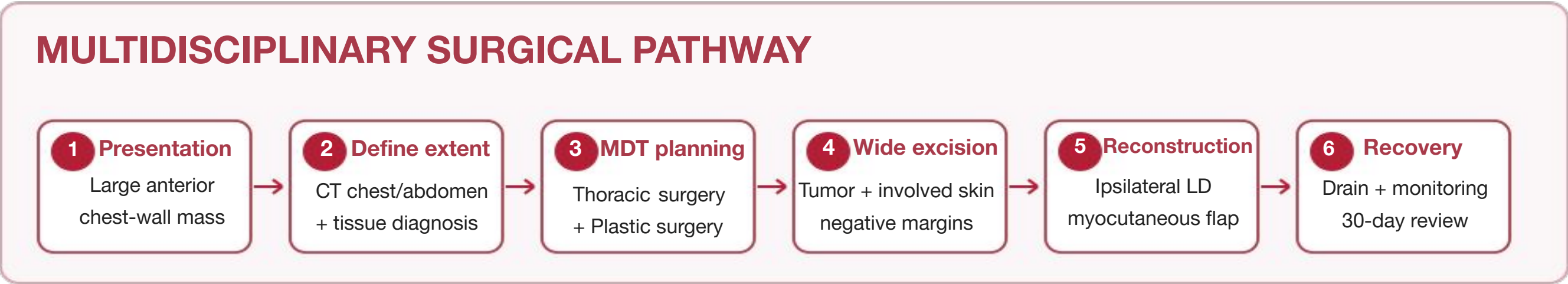


INTRODUCTION

- Soft-tissue sarcomas of the chest wall are rare; leiomyosarcoma comprises only 1–4% of chest wall soft-tissue sarcomas.
- Diagnosis combines clinical assessment, cross-sectional imaging and histopathological confirmation.
- Large chest-wall tumors create major post-resection defects, making coordinated oncologic resection and reconstruction essential.

DIAGNOSTIC WORK-UP

CLINICAL + IMAGING 15 × 15 × 10 cm Anterior chest wall mass CT: pectoral involvement	CORE-NEEDLE BIOPSY Histopathology consistent with leiomyosarcoma	ONCOLOGIC PLAN Wide local excision Tumor-free margins Remove involved skin	RECONSTRUCTION Ipsilateral latissimus dorsi myocutaneous flap Large defect coverage
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SURGICAL OUTCOME

- 4.5-kg specimen resected; histopathology confirmed negative margins with ≥1 cm deepest clearance.
- Latissimus dorsi flap inset with drain placement; donor site closed primarily.
- Four-day postoperative admission with unremarkable recovery; discharged on postoperative day 5.
- At 30-day telemedicine review, the patient had complete recovery with no active complaints.

DISCUSSION

Curative-intent management prioritizes complete resection with negative margins.

Large defects can expose thoracic structures and predispose to herniation; reliable soft-tissue coverage is critical.

The latissimus dorsi flap provides substantial, well-vascularized tissue for large chest-wall defects.

CASE PRESENTATION

- 43-year-old man with a gradually enlarging, painful left anterior chest-wall swelling.
- Mass measured approximately 15 × 15 × 10 cm, involving the left areolar region and pectoralis major territory.
- CT showed pectoral-muscle involvement without bony or intrathoracic extension; core-needle biopsy confirmed leiomyosarcoma.
- A multidisciplinary plan was made for wide local excision and ipsilateral latissimus dorsi myocutaneous flap reconstruction.

CONCLUSION

Key message

Massive Chest-wall leiomyosarcoma can create a technically challenging post-resection defect.

Coordinated thoracic + plastic surgery enabled wide excision, negative margins and durable soft-tissue coverage.

Early diagnosis, meticulous resection and individualized reconstruction are central to successful management.

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