

EP-185

광배근 근피 피판을 이용한
인공심박동기 삽입 후
발생한 피부 결손의 재건

(Reconstruction of Skin Defect Following
Pacemaker Insertion Using a Pedicled
Latissimus Dorsi Muscle Flap)



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Purpose: The incidence of cardiac implantable electronic device (CIED) infections and pocket erosions is reported to range from 1% to 7%. Compromised tissue integrity often leads to high recurrence and systemic infection, making conservative management challenging. When such approaches fail, well-vascularized soft tissue coverage is essential. We report two cases successfully treated with pedicled latissimus dorsi (LD) muscle flaps

Methods: Two patients presented with localized infections and skin defects 1 year and 8 years post-pacemaker implantation. Despite initial conservative management with intensive dressing, the skin continued to thin, and the defect size remained unchanged, posing a high risk of permanent device failure. To provide durable coverage, a pedicled LD muscle flap was utilized. The surgical procedure involved Harvesting the LD muscle through a lateral thoracic incision and transposing it via a subcutaneous tunnel to the anterior chest. The flap was meticulously positioned to cover the hardware and obliterate the dead space.

Results: In both cases, the LD flaps survived completely without congestion or necrosis. The robust vascularity of the muscle flap facilitated the resolution of the localized infection and provided sufficient bulk to prevent further device exposure. The pacemakers remained fully functional throughout the follow-up period, with no recurrence of skin thinning or defects.

Conclusion: The pedicled LD flap is a versatile and reliable option for reconstructing chest wall defects involving pacemaker exposure. It provides superior vascularized tissue compared to conservative approaches, effectively preventing recurrent infection and hardware complications.

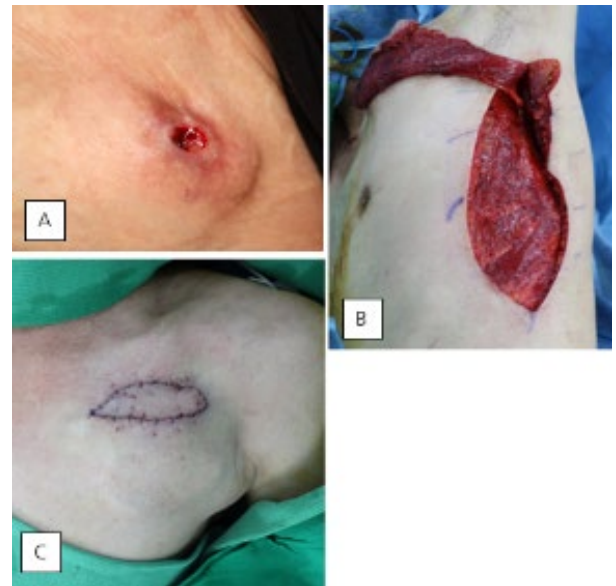


Fig. 1. Photographs of a patient who underwent surgery for inflammation and a skin defect that developed 8 years after pacemaker implantation.

- (A) Preoperative photograph
- (B) Intraoperative photograph
- (C) Postoperative photograph



Fig. 2. Photographs of a patient who underwent surgery for inflammation and a skin defect that developed 1 years after pacemaker implantation.

- (A) Preoperative photograph
- (B) Intraoperative photograph