



CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia


Special article

Cosmetic Sequelae After Oncoplastic Surgery of the Breast. Classification and Factors for Prevention[☆]Benigno Acea Nebril,^{*} Carmen Cereijo Garea, Alejandra García Novoa

Unidad de Mama, Hospital Abente y Lago, Complejo Hospitalario Universitario A Coruña, La Coruña, Spain

ARTICLE INFO

Article history:

Received 15 April 2014

Accepted 11 June 2014

Available online 14 January 2015

Keywords:

Breast cancer

Oncoplastic surgery

Aesthetic results

A B S T R A C T

Oncoplastic surgery is an essential tool in the surgical approach to women with breast cancer. These techniques are not absolute guarantee for a good cosmetic result and therefore some patients will have cosmetic sequelae secondary to poor surgical planning, the effects of adjuvant treatments or the need for resection greater than originally planned. The high frequency of these cosmetic sequelae in oncology practice makes it necessary to classify them for optimal surgical planning. The aim of this paper is to present a classification of cosmetic sequelae after oncoplastic procedures to identify those factors that are crucial to its prevention. This classification contains 4 groups: breast contour deformities, asymmetries, alterations in nipple-areola complex (NAC) and defects in the three dimensional structure of the breast. A significant group of these sequelae (asymmetries and deformities) are associated with breast irradiation and need an accurate information process with patients to set realistic expectations about cosmetic results. Finally, there is another group of sequelae (NAC disorders and three-dimensional structure) that are related to poor planning and deficiencies in surgical approach, therefore specific training is essential for learning these surgical techniques.

© 2014 AEC. Published by Elsevier España, S.L.U. All rights reserved.

Secuelas estéticas de la cirugía oncoplástica de la mama. Clasificación y principios para su prevención

R E S U M E N

La cirugía oncoplástica es una herramienta fundamental en el tratamiento quirúrgico de la mujer con cáncer de mama. Sin embargo, la realización de una técnica oncoplástica no es garantía absoluta de un buen resultado estético y, por ello, algunas pacientes pueden presentar secuelas estéticas tras su realización ya sea por una deficiente planificación quirúrgica, por los efectos de los tratamientos adyuvantes o por la necesidad de una resección mayor de la inicialmente prevista. La relativa frecuencia de estas secuelas estéticas en la práctica oncológica hace necesario clasificarlas para optimizar la planificación quirúrgica. El objetivo de este

Palabras clave:

Cáncer de mama

Cirugía oncoplástica

Resultados estéticos

[☆] Please cite this article as: Acea Nebril B, Cereijo Garea C, García Novoa A. Secuelas estéticas en cirugía oncoplástica de la mama. Clasificación y principios para su prevención. Cir Esp. 2015;93:75–83.

^{*} Corresponding author.

E-mail addresses: baceneb@sergas.es, baceneb@canalejo.org (B. Acea Nebril).

artículo es describir y clasificar las secuelas estéticas que pueden aparecer tras un procedimiento oncoplástico con el fin de identificar aquellos factores que son determinantes en su aparición y prevención. Esta clasificación incluye 4 grupos de secuelas que se corresponden con las deformidades del contorno mamario, las asimetrías, las alteraciones del complejo aréola-pezones (CAP) y los defectos en la estructura tridimensional de la mama. Un grupo significativo de estas secuelas (asimetrías y deformidades) se relacionan con la irradiación mamaria y hace necesario un proceso informativo veraz con las pacientes para fijar unas expectativas reales en el resultado estético. Finalmente, existe otro grupo de secuelas (alteraciones del CAP y estructura tridimensional) que se relacionan con una planificación y ejecución deficiente del procedimiento oncoplástico, lo que hace imprescindible una formación específica para el aprendizaje de estas técnicas quirúrgicas.

© 2014 AEC. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Oncoplastic surgery is an essential tool in the surgical treatment of women with breast cancer, which allows improvement of the quality of breast conservation and optimises the irradiation of this organ. Oncoplastic surgery is a set of techniques selected based on the type of breast and the tumour location; these techniques are used to apply the concept proposed by Audretsch et al.¹ in 1998 of a specific surgery for each breast and for each tumour. Different studies²⁻⁵ have shown that the oncological outcomes of these techniques are comparable to the ones obtained with a traditional, conservative surgery (tumourectomy, quadrantectomy) but are superior in the case of multifocal/multicentric⁶ cancers and also from an aesthetic viewpoint, since they enable mammary remodelling and symmetry with the opposite breast. These results are applicable both to early⁷ and locally advanced^{8,9} breast cancer. However, performing an oncoplastic technique is not an absolute guarantee of a good aesthetic result and, therefore, some patients may have aesthetic sequelae after these procedures due to deficient surgical planning, the effects of adjuvant treatments or the need of a resection larger than initially planned. The incidence of these sequelae has ranged from 0% to 18% according to the systematic reviews conducted by Asgeirsson et al.¹⁰ and Haloua et al.¹¹ The relative frequency of these aesthