

16 size is slid over the trunnion with the help of a long artery forceps (figs 1 and 2A,B), the remaining free portion of the Foley's is cut off (fig 2C). Further retraction is done over the sleeve to spare the trunnion from damage. Once the acetabular cup has been revised, that part of Foley's is easily rolled of and discarded (fig 2D).

**DISCUSSION**

Damage of the trunnion can lead to accelerated wear and early failure of the retained hip. David *et al* have described a technique wherein they used barrel of the syringe to protect the trunnion.<sup>2</sup> This barrel can move and the inelastic hard consistency can damage the trunnion. There is no other recommended technique in the literature. Our technique is simple, safe and effective. As the Foley's sleeve is made of silicone elastomer, it conforms to the shape of trunnion and securely grips it. This prevents dislodgement of the sleeve. It occupies less space, thus making exposure easier.

**References**

1. Liddle AD, Satchithananda K, Henckel J *et al*. Revision of metal-on-metal hip arthroplasty in a tertiary center: a prospective study of 39 hips with between 1 and 4 years of follow-up. *Acta Orthop* 2013; **84**: 237–245.
2. David B, Shetty V, Mahaluxmivala J. Preventing damage to the femoral trunion during acetabular revision. *Ann R Coll Surg Engl* 2014; **96**(3): 243.

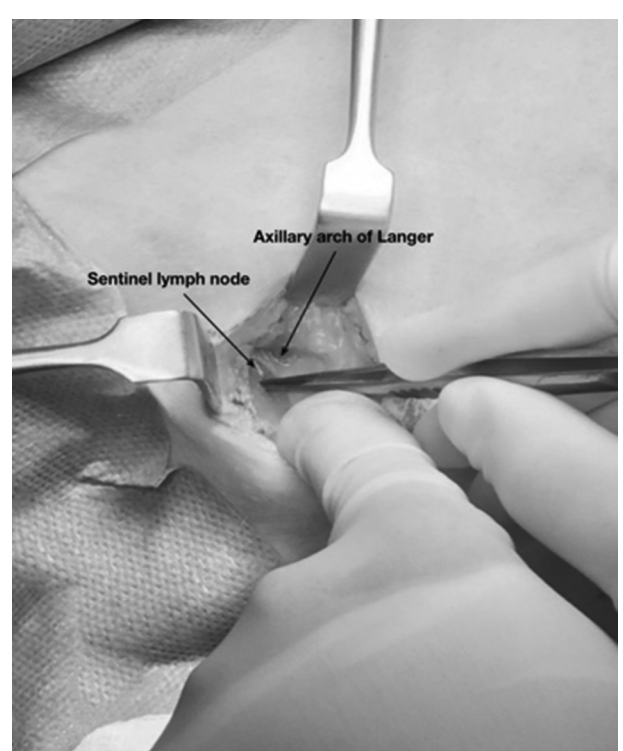


Figure 1 The sentinel lymph node in relation to the axillary arch of Langer in the right axilla.

**The anatomical relationship between the axillary arch of Langer and sentinel lymph node in breast cancer surgery**

H Abudhaise<sup>1</sup>, R Merh<sup>2</sup>, H Devalia<sup>2</sup>

<sup>1</sup>UCL Division of Surgery and Interventional Sciences, Royal Free Hospital, London, UK

<sup>2</sup>Department of General Surgery, Maidstone and Tunbridge Wells Hospitals, Kent, UK

**CORRESPONDENCE TO**

H Abudhaise, E: hamid.abudhaise.11@ucl.ac.uk  
doi 10.1308/rcsann.2019.0081

The axillary arch of Langer is a frequent axillary muscular anomaly that might complicate sentinel lymph node biopsy by altering the position of the sentinel lymph node.<sup>1,2</sup> Based on a case series of eight patients over three years, sentinel lymph nodes were found lateral to the axillary arch of Langer in the sub-pectoral region and were associated with stretching of the efferent lymphatic vessels around the axillary arch of Langer (figs 1 and 2). It is important to anticipate this anatomical variation during sentinel lymph node biopsy and to document its presence, particularly if axillary lymph node dissection is subsequently required in a distorted and anatomically abnormal field.

**References**

1. Keshtgar M, Saunders C, Ell P, Baum M. Langer's axillary arch in association with sentinel lymph node. *Breast* 1999; **8**(3): 152–153.
2. Kil WH, Lee JE, Nam SJ. Clinical significance of the axillary arch in sentinel lymph node biopsy. *J Breast Cancer* 2014; **17**(3): 244–249.

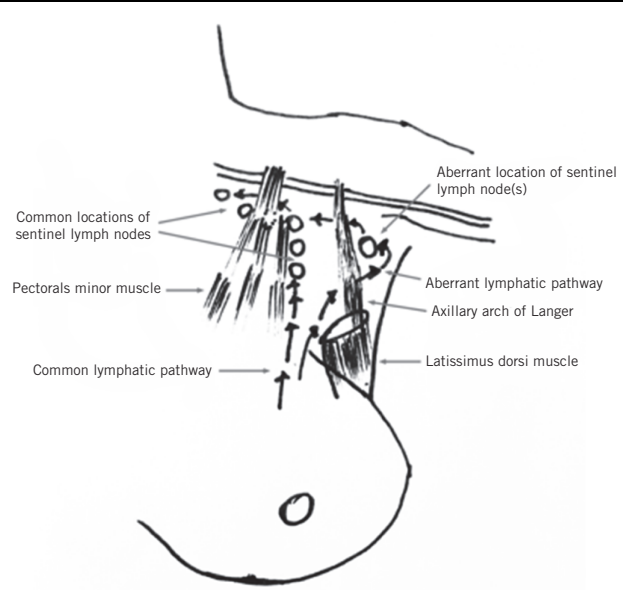


Figure 2 The normal and aberrant axillary lymphatic pathways in the presence of the axillary arch of Langer.