

Comments on “Reconstruction of the Axillary Region after Excision of Hidradenitis Suppurativa: A Systematic Review”

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The circumflex scapular artery is a branch of the subscapular artery originating from the axillary artery. It gives two different branches, transverse and vertical, on the

posterior aspect of the trunk. A parascapular flap can be designed over the branches given by the circumflex scapular artery. The pedicle length of this flap is approximately 3 to



Fig. 1 The appearance of the patient's arm in abduction and adduction.

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7 cm. The flap can be designed as a pedicled flap or it can be used as a free flap.¹

Parascapular flap has many advantages; its vascular anatomy is stable, it can be used for large defects, it does not cause significant donor site morbidity, it is possible to repair the donor area primarily, and it can be used as a pedicled or free flap.^{1–3} This flap is used in many body regions such as lower extremity, upper extremity, shoulder, neck, axilla, breast, and chest.^{4,5}

The use of the parascapular flap in axillary defects such as hidradenitis suppurative excision is quite practical. The wide design of the flap allows wide removal of the lesion, thus minimizing the possibility of recurrence.¹ However, weight is very important in patients who are planned for repair with a parascapular flap. In overweight patients, the subcutaneous tissue is quite thick, so the planned parascapular flap in these patients will also be thick. In overweight patients, the transposed parascapular flap may create a bulky appearance in the axillary area, making it difficult for the arm to adhere to the trunk.

Although the parascapular flap designed as a propeller is a very good option for the repair of axillary defects, the bulky appearance that may occur in patients with a high body mass index (BMI) can be considered as a disadvantage of this flap.

In conclusion, this letter has been prepared as a contribution to the manuscript titled "Reconstruction of the Axillary Region after Excision of Hidradenitis Suppurativa: A Systematic Review" published in the last issue. If parascapular flap is

to be preferred in patients with high BMI, patients should be informed that there may be bulky tissue in the axillary region after the operation and adduction cannot be fully performed in the upper extremity (►Fig. 1).

Informed Consent

Informed consent was obtained.

Conflict of Interest

None declared.

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