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1173 – Short incision for immediate breast reconstruction with fat-grafted latissimus dorsi flap after mastectomy: case series

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Introduction: The latissimus dorsi (LD) muscle flap, once widely used for delayed reconstructions with implant inclusion, has proven to be a feasible option for immediate, fully autologous breast reconstruction after mastectomy, thanks to the advent of fat grafting, which provides the muscle with the volume it naturally lacks. In cases of nipple-sparing mastectomies (SNM), where there is no need for skin replacement in the breast, the flap can be obtained without removal of a dorsal skin island, resulting in a muscular flap rather than a myocutaneous flap, and thereby allowing for scar de-escalation in this type of reconstruction.

Methods: Dissection and detachment of the LD muscle flap were performed entirely through the same incision used for the mastectomy, either in the inframammary fold or in a T-shaped breast incision. The entire procedure (mastectomy and reconstruction) was carried out with the patient in the supine position. Fat grafting was performed in the mastectomy skin flap and in the latissimus dorsi and pectoralis major muscles.

Results: Between June 2022 and August 2025, immediate reconstruction with a lipoenriched LD muscle flap through a single and minimal incision following SNM or skin-reducing mastectomy was performed in ten patients. The mean operative time was 307 minutes (5 h 7 min), including both mastectomy and reconstruction. The mean volume of grafted fat was 262 mL (range: 190–340 mL). Drain removal occurred at a mean of postoperative day 15 (range: 11–19 days). Six patients developed seroma at the donor site after drain removal.

Conclusion: This study shows that small- to medium-volume breasts can be immediately and autologously reconstructed using a lipoenriched LD muscle flap without extensive donor-site scarring, with a low number of complications, reoperations, and, in most cases, with only a single surgical procedure.

Ethics: Research Ethics Committee Approval (CAAE 69269723.0.0000.0155).

Keywords: breast reconstruction; mastectomy; latissimus dorsi.