**Abstract form**

Using Bilateral Thoracoabdominal Flaps for Extensive Defects After Bilateral Mastectomy for Inflammatory Breast Cancer

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**Background**

Mastectomy for local advanced breast cancer sometimes cause extensive chest defects, making primary closure difficult. In cases without breast reconstruction desire, thoracoabdominal (TA) flap is beneficial. We report the use of bilateral TA flaps after bilateral mastectomy for inflammatory breast cancer.

**Case**

A 49-year-old woman with bilateral inflammatory breast cancer, classified as T4dN3cM0 Stage IIIC on both sides, received neoadjuvant chemotherapy followed by mastectomy and axillary lymph node dissection. The defects, measuring 17×15 cm on both sides, were too large for primary closure. Bilateral TA flaps were designed as Hatchet-shaped from the mid-sternum to the umbilicus and bilateral anterior superior iliac spines. Flaps were trimmed for areas with poor blood flow using ICG imaging and then sutured without tension. The operation time was 4 hours 2 minutes, with flap harvesting and closure taking 1 hour 50 minutes and blood loss was 325g. The patient was discharged on day 9 post-surgery and started PMRT on day 30 post-surgery and completed without complications. No recurrence was observed at 3 months post-surgery.

**Discussion**

There are no reports of bilateral TA flap use for defects after bilateral mastectomy. Advantages include rapid flap harvesting without repositioning, early progression to subsequent treatments, and excellent color matching of flaps. Minimal dissection with hatchet-shaped flaps and ICG-guided trimming contributed to safe closure.

**Conclusion**

Bilateral TA flaps are safe and effective for the extensive defects after bilateral mastectomy.