

Abstract

Bilateral Breast Reconstruction with Free TRAM Flaps

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Free TRAM flap is now increasingly suggested to patients requiring breast reconstruction after the mastectomy. This study is to introduce the experiences of bilateral free TRAM flaps for reconstruction of bilateral breasts and to suggest the way of getting the more satisfactory results.

A total of 6 breasts were reconstructed in 3 patients using bilateral free TRAM flaps immediately following the mastectomy. Average operative time for bilateral breast reconstruction was 8 hours comparing to 6.5 hours for unilateral breast reconstruction. Partial or total flap loss did not occur in 6 flaps. Abdomen was repaired directly with muscle and fascia sparing technique without necessity of mesh graft. There was no complication in donor site like abdominal hernia.

Bilateral breast reconstruction can achieve exceptionally good aesthetic result with low complication if it is performed with skillful technique and experience. The reason for this is that fairly good symmetry usually is obtained in the initial surgery and in most cases only minimal additional surgery is required to achieve a satisfactory aesthetic result. The one disadvantage of bilateral reconstruction with autologous tissue is the length of the surgical procedure. Although the initial bilateral breast reconstruction can be a long, tedious procedure if free flaps are used, it must be a valuable treatment option for bilaterally mastectomized patients.

Key Words : Bilateral breast reconstruction, Free TRAM

1 ~ 2%

2.6%

13)

가

paraffinoma

2~3

가

8 가

6.5

가

가

가

가

^{2,6,11)}

1992 5

2000 6

86

90

100 가

3

가

3

가

가

. 2

mesh

가

3

6

가

1

48

15

(Fig. 1).

