

# **Use of Extended Pedicled Transverse Rectus Abdominis Myocutaneous Flap for Extensive Chest Wall Defect Reconstruction after Mastectomy for Locally Advanced Breast Cancer**

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## **Abstract**

### **Background**

Sixteen patients with locally advanced breast cancer who had undergone immediate reconstruction of postmastectomy extensive chest wall skin defect using extended pedicled transverse rectus abdominis myocutaneous (TRAM) flap were studied.

### **Methods**

This study was a retrospective case series of 16 patients with stage III or IV breast cancer who had undergone extended pedicled TRAM flap reconstruction.

### **Results**

Eleven (68.9%) and five (31.3%) of the patients were diagnosed with stage III and stage IV breast cancer, respectively. Chest wall skin defects ranged from 135 to 440 cm<sup>2</sup>. The areas of all flaps exceeded 80% of the abdominal area. The whole 100% of the harvested flap size was used in three patients, with marginal necrosis of zone IV in only one case. No total flap loss was observed. The average length of hospital stay was 5.8 days, and the mean follow-up duration was 46.6 months (range, 4.5–117.7 months). On a Likert scale, the follow-up satisfaction scores of 10 patients were 4.7.

### **Conclusions**

Even when its area exceeded 80% of the abdominal area, the extended TRAM flap proved an effective and viable method for immediate reconstruction of extensive postmastectomy chest wall skin defects, resulting in few minor complications and high follow-up satisfaction scores.