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# The use of latissimus dorsi myocutaneous flap in locally advanced breast carcinoma

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**Objective:** This study aimed to evaluate the impact of the latissimus dorsi (LD) muscle myocutaneous flap in closing moderate to large chest wall defects in locally advanced breast carcinoma. **Methodology:** This study was approved by the Ethics Committee under number CAAE: 45093521.3.0000.5437. A retrospective study was performed during 2011–2019 at a Tertiary Oncology Hospital, in patients submitted to mastectomy, and LD was necessary for chest wall closure. Tumor characteristics, resected area, surgical complications, and recurrence were evaluated. **Results:** During this period, 22 patients underwent mastectomy associated with the use of LD. Given the indication, 10 were after neoadjuvant chemotherapy, 10 aimed at locoregional control in the presence of recurrence or metastasis, and 2 aimed at treatment. The majority of tumors were triple-negative (n=10) and luminal HER+ (n=5). Eight of the 14 patients undergoing chemotherapy experienced disease progression during treatment. The intention of the surgery was hygienic (n=9), curative (n=7), or palliative, aiming at locoregional control (n=6). The main complications were dehiscence (n=7); flap necrosis (n=6), requiring debridement and suturing; and back seroma (n=4). Surgery allowed local control in 90.9% (20/22) of patients. We observed eight locoregional recurrences, two of which were local. The average follow-up was 21.1 months. During the follow-up period, 16 patients died, with actuarial survival at 24 and 60 months being 36.4% and 22.7%, respectively. **Conclusion:** The LD is a safe flap, easy to construct, and useful in primary synthesis after extensive post-mastectomy resection. It presented a high complication rate, but with a simple and effective resolution, allowing a high local control rate, in patients with biological tumors and an unfavorable prognosis.

**Keywords:** breast cancer; locally advanced breast cancer; mastectomy; latissimus dorsi; chest wall defects.