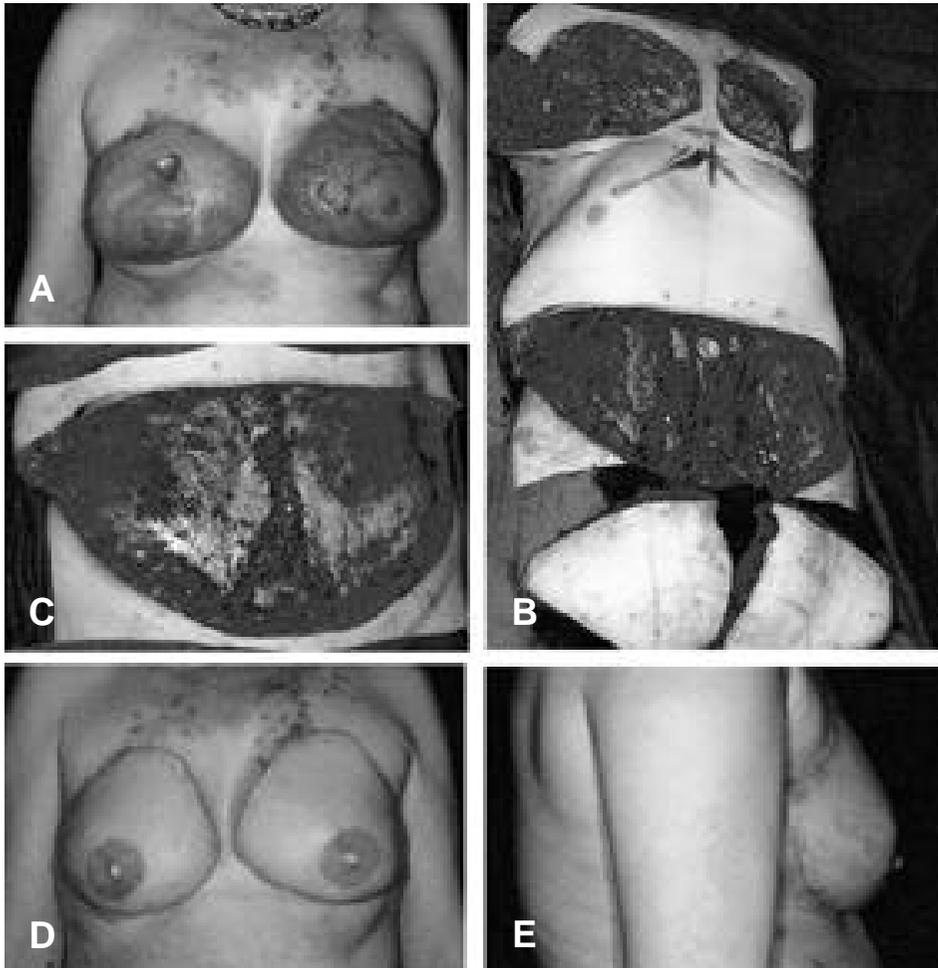


Fig. 1-A. Both breasts shows the hard, indurated mass with inflammation due to paraffinoma. **B.** Both breasts were radically excised and bilateral TRAM flaps were elevated. **C.** Flaps were harvested with muscle and fascia sparing technique. Abdominal fascia was closed directly without mesh graft. **D.** Postoperative course was uneventful. Nipple and areola were reconstructed at postoperative 2 months. **E.** Breast shape was natural with ptotic and symmetrical appearance.

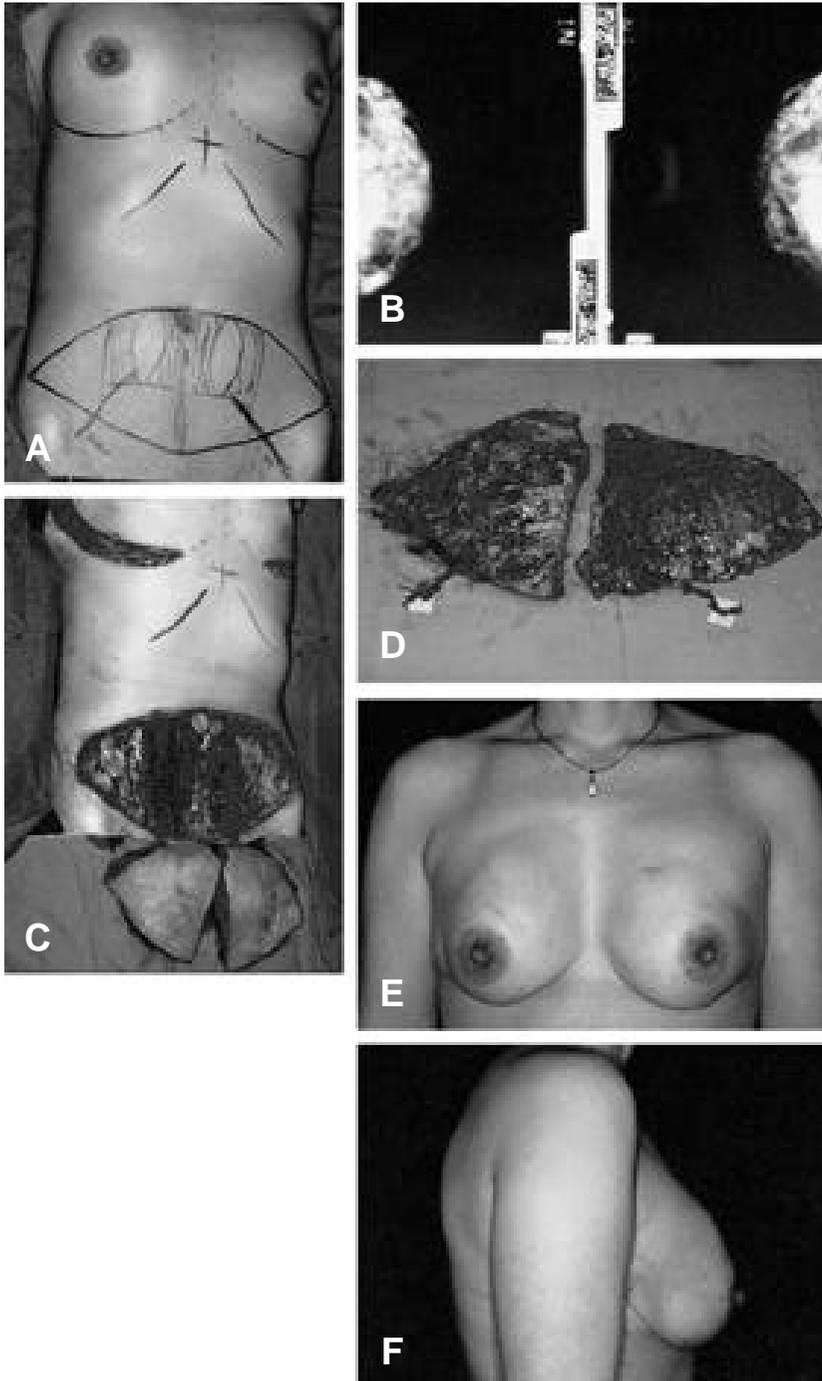


Fig. 2-A. The patient received the paraffin injection for the purpose of augmenting the breast 7 years ago. However her breasts became hard and indurated. The skin envelope was relatively good in condition. **B.** The mammogram shows the multiple, firm mass in whole breasts. **C.** The breast tissue was resected through inframammary incision. **D.** Bilateral TRAM flaps were elevated with muscle sparing technique. The skin of flaps was de-epithelialized. **E.** Postoperative view shows symmetrical profiles. **F.** Lateral view of postoperative result.

