMF in chest wall reconstruction

I reviewed the paper “Utility of large V-Y advancement of the latissimus dorsi myo-cutaneous flap in the reconstruction of large thoracic defects: a case series and literature review” by Lichtenberg NJ, Sheena Y, Papini RPG with great enthusiasm.¹

I strongly support the mechanics of V-Y advancement of latissimus dorsi myo-cutaneous flap with extended skin paddles and its movement in different directions. I agree that this technique represents a great option for large trunk defects in comorbid patients following radiotherapy, without prolonged general anaesthesia or microsurgery.

To support the paper message, we add another example of a LDMF with a large skin paddle design (28 × 16 cm), used to reconstruct the chest wall defect of a 69 years old female patient; this comorbid patient was treated for radicalization of an Angiosarcoma of the right breast, after having sustained 7 months before radical right mastectomy and a cycle of radiotherapy. In this case, we stress the importance of patient lateral positioning on the surgical table, to allow working in two teams and shorten operative times. The V-Y LDMF was anteriorly advanced 26 cm to reach the anterior midline. Flap experienced no skin necrosis and showed good healing at 3 months follow-up (Figure 1).

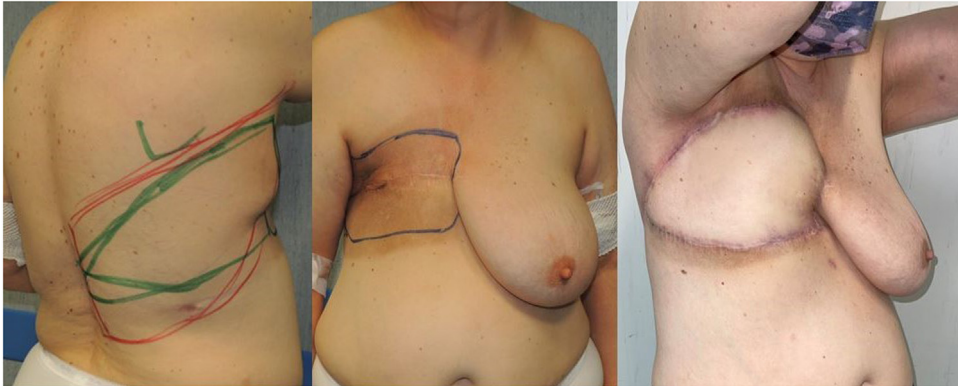


Figure 1. LDMF design to reconstruct post radiotherapy right breast Angiosarcoma radicalization and 3 months follow-up after V-Y flap advancement.

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Declaration of competing interest

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Reference

1. Lichtenber N.J., Sheena Y., Papini R.P.G., Utility of large V-Y advancement of the latissimus dorsi myocutaneous flap in the reconstruction of large thoracic defects: A case series and literature review.

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