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# Avulsion thighplasty: what about the consent for loss of reconstructive options for microsurgical breast reconstruction?

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**Razzano S, Schonauer F, D'Andrea F, Nicoletti GF, Ferraro GA, Figus A.**

Sir:

We read the article by Hunstad JP et al. on avulsion thighplasty with great interest [1]. We congratulate for their innovative technique to address a difficult problem such as thigh contouring with reduced complications. A recent literature review on medial thigh lift, underlined the need to fully inform patients about the high risk of complications, especially seroma, as these appear to be commonly associated with thigh lift, particularly with the vertical technique [2]. The inner thigh represents an important donor site for two of the most used as second choice flaps for autologous breast reconstruction: transverse upper gracilis (TUG) and profunda artery perforator (PAP) flaps. Al-Benna S et al. pointed out the need to inform female patients undergoing abdominoplasty for the loss of an autologous breast reconstruction option and the importance to add this content in the abdominoplasty consent form [3]. Information particularly relevant to medial thigh lift doesn't seem to include the loss of a breast reconstruction option. We believe this needs to be taken in account, especially in post-bariatric patients that often undergo a thigh lift after a previous or simultaneous abdominoplasty. From the conventional thigh lift [4], to the latest the vertical medial thigh lift, all the techniques involving the excision en block of skin and fat excess, seem to violate Scarpa's fascia, while with the avulsion thighplasty these two components are addressed separately.

Evaluating the medial thigh as TUG donor site, the majority of the flap volume and subcutaneous tissue harvest is located over the gracilis muscle and part of it posteriorly. PAP flap donor site lies more posteriorly, the vascular pedicle is located approximately 3 cm posterior to the gracilis muscle, depending on the position of the best suitable perforator [5]. To our knownledge no patients undergoing either TUG or PAP flap breast reconstruction after a thigh lift have been reported in the literature. However, we believe that not both of the flaps would be compromised using the technique described by the authors. In fact, in terms of free flap donor site morbidity, the avulsion thighplasty drawings are limited to the medial area of the thigh and lie over the territory of the TUG (the insertion of the gracilis muscle is one of the markings). Neither the liposuction nor the skin resection, seam to violate the PAP donor site area or the perforator itself as described by the authors. For these reasons we would like to suggest the need to mention in the thigh lift consent form this potential future consequence specifying which flap option is lost according to the technique proposed.

**References**


1. Hunstad JP1, Kortesis BG, Knotts CD. Avulsion Thighplasty: Technique Overview and 6-Year Experience. Plast Reconstr Surg. 2016 Jan;137(1):84-7. doi: 10.1097/PRS.0000000000001936.
2. Sisti A, Cuomo R, Zerini I, Tassinari J, Brandi C, Grimaldi L, D'Aniello C, Nisi G. Complications Associated With Medial Thigh Lift: A Comprehensive Literature Review.
   J Cutan Aesthet Surg. 2015 Oct-Dec;8(4):191-7. doi: 10.4103/0974-2077.172189.
3. Al-Benna S, Al-Busaidi SS, Papadimitriou G, Schonauer F, Steinstrasser L. consent forms do not caution against the potential loss of a reconstructive option for breast reconstruction. Plast Reconstr Surg. 2009 Jun;123(6):208e-9e. doi: 10.1097/PRS.0b013e3181a8490a.
4. Lockwood TE. Fascial anchoring technique in medial thigh lifts. Plast Reconstr Surg. 1988;82:299–304.
5. Allen RJ1, Haddock NT, Ahn CY, Sadeghi A. Breast reconstruction with the profunda artery perforator flap. Plast Reconstr Surg. 2012 Jan;129(1):16e-23e. doi: 10.1097/PRS.0b013e3182363d9f.