Z- 9
(Fig. 2).

3

(Fig. 3).

26 3 2×2×1cm 가

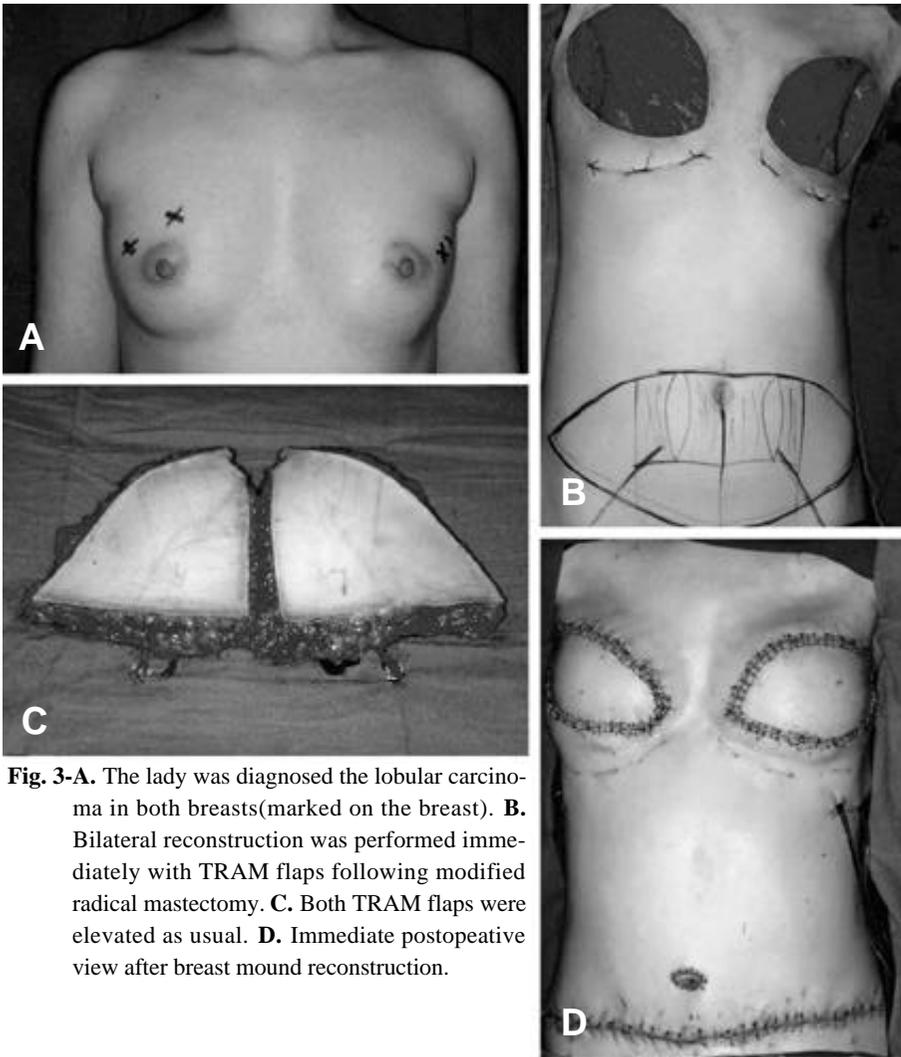


Fig. 3-A. The lady was diagnosed the lobular carcinoma in both breasts (marked on the breast). **B.** Bilateral reconstruction was performed immediately with TRAM flaps following modified radical mastectomy. **C.** Both TRAM flaps were elevated as usual. **D.** Immediate postoperative view after breast mound reconstruction.

(choke vessel)
가

5)

가 가 . 가 .
, 가 ,

12)

가 6

가 2

7)

가 가 9)

가 mesh

Kroll 8)

26% sit-up

75% 가 sit-up
가

가 1)

8 가

가

가 가

9) 가 10)
(perforator)

3)

가 4)

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