EP-158

불완전한 파라핀 제거술 후 발생한 중증 양측 유방 구축에서 광범위 절제 및 양측 유경성 복직근 피판 재건을 시행한 증례보고

(Severe Bilateral Breast Contracture after Previous Incomplete Paraffin Excision Managed with Skin-Inclusive Radical Excision and Bilateral Pedicled Transverse Rectus Abdominis Myocutaneous Flap Reconstruction: A Case Report)

인제대학교 해운대백병원

<u>신예지</u>, 윤성호, 선욱, 이경아*

Purpose: Breast paraffin injection frequently induces progressive paraffinoma, a chronic foreign-body reaction. Surgical management becomes particularly formidable in cases with prior incomplete excision, leading to a complex interplay of residual foreign material and extensive scar contracture. While conventional approaches focus on contour correction, severe skin involvement necessitates a radical, skin-inclusive excision.

Methods: A 61-year-old female presented with severe bilateral breast contracture following paraffin injection 30 years prior and a subsequent failed removal surgery. Physical examination and imaging revealed diffuse dystrophic calcifications involving the entire skin envelope and the presternal area (Fig. 1). A radical resection was performed, encompassing the bilateral breast tissue, nipple-areolar complexes (NAC), and involved presternal skin. The resulting extensive soft tissue defect was reconstructed using bilateral pedicled transverse rectus abdominis myocutaneous (TRAM) flaps (Fig. 2).

Results: Histopathological analysis confirmed residual paraffinoma characterized by chronic inflammation, foreign-body giant cell reaction, and dense interstitial fibrosis. The postoperative course was uneventful. At the 1-year follow-up, the patient remained asymptomatic with stable reconstructive outcomes and no evidence of recurrence or skin compromise (Fig. 3).

Conclusion: Extensive paraffinomas with secondary skin contracture from prior surgical failures require an aggressive, radical surgical approach. This case demonstrates that bilateral pedicled TRAM flaps provide a robust and reliable solution for total breast reconstruction following wide-safety-margin, skin-inclusive resection.

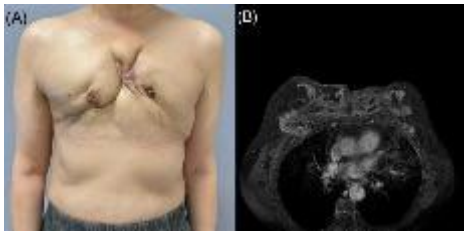

Fig. 1. Preoperative clinical and imaging findings. (A) Clinical Presentation: Severe bilateral breast deformity and skin contracture following paraffin injection and incomplete prior excision. Note the extensive soft tissue distortion and loss of the natural skin envelope.
(B) Breast MRI: T2-weighted imaging demonstrates diffuse infiltrative paraffinomas involving both breasts and the presternal area, confirming the necessity for radical, skin-inclusive resection.

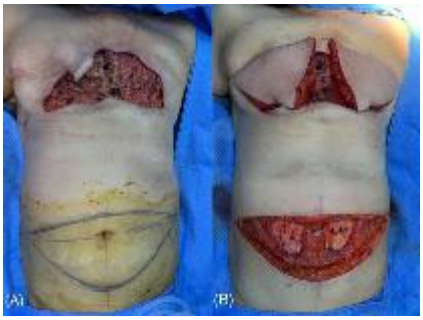

Fig. 2. Intraoperative findings and surgical procedure. (A) Intraoperative view after skin-inclusive excision by the general surgery team, showing the extensive defect. (B) Intraoperative photograph during TRAM flap reconstruction, demonstrating flap inset for defect coverage.

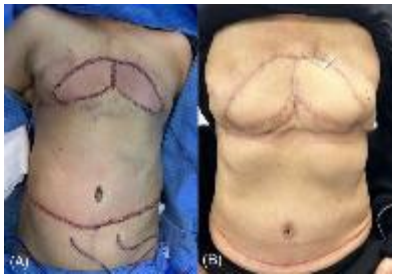

Fig. 3. Postoperative clinical photographs after bilateral TRAM flap reconstruction. (A) Immediate postoperative clinical photograph demonstrating successful bilateral TRAM flap. (B) Long-term follow-up at 12 months postoperatively, showing stable reconstruction without complications.