

<https://doi.org/10.29289/259453942022V32S2091>

# THORACIC RECONSTRUCTION: THE IMPORTANCE OF PLASTIC SURGERY IN ONCOLOGY TREATMENTS

Iuri Fernando Coutinho e Silva<sup>1</sup>, Pedro Inácio Oliveira Lopes<sup>1</sup>, Andrea Amalia Campos Pimentel<sup>1</sup>, Mario Sales Neves do Carmo Filho<sup>1</sup>, Pablo Rassi Florêncio<sup>2</sup>, Bruno Carvalho Moreira<sup>2</sup>

<sup>1</sup>Santa Casa de Misericórdia de Goiânia – Goiânia (GO), Brazil.

<sup>2</sup>Hospital de Câncer Araujo Jorge – Goiânia (GO), Brazil.

**Introduction:** Breast cancer is the most common neoplasm in women, excluding non-melanoma skin neoplasm, and it represents 22% of new cases each year. Due to treatment breakthroughs, patient survival has increased, which indicates that social and functional rehabilitation through chest wall reconstruction is its paramount component. **Objective:** This study aims to report a case of a patient with recurrent breast cancer and the need for chest wall reconstruction. **Case report:** LLVA 47 years old, with cancer on her right breast treated with partial mastectomy, radiotherapy, and chemotherapy, which evolved into a chest wall undifferentiated pleomorphic sarcoma. A complex thoracotomy was performed in oncology with tumor resection on the right chest wall and resection of the 3rd, 4th, 5th, and 6th costal arches, followed by a reconstruction, accomplished with 2 acetabular plates and a 42-cm polypropylene mesh. Afterward, a rotation of myocutaneous flaps with latissimus dorsi and transversus rectus abdominis (TRAM) with a contralateral pedicle was performed. The patient evolved with fair flap perfusion. **Discussion:** Plastic surgeons' participation in oncological treatments has shown increasing importance, allowing the performance of large resections that could be considered unresectable without their repair. Thus, reconstruction is essential to increase quality of life and to provide local conditions for accessorial treatment. During chest wall reconstruction, the technical difficulty lies in the extent of resections, requiring reconstruction of the costal bone framework when there is resection of four or more ribs or when there is a lateral defect greater than 5 cm. The most commonly used flaps are the latissimus dorsi myocutaneous and the TRAM flap. **Conclusion:** Plastic surgeon is a fundamental character of a multidisciplinary team in the treatment of breast cancer, especially in large resection situations.

**Keywords:** Breast neoplasms. Myocutaneous flap. Surgery, reconstructive. Surgery, plastic.