Letter to the Editor of “Reconstruction of the Axillary Region after Excision of Hidradenitis Suppurativa: A Systematic Review”

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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 musculocutaneous component beneath the skin paddle to achieve a half-latissimus dorsi flap. Such a technique effectively keeps the scar concealed beneath the bra line² (►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.

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Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India.
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