A supraclavicular flap: A second chance for recurrent thyroid carcinoma

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ABSTRACT

Introduction: Recurrent thyroid carcinoma with local tissue infiltration poses significant challenges in treatment, often requiring a multidisciplinary approach for effective management. Commonly, these cases necessitate extensive surgical resection and occasionally, a local flap, such as, a supraclavicular or pectoralis major flap is required for wound coverage. Here, we share our experience of harvesting a supraclavicular flap in managing a case of recurrent thyroid carcinoma. **Materials and Methods:** A 75-year-old woman who underwent total thyroidectomy followed by several courses of radioactive iodine (RAI) 20 years ago for a follicular thyroid carcinoma, presented with a fungating anterior neck mass. A computed tomography (CT) scan revealed an ill-defined soft tissue mass measuring 4 x 4 cm, extending through the skin anteriorly and infiltrating the right sternocleidomastoid muscle laterally and the cricoid cartilage posteriorly. Tissue biopsy confirmed recurrent follicular thyroid carcinoma. A wide local excision with left supraclavicular flap was performed. The procedure involved identifying the supraclavicular vessels using a handheld-doppler and drawing an elliptical skin island at the left supraclavicular region. The flap was elevated by dissecting from distal-to-proximal in a subfascial plane over the deltoid muscle and clavicle. Subsequently, the flap was rotated medially and delivered through a tunnel to the wound defect. The defect was then closed by using the flap. The donor site was closed primarily. **Results:** The flap uptake was 100% without any area of necrosis. The left upper arm range of movement was normal. The histopathological report confirmed recurrent follicular thyroid carcinoma. **Conclusion:** Supraclavicular flap is a reliable and versatile fascio-cutaneous flap for covering a neck wound defect following radical surgery for recurrent thyroid carcinoma.

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