

Meeting abstract

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Skin-sparing mastectomy in breast cancer

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Background

Breast cancer is one of the main health problems in women in Mexico. Breast cancer treatment needs to be multidisciplinary. Surgical treatment has presented dramatic changes. Skin-sparing mastectomy (SSM) greatly enhances the aesthetic results of breast reconstruction, is not yet a standard technique for breast cancer treatment, although it is shown as an advanced and promising procedure. The objective of this study was to present the experience of the National Cancer Institute of Mexico in skin-sparing mastectomy in patients with breast cancer.

Materials and methods

A retrospective review was performed in patients who underwent SSM and immediate breast reconstruction from April 1997 to December 2004. Records were analyzed for each patient, including type of tumors and treatment, overall survival, disease free survival and aesthetic results.

Results

During April 1997 and December 2004, SSM with immediate reconstruction was performed in 91 patients (4 patients with bilateral cancer and 10 underwent prophylactic mastectomy in the other breast). The mean age was 40 years (22–58 years). Most patients were pre-menopausal (77%). Five patients (5.5%) have contralateral breast cancer. The histological diagnoses was invasive ductal carcinoma in the most patients (74.7%). Systemic neoadjuvant chemotherapy was performed in 32.9% (30 patients) and radiotherapy preoperative in 7.7% (7 patients). Most

of half of patient (58) underwent adjuvant chemotherapy (63.3%) and 27 patients received adjuvant radiotherapy (29.6%). In most of the patients (50) TRAM flap was the reconstruction method employed, tissue expander-implant in second place (27 patients), implant in 23 patients and latissimus flap and implant in 5 patients. The complication rate was 36% (38 cases in 105 procedures), 28 minor and 9 majors. Of 7 patients with preoperative radiotherapy 6 underwent complications (3 majors) and 11 of 27 patients with adjuvant radiotherapy have any type of complication (4 majors). The aesthetic result was in 63.3% this was excellent or good; 14.4% regular; 7.7% poor and 14.4% not reported. The follow-up mean was 66 months (13–100 months), four recurrences were detected (4.4%); 3 systemic and 1 local-regional and systemic.

Conclusion

SSM is an oncological safety procedure in breast cancer early with recurrence rates similar to non-SSM, the complication rates were comparable to conventional mastectomy, being mostly associated to radiotherapy.