

Can a Triangular Skin Flap Decrease T- Junction Dehiscence in Breast Reduction?

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Introduction

The most common complication of a Wise pattern breast reduction is dehiscence of the wound at the inverted T junction. The inverted T-Junction, where the vertical and horizontal suture lines meet, has the greatest tension when compared to other aspects of the wound and is therefore prone to complication. A triangular dermal flap (TDF) can decrease tension over the inverted T-junction and thus potentially decrease dehiscence rates in patients. (Figure 1)

Methods

A retrospective chart review was performed to identify adults (≥ 18 years) undergoing Wise pattern breast reductions between 2017 and 2020 by two surgeons with varying techniques of closure - with TSF vs traditional closure (TC). Patient demographics, etiology, type of closure, risk factors and complications were all analyzed.

Results

A total of 75 patients with an average age of 49 underwent Wise pattern breast reduction. Of these 47 patients had closure with a TDF. When compared with a traditional closure, patients with a TDF were less likely to have a T-Junction dehiscence ($n=6$ vs $n=11$, $P=0.02$, $OR = 0.271$ $CI_{95\%} 0.073 - 0.76$). Median follow up was 130 days (Range 8 – 679 days).

Figure 1: Tension points



(A) Normal T-junction with a single tension point circled in red.

(B) Triangular dermal flap (TDF) with three distinct tension points, circled in red.

Conclusions

Wound dehiscence in breast reduction is a common problem. A simple triangular dermal flap may hold the key to reducing T-junction dehiscence in this patient population.