

## **ITADE flap: A good choice for mid-sized defects of the chest wall**

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**Background:** Locally advanced breast cancer (LABC) is still a problem to be solved in daily life, especially in developing countries. Extensive resections aims local control and improve the quality of life. In these, the flaps represent an excellent option, making it necessary a reconstructive team. On the other hand, epidermal and fasciocutaneous flaps can be performed for breast surgeons and represents a good option to be used in medium sized defects. We describe the results of an ipsilateral, horizontal toracoabdominal, dermoepidermic flap (ITADE flap).

**Hypothesis:** The ITADE flap is represents a good option for skin closure of LABC.

**Methods:** The ITADE flap represents rotation flap with a random lateral irrigation used in the reconstruction of mid-sized defects of the chest wall after mastectomy performed in patients with LABC. Between 2006-2015, 23 patients underwent mastectomy and immediate reconstruction with ITADE flap. We evaluated the factors related to indications, surgical technique, postoperative complication and local recurrence.

**Results:** All patients were women had LABC, 5 (21.7%) had disease progression after neoadjuvant chemotherapy, 4 (17.4%) had metastatic disease; and 2 (8.6%) were submitted to neoadjuvant radiotherapy. The mean size of the flap and the time of hospitalization were 360 cm<sup>2</sup> and 1.4 days, respectively. Of the operated patients, 9 (39.1%) had a little partial flap necrosis, whose debridement and new suture were performed in 8 patients, and just one patient (4.3%) was submitted to general anesthesia due to extensive loss. At 45 postoperative days 86.9% patients were able to perform adjuvant therapy. The local recurrence rate was 17.4%, which occurred in mean 25.6 months after surgery.

**Conclusion:** In patients with LABC, the ITADE consists of an excellent choice for reconstruction of mid-sized defects of the chest wall. It is associated with low morbidity, acceptable time for the beginning of adjuvant treatment and low recurrence and can be performed by breast surgeons without the need of reconstructive surgeons.