

External Oblique Myocutaneous Flap as An Option of Versatile Flap Reconstruction on Large Chest Wall Defect After Palliative Mastectomy

Hendry Irawan*, Putu Anda Tusta Adiputra

Surgical Oncology Division, Department of Surgery, Faculty of Medicine, Universitas Udayana, Sanglah General Hospital, Bali, Indonesia.

*Corresponding author: hendry_irawan@rocketmail.com

Background: Advanced stage breast cancer is often found in developing country, especially in Indonesia. Neoadjuvant chemotherapy may not reduce tumor size and may develop progressively to metastases. Palliative mastectomy can relieve cancer pain, control bleeding, bad odor, and remove big mass. Large defect after mastectomy can be closed by external oblique myocutaneous (EOM) flap. The flap is a versatile flap with a good success rate covering the large anterior chest wall defect.

Case: There are two cases of metastatic breast cancer, which the tumor size can not be reduced by neoadjuvant chemotherapy. First patient was 74 years old, with mass on left breast for 5 years. She did not go to medical care to examine that mass until tumor was 15 cm diameter, solid consistency, ulceration, bleeding, painful, and she had pneumonic type metastasis on both lungs. The pathological result was invasive carcinoma no special type grade 3. Second patient was 46 years old, with mass on right breast for 3 years. Previously, she went to medical care to examine a small lump on right breast, but she continued the treatment on traditional medicine. She came back to medical care with tumor was 20 cm diameter, solid consistency, ulceration, bleeding, pain, and she had nodular type metastasis on both lungs and effusion on left lung. The pathological result was invasive carcinoma with neuroendocrine feature. Both patients underwent mastectomy to remove mass and axillary lymph node dissection. Large defect due to mastectomy closed with EOM flap and the flap was viable and no skin necrosis. This technique has the advantage of a large flap area and good vascularity, and the patient does not need to change position during surgery. The EOM flap is an easy technique to perform by shifting the flap cranially and is suitable for closing anterior chest wall defects.

Conclusion: External oblique myocutaneous flap is a versatile flap, which can be used an effective option to cover large defect after mastectomy with good result. This flap can be done without change in the patient's position.

Keywords: external oblique myocutaneous flap, large defect, palliative mastectomy