Latissimus Dorsi Transfer for Triceps Brachii Reconstruction in a Patient with Leiomyosarcoma of the Triceps Brachii: Technique and Case Report

Transferência do músculo grande dorsal para reconstrução do triceps braquial em paciente com leiomiossarcoma do triceps braquial: técnica e relato de caso

Colgajo de dorsal ancho para reconstrucción de triceps braquial en paciente con leiomiósarcoma de triceps braquial: técnica y reporte de caso

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Abstract

Reconstruction surgeries for malignant soft tissue tumors challenges many surgeons and orthopedic centers. Few cases of triceps brachii leiomyosarcoma reconstruction have been described. There are tunneling techniques already described by other authors. This study aims to report a case of oncological reconstruction of the triceps brachii using the large Latissimus Dorsi flap in a 60-year-old male patient with leiomyosarcoma in the triceps brachii. The patient achieved full recovery of triceps brachii function after eight weeks. The microsurgical options could be helpful in the management and reconstruction of the leiomyosarcomas in patients without limb amputation indication.

Descriptors: Leiomyosarcoma; Microsurgery; Neoplasms.

Resumo

As cirurgias de reconstrução de tumores malignos de partes moles desafiam muitos cirurgiões e centros ortopédicos. Poucos casos de reconstrução de leiomiossarcoma do triceps braquial foram descritos. Existem técnicas de tunelização já descritas por outros autores. Este trabalho tem como objetivo relatar um caso de reconstrução oncológica de triceps braquial com retalho grande de grande dorsal em paciente do sexo masculino, 60 anos, com leiomiossarcoma no triceps braquial. O paciente obteve recuperação completa da função do triceps braquial após oito semanas. As opções microcirúrgicas podem ser úteis no manejo e reconstrução dos leiomiossarcomas em pacientes sem indicação de amputação de membros.

Descritores: Leiomiossarcoma; Microcirurgia; Neoplasias.

Introduction

In the last years, the oncological reconstruction for malignant soft tissue tumors has frightened many orthopedic surgeons and orthopedic centers. The advance in resection techniques and the better understanding of the malignant tumor and its classifications have encouraged orthopedic surgeons to effort limb salvage procedures.

Regarding Leiomyosarcoma, a malignant soft tissue tumor, the reconstruction is an interesting point when considering the need for radical resection. Given this, some muscles are unique for the function of the limb. The triceps brachii is the major (and only functional) elbow extensor. Thus, the radical resection of the margin should be managed with a muscle transfer if reconstruction is needed.1-4

A few cases of triceps brachii leiomyosarcoma reconstruction have been described. There are tunneling techniques already described by other authors. Hovnanian described the Latissimus Dorsi flap to restore elbow extension by attachment in the olecranon. Chang et al. described a Latissimus Dorsi flap to Triceps Brachii transfer using a one-staged tunneling technique. Other authors reproduced the same results for achieving elbow extension.
The primary use for this technique is loss of coverage, wound defects, and sequelae nerve injuries. The advances in limb salvage procedures and reconstructions made it possible to use this technique for Leiomyosarcoma\(^1\)\(^-\)\(^5\).

This study aims to report a case of oncological limb salvage reconstruction of the triceps using the large Latissimus Dorsi flap in a 60 years-old male patient with leiomyosarcoma in the triceps. The patient achieved full recovery of triceps function after eight weeks.

This study aims to report a case of a Latissimus Dorsi Flap transfer to Triceps Brachii reconstruction for a limb salvage reconstruction and elbow extension in a patient with Leiomyosarcoma of the Triceps Brachii.

**CLINICAL CASE**

A 60-year-old right-handed male patient with leiomyosarcoma in the right triceps brachii underwent wide resection of the right triceps long head in November of 2020. Unfortunately, he had local recurrence of the tumor, and a Radical resection of the triceps brachii was planned. The patient was positioned in the left lateral decubitus position with the right arm on an arm holder. The orthopedic oncologic division performed the radical resection of the right triceps. Intraoperative frozen section analysis of margins was used and confirmed free margins after resection. The elbow was left only with the ulnar nerve released and the bone exposed, and coverage was needed (Figure 1).

The preoperative microsurgery team included a one-stage Latissimus Dorsi Flap (LDF) to Triceps Brachii. An Island Skin was designed to reconstruct the elbow extension and wound coverage (Figure 2). The LDF was raised with the nerve, and a tunnel was made between the posterior axillary fold and the upper arm, passing throw the posterior deltoid.

The LDF was attached to the olecranon using transosseous suture and high-strength threads. The reconstruction suture tension was evaluated intraoperatively by passive range of motion. Wound closure was performed, and the patient used a sling for comfort and to keep the arm adducted. Wound closure was performed, and the patient used a sling for comfort and to keep the arm adducted.

The postoperative protocol included Latissimus Dorsi stimulation movements and proprioceptive training by the physiotherapy team. The patient could extend the elbow while being incentivized to extend the shoulder, stimulating the Latissimus Dorsi. At four weeks, the patient was asked to walk using a crutch to document the triceps power (Figure 3).

**DISCUSSION**

The management of Leiomyosarcomas is a challenge. Good preoperative planning needs...
to be done when the goal is to restore limb function. However, radical excision is commonly required, becoming necessary functional muscle transfers that achieve coverage when needed1-6.

This case report is unique because it is a Leiomyosarcoma in the Triceps Brachii. The patient was submitted to a Latissimus Dorsi Flap Functional Transfer to restore elbow extension (Triceps Brachii Function).

The postoperative protocol was successful, and the patient could restore his functions and daily activities.

The main advantage of using this technique is that the Latissimus Dors Flap is a dispensable donator. Furthermore, there are a few morbidities in the donator area, and the limb function used to be preserved7. We expect to encourage microsurgeons to manage this reconstruction with the Orthopedic Oncological Division to achieve good functional outcomes.

**FINAL CONSIDERATIONS**

Latissimus Dorsi Flap to Triceps Brachii Microsurgical biological reconstruction can successfully manage malignant soft tissue tumors to achieve triceps and elbow extension function.

**REFERENCES**