Regrafting of Nipple Areolar Complex During Pectoralis Major Myocutaneous Flap Reconstruction

Adarsh Kudva · U. Hemavathi · B. R. Patil

Received: 22 June 2012 / Accepted: 7 January 2013 / Published online: 22 January 2013
© Association of Oral and Maxillofacial Surgeons of India 2013

Abstract Pectoralis major myocutaneous flap is one of the most popular reconstructive methods employed in head and neck reconstruction. Cosmesis and symmetry are important components of any surgery. Here we report a simple and effective method to restore cosmesis and symmetry.

Keywords Pectoralis major flap · Nipple complex

Pectoralis myocutaneous flap for reconstruction of head and neck defects [1] is still considered as one of the popular reconstructive options in developing countries in the era of free flaps. In the use of large skin paddle for reconstruction of large defects, it is necessary to involve the nipple areolar complex, which results in unacceptable cosmetic deformity on the chest wall of the donor site. To overcome this cosmetic deformity, it is essential to transfer the nipple areolar complex to donor site on the chest wall, to provide esthetically pleasing appearance to the patient.

The position of nipple in young adults of both the sexes, is approximately 20–23 cm from the suprasternal notch in the mid clavicular line and 20–23 cm apart in the hori-

zontal plane. The areola is a disc of skin, which encircles the base of nipple, varying in color from pink to dark brown depending on the parity and race [2].

We describe a simple and effective technical note to regraft the nipple complex to achieve symmetry of the chest wall.

Technique

Skin paddle is marked, nipple areolar complex is incised using sharp dissection in subdermal plane and preserved in saline (Figs. 1 and 2). Flap is harvested and chest incision is closed primarily by undermining the adjacent area on the chest wall. The position of the nipple graft is marked using the opposite side nipple as a reference, along with the above mentioned landmarks. The split thickness skin is removed in a circular fashion over the chest and the nipple areolar complex is sutured and bolster dressing is placed over it (Fig. 3). Healing resembles that of split skin graft and nipple areolar complex is taken up well on donor site with aesthetically pleasing results.

A. Kudva · U. Hemavathi · B. R. Patil
Department of Surgical Oncology, Karnataka Cancer Therapy
and Research Institute, Navanagar Hubli, Hubli, India

A. Kudva (✉)
Market Road, Karkala 574104, India
e-mail: dradarshkudva@gmail.com

Fig. 1 Split thickness removal of nipple complex

Fig. 2 Split thickness removal of nipple complex

Fig. 3 Resutured nipple areolar complex to the chest wall

References

1. Ariyan S (1976) The pectoralis major myocutaneous flap: a versatile flap for reconstruction in head and neck. *Plast Reconstr Surg* 63:73–81
2. Standring S (ed) (2005) *The anatomical basis of clinical practice*. In: Gray's anatomy, 39th edn. Elsevier, Churchill Livingstone