

CLINICAL IMAGE

Langer's axillary arch

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Question

What is this cordlike structure in the left axilla? Answer: This is Langer's axillary arch, or axillopectoral muscle, an



Figure 1. 1. Pectoralis major muscle; 2. Pectoralis minor muscle; 3. Axillary vein; 4. Latissimus dorsi muscle; Arrow: Langer's axillary arch.

Key Clinical Message

Langer's axillary arch is usually asymptomatic and difficult to detect preoperatively. When present, it is important for surgeons operating in the axillary region, to identify correctly the relevant anatomy. Simple surgical division is curative and necessary in order to achieve exposure of the axillary contents, lymphatic dissection, and neurovascular preservation.

Keywords

Axilla, axillary arch, axillary dissection, Langer's arch, sentinel lymph node.

anatomical variation encountered in the axilla, usually occult in standard imaging assessment, and represents a muscular bundle that originates from the latissimus dorsi, traverses the axilla in front of the axillary neurovascular bundle and finally merges with pectoralis major. It can lead to different symptoms, including neurovascular compression syndrome, lymphoedema and shoulder instability. It has a reported frequency of 4–12% within the general population; however, this figure is predominantly based on results from cadaveric studies. The reported incidence in clinical studies is estimated to be lower, ranging from 0.25% to 6.5%. Surgeons must be aware of such anatomical variations when it comes to breast reconstruction using latissimus dorsi flaps, and when nodal clearance of the axilla is needed.

Conflict of Interest

None declared.