



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com



ORIGINAL ARTICLE

Incidence of occult contralateral carcinomas of the breast following mastoplasty aimed at symmetrization



T. Sorin^{a,c,*}, J.-P. Fyad^a, J. Pujo^{a,c}, T. Colson^c, V. Bordes^b,
A. Leroux^a, F. Marchal^a, M. Brix^{a,c}, E. Simon^c,
J.-L. Verhaeghe^a, J.-M. Classe^b, G. Dolivet^a

^a Institut de cancérologie de Lorraine—Alexis-Vautrin, 6, avenue de Bourgogne, 54519 Vandœuvre-lès-Nancy, France

^b Institut de cancérologie de l'Ouest—René-Gauducheau, boulevard Jacques-Monod, 44805 Saint-Herblain, France

^c Service de chirurgie plastique et maxillo-faciale, hôpital Central, CHU de Nancy, 29, avenue du Maréchal-de-Lattre-de-Tassigny, 54000 Nancy, France

Received 19 September 2013; accepted 22 December 2013

KEYWORDS

Breast neoplasm;
Occult breast cancer;
Mammoplasty;
Reconstructive surgical
procedures;
Breast reconstruction;
Incidence study;
Mammography

Summary

Introduction. — Breast carcinomas are the most frequent form of cancer in French women. Following a total mastectomy, only an estimated 25% of patients wish to undergo breast reconstruction. After mammary volume reconstitution, the plastic surgeon often attempts to harmonize the two breasts by carrying out contralateral reduction mammoplasty (CRM). In the literature, the incidence of occult contralateral carcinomas incidentally discovered in surgical specimens ranges from 1.12 to 4.5%. The main objective of this study was to evaluate occurrence of carcinoma in the CRM specimens in the framework of a breast reconstruction operation. The secondary objective was to determine the consequences of the incidentally discovered carcinoma in the contralateral breast.

Material and methods. — This was a 6-year, bicentric, retrospective study involving women having undergone breast cancer surgery who later underwent contralateral reduction mammoplasty (CRM), that is to say reconstruction aimed at harmonization of the two breasts.

Results. — Three hundred and nineteen patients were included in the study. Mean age during the CRM was 55 years (29–79). Mean weight of the surgical specimens was 323 grams (12–2500). Incidence of occult carcinomas found in the specimens was 0.94% (3 patients). The mean age for these 3 cases was 58 years (47–64). All 3 patients had superior pedicle mammoplasty. One of the

* Corresponding author.

E-mail address: t.sorin@chu-nancy.fr (T. Sorin).

patients benefited from monobloc resection with orientation of the surgical specimen. In the other 2 cases, there existed 3 surgical resection specimens; in one case, they were oriented; in the other, they were not. In all 3 cases, the histological findings were unifocal ductal carcinomas in situ (DCIS). Mean tumor size was 5.7 mm (3–9). Only the patient having had monobloc resection with orientation of the specimen underwent salvage surgery, which consisted in partial mastectomy, otherwise known as secondary lumpectomy. Adjuvant radiotherapy was administered to all of the patients. After 17 months of mean follow-up (12–22), no recurrence was found in any of the three cases.

Conclusion. — Incidence of occult contralateral breast carcinomas after symmetrization CRM approximates 1%. Our observations are in agreement with the data in the literature. Incidence is greater than in mammoplasty carried out for esthetic or functional reasons; this is probably due to the higher age and the previous breast cancer history of the breast reconstruction population. Monobloc resection and orientation of the surgical specimens with surgeon's knots facilitate precise pinpointing of the occult carcinoma. A secondary lumpectomy may take place when margins of excision are invaded or inadequate.

© 2014 Elsevier Masson SAS. All rights reserved.

Introduction

With 53,041 new cases reported in 2011, breast carcinomas are the most frequent form of cancer in French women [1]. Following a total mastectomy, an estimated 20 to 30% of patients wish to undergo breast reconstruction.

In this context, the first step is aimed at mammary volume reconstitution, and the objective of the second step consists in symmetrization of the contralateral breast unaffected by the carcinoma, procedure which is often carried out by Contralateral Reduction Mammoplasty (CRM).

Women with breast cancer history run a risk ranging from 1 to 20% of developing a second cancer in the contralateral breast [2–4]. According to the literature, the incidence of incidentally discovered carcinomas ranges from 0 to 1.2% in CRM carried out for esthetic or functional reasons [5–16] and from 1.12 to 4.5% in CRM aimed at symmetrization [14–18]. The carcinoma discovery frequently leads to total mastectomy when the margins of excision are invaded or when surgical resection renders them unclear.

The objective of this study was primarily to determine the degree of occurrence of infiltrating or in situ cancer on CRM specimens in the framework of a breast reconstruction operation subsequent to treatment for contralateral breast cancer and secondarily to study the consequences of the incidentally discovered carcinoma.

Material and methods

This was a bicentric, retrospective study involving women having undergone breast cancer surgery who later underwent contralateral reduction mammoplasty (CRM), that is to say reconstruction aimed at harmonization of the two breasts.

Two French centers in separate locations participated in this study: l'Institut de Cancérologie de Lorraine—Alexis-Vautrin (ICL) and l'Institut de Cancérologie de l'Ouest—René-Gauducheau (ICO).

Were included all women (no age limit) for whom CRM symmetrization had been carried out. The inclusion period lasted 6 years (from 01/01/2006 through 12/31/2011). The women had previously undergone breast cancer surgery.

Were excluded:

- patients having already received CRM on the same side;
- patients having had abnormal results either in a preoperative clinical breast examination or more than 9 months prior to the CMR.

Each patient included had to have had a mammography done less than a year before the CMR and had to be classified ACR lower or equal to 2 (American College of Radiology).

The data were collected from the files of the patients on the basis of the PMSI medical procedure codes from 01/01/2006 through 12/31/2011:

- QEMA005: unilateral reduction mammoplasty with reconstitution of the nipple and areola complex;
- QEMA012: unilateral reduction mammoplasty;
- QEMA013: bilateral reduction mammoplasty.

Anonymity was assured by the random number assigned to each file.

The main objective was to evaluate occurrence of carcinoma in the surgical specimens discovered in the framework of a CRM breast reconstruction operation aimed at symmetrization.

The secondary objectives were:

- to compare the incidence of the carcinomas found in CRM specimens to findings in the literature;
- to identify all the cases of carcinoma discovered in the CRM specimens, to describe their principal histological characteristics and, finally, to describe the therapeutic consequences of the discovery.

Results

Three hundred and nineteen patients were included: 93 at ICL and 226 at ICO. The initially treated mammary carcinomas consisted in: 69 ductal carcinomas in situ (DCIS) (21.6%), 3 lobular carcinomas in situ (LCIS) (0.9%), 190 invasive ductal carcinomas (IDC) (59.6%), 47 invasive lobular carcinomas

Download English Version:

<https://daneshyari.com/en/article/3184717>

Download Persian Version:

<https://daneshyari.com/article/3184717>

[Daneshyari.com](https://daneshyari.com)