

Four cases of anterior chest keloids reconstructed with
the internal mammary artery perforator flap

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Surgical treatment combined with postoperative electron beam irradiation may be indicated for keloids that associate with severe subjective symptoms such as pain and pruritus, or keloids that are poorly controlled with conservative treatment alone. Sometimes the keloids are large and the post-resection soft tissue defect cannot be closed directly. In such cases, flap reconstruction is an option. In this report, we present four cases of large anterior chest keloids that spread on both sides of the midline. They were resected completely, after which the wound was reconstructed with the internal mammary artery perforator flap followed by electron beam irradiation. The flaps engrafted fully in all cases. None of the cases required any treatment for keloid recurrence. Thus, reconstruction with the internal mammary artery perforator flap is an effective approach for anterior chest keloids. This may reflect the ability of this flap to reduce the tension on the wound at the midline of the anterior chest.