

Comment: Reconstruction of the Axillary Region after Excision of Hidradenitis Suppurativa: A Systematic Review

Donato Abbaticchio¹ Arianna Gatto² Andrea Marchesi³ Diego Ribuffo⁴

¹ Department Plastic Surgery, Sapienza University of Rome, Italy, Lazio

² Department Plastic Surgery, University of Pavia, Italy

³ Department Plastic Surgery, Azienda Ospedaliera San Gerardo, Italy

⁴ Department Plastic Surgery, Azienda Ospedaliera Universitaria Policlinico Umberto I, Italy

Address for correspondence Donato Abbaticchio, Department Plastic Surgery, Sapienza University of Rome, Lazio 00160, Italy (e-mail: donato.abbaticchio@uniroma1.it).

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We have read the review article titled “Reconstruction of the Axillary Region after Excision of Hidradenitis Suppurativa: A Systematic Review” by Amendola et al.¹ While congratulating the authors on this insightful review article, we would like to contribute some insights.

In the review article, it has been suggested that the parascapular flap is the preferred option for axillary reconstructions in patients affected by hidradenitis suppurativa due to its lower complication rate compared to other reconstructive techniques, including the thoracodorsal artery perforator (TDAP) flap. However, based on our experience, axillary reconstruction with the TDAP flap results in scars that are easily concealed under the posterior bra line. This is a significant consideration given the psychological impact on female patients, especially when contrasted with the vertical and less concealable scar resulting from parascapular flap reconstruction.^{2–4}

In our experience, considering the challenging nature of axillary reconstruction, the thoracodorsal system is a valuable option. To emphasize the importance of a discreet scar at the donor site, we recommend commencing the reconstruction surgery with a TDAP flap. In case of an unfavorable anatomy of the perforator arteries, this approach allows for an easy transition to a muscle-sparing reconstruction, utilizing the underlying muscular component beneath the skin paddle to achieve a half-latissimus dorsi flap. Such a technique effectively keeps the scar concealed beneath the bra line⁵ (► Figs. 1–3).

Regarding the recurrence rate, in our opinion, it does not depend so much on the reconstructive technique as it does

on the radicality of the excision. This is demonstrated by the fact that both TDAP and parascapular flap present overlapping skin and appendages.



Fig. 1 Lateral view wearing the bra.



Fig. 2 Lateral view.



Fig. 3 Posterior view wearing the bra.

While your study highlights the parascapular flap's lower overall complication rate compared to the TDAP flap, it is worth noting that the TDAP flap does have a steeper learning curve. This aspect might introduce a bias in the analyzed studies.

Although the parascapular flap emerges as the most effective and secure choice for axillary reconstruction in your study, we concur that further research involving a larger number of patients is warranted.

Conflict of Interest

None declared.

References

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