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# Lipofilled mini dorsi flap: an alternative for breast reconstruction

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**Introduction:** The lipofilled mini dorsi flap has emerged as a novel breast reconstruction technique that utilizes a portion of the latissimus dorsi muscle combined with lipofilling to achieve a breast reconstruction with a more natural aesthetic outcome. **Objective:** This is a systematic review conducted to synthesize the most relevant data on this surgical technique and compile its main outcomes. **Methods:** The search was carried out on the databases PubMed, Embase, Scopus, ScienceDirect, and Web of Science. The search strategy was designed using the descriptor: “lipofilled mini dorsi flap”. **Results:** Of the ten initial studies, after duplicate removal and screening, two were included. A total of 106 patients were assessed, of whom 59 underwent immediate reconstruction and 47 underwent implant replacement: 32 replacing prostheses and 15 replacing tissue expanders. Among patients who underwent immediate reconstruction, one case of hematoma and one of necrosis were reported, with no occurrences of infection. In the implant replacement group, no cases of hematoma, necrosis, or infection were observed. Regarding patient satisfaction, those in the immediate reconstruction group reported outcomes as very satisfactory (n=25) and satisfactory (n=34), while those in the implant replacement group reported very good (n=18), good (n=20), and average (n=4), with 42 patients stating that they experienced the sensation of having a real breast. **Conclusion:** The lipofilled mini dorsi flap technique is a viable, efficient approach with a broad range of applications. The results demonstrated long-lasting outcomes with natural appearance, without functional muscle loss associated with other musculocutaneous flaps. The technique proved effective for both single-stage immediate reconstruction and implant replacement (including prostheses and expanders), making it a feasible alternative for both procedures.

**Keywords:** mammoplasty; myocutaneous flap.