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Awake axillary giant lipoma excision under serratus plane block



Excisão de lipoma axilar gigante em paciente acordado sob bloqueio do plano serrátil

Dear Editor,

We read the article “Axillary local anesthetic spread after the thoracic interfascial ultrasound block – a cadaveric and radiological evaluation” written by Torre et al.¹ with interest. The authors have reported cadaveric and radiological evaluation of axillary fossa with ultrasound-guided. Thanks to the authors for conducting such a great study, which is designed excellent and well documented. This plane block may be highly effective in isolated lesions of the axillary region. But we want to report our experience successful case of giant lipoma excision on axillary region with serratus

plane block (SPB) for surgical anesthesia. Interfascial plane blocks are novel regional anesthesia techniques. One such block is the SPB which has been shown to be effective in several surgical procedures, particularly in thoracic and axillary surgery for acute postoperative pain or chronic pain management as a part of multimodal analgesia.^{2,3} However, the use of surgical anesthesia with SPB is limited.

A written consent form was obtained from the patients before procedure. Case was an 18 year-old man, who underwent giant lipoma excision (23 cm × 10 cm × 5 cm) on the axillary region (Fig. 1A and B). The latissimus dorsi and the serratus muscles were visualized at the level of 4th and 5th ribs on the posterior-axillary line. With the in-plane technique, a 100 mm sonovisible nerve block needle was advanced between the latissimus dorsi and the serratus muscles planes in a caudal to the cranial direction. Two mL saline injection was made to confirm the position of the needle, and 15 mL 0.5% bupivacaine and 15 mL 2% lidocaine injection



Figure 1 (A) Patient image before surgery. (B) Patient with giant axillary lipoma during surgery. (C) Ultrasound image of serratus plane block.

between the two muscles (Fig. 1C). Anesthesia was provided to the thoracic wall from Th2 to Th8 and axillary region. Surgery was uneventful and no additional medication was needed for intraoperative period.

Many nerves participate in the innervation of the axillary region (intercostobrachialis, intercostal, long thoracic, and thoracodorsal nerves). The intercostobrachialis nerve is a major nerve of axilla and SPB is surely effective for this nerve.

In our clinic, we have performed SPB successfully for excisional axillary lymph node biopsies for surgical anesthesia at our unpublished experiences. SPB may be an alternative to general anesthesia, especially in axillary and thoracic wall superficial lesions.

Conflicts of interest

The authors declare no conflicts of interest.

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