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Correspondence And Brief Communications

## **The Reverse Latissimus Dorsi Flap for Lumbar Defects: Reply**

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Sir:

I thank Dr. Mandrekas and Dr. Zambacos for their interesting comments about our article The Free Latissimus Dorsi Flap Revisited: A Primary Option for Coverage of Wide Recurrent Lumbosacral Defects (*Plast. Reconstr. Surg.* 109: 1960, 2002), and I'm very glad the contents of the article stimulated them to this discussion.

We surely agree with them that the procedure can be long and that it submits the patient to a larger surgical trauma compared with the reverse latissimus dorsi flap, which we find anyway a valid and in some cases very indicated reconstructive option. The point is that we used the prolonged flap in patients affected by multiple recurrences in the lumbar or sacral areas where several other procedures had been tried before and therefore several former incisions were already present. Furthermore, mostly in the sacral region, the reverse latissimus dorsi flap can be too short to obtain a tension-free, and therefore stable, coverage of the defect.

The possibility described by Mandrekas and Zambacos of partially maintaining the sensory innervation of the flap is surely of great interest, mostly in paraplegic patients. In our series, we did not have any such patients, so we did not have the need for a sensate flap. However, a secondary indirect sensibility in the flap area was reported by the treated patients, beginning 3 months after the operation.

Our idea was to try to supply the sensory innervation by using the nerve of the latissimus dorsi flap itself. In this way, we could use the donor nerve, taking it as long as possible, to perform a nerve anastomosis to a sensitive nerve located in the recipient area, thereby avoiding a nerve graft. Further details will be described soon.

Giovanni Di Benedetto, M.D.