

## AN INTERESTING COMPLICATION OF SUPERIOR GLUTEAL ARTERY PERFORATOR FLAP DONOR SITE: STRIAE

### SUPERİOR GLUTEAL ARTER PERFORATÖR FLEP DONOR SAHASININ ENTERESAN BİR KOMPLİKASYONU: STRİA

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Dear Sir,

Since the usage of gluteal soft tissue for breast reconstruction, superior gluteal artery perforator (SGAP) flap has been a valuable reconstructive option for plastic surgeons [1]. It is particularly useful for asthenic patients with thin abdomen and previous abdominal incisions [2]. Main advantages of the SGAP flap, in contrast to abdominal free flaps, are availability of adipose tissue, a long vascular pedicle, hidden scar and improved breast projection [2]. In terms of complications, especially for the donor site; postoperative pain, wound dehiscence, gluteal seroma and scar hypertrophy might be observed [2,3]. Likewise, in this brief letter, we would like to demonstrate an interesting donor site complication: striae. A 24-year-old woman was admitted to our clinic for breast reconstruction after a previous modified radical mastectomy and axillary dissection for intraductal carcinoma. She had also received local radiotherapy. Three years after the first operation, SGAP flap was used for breast reconstruction. However, on the second month of routine follow up, multiple striae were observed on the left gluteal donor site (Fig. 1). In summary, wide spectrum of autologous tissue offers valuable options for breast reconstruction [4]. However, plastic surgeons should always consider the drawbacks of donor site morbidity. Although routine surgical complications like wound dehiscence, hematoma and seroma might be observed at donor regions; interesting complications like striae can also be seen in relevant patients. Last but not least, to the best knowledge of the authors, this is the first patient who suffered such a complication at the donor area of SGAP flap.



Figure 1. SGAP flap donor site. Note the striae formation along the hypertrophic scar.

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