

LONG-TERM OUTCOME AND IMPACT OF COMBINED REVERSE ABDOMINOPLASTY FLAP IN RECONSTRUCTION OF ANTERIOR CHEST WALL DEFECTS POST EXTENSIVE MASTECTOMIES

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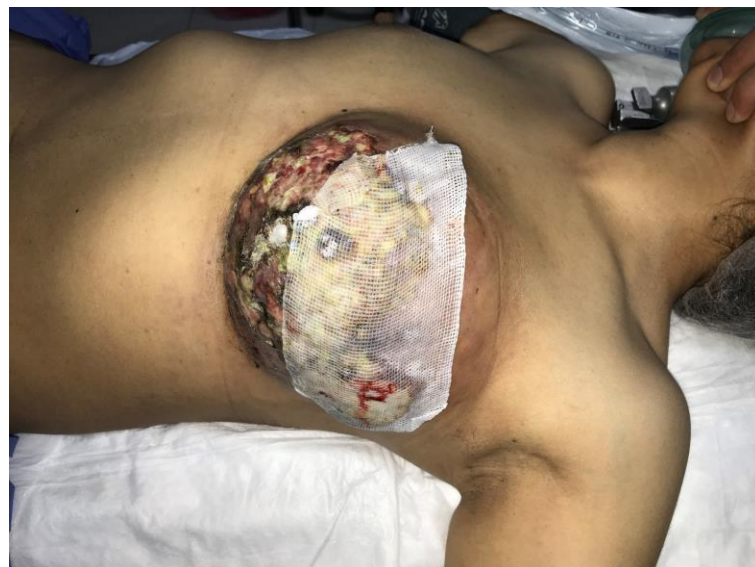
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Background

The Reverse abdominoplasty flap (RA) for challenging chest wall resections in locally advanced, recurrent, and inflammatory breast cancer cases can be combined with any surrounding tissue replacement.



Methods

This observational retrospective cohort study was conducted on previously operated patients with RA and combined surrounding chest wall mobilization and undermining, between 2015 and 2018, for 11 patients. The study group consisted of patients in whom aggressive tumor resection was performed resulting in huge defects not favorable for primary closure and challenging local rotational flaps like LD flaps were not an option due to previous surgery or current extensive surgery that compromises the thoracodorsal artery, the study included bi-annual follow up for the patients with serial documentation of the chest wall complications related to the scarring and fibrosis, recurrences and breast cancer morbidity, further radiotherapy complications and disease progression.



Results

5 years follow-up of the eleven patients who underwent the procedures (either RA alone in nine patients or the two patients, who needed a combined procedure with the LD flap reconstruction for a tension-free flap coverage of the defects). There were variable degrees of scar complications in the form of extensive fibrosis and keloid scar formation in 9 patients with a nodular surface (no cancer recurrence), delayed post-radiotherapy scar complications were minimal in the form of exudation, eruptions, and excess granulation tissue subsided over a three to six months post radiotherapy. No significant postoperative morbidity. Delayed healing happened in 40% of cases. However, in younger patients, there was a dramatic improvement in the general condition after the resection. Two patients have been admitted for correction of the general condition with blood transfusion and supportive therapies before the operation.



Conclusions

Simple reconstruction techniques, either RA alone or when combined with other operations provided safety, compliance, and patient satisfactory outcomes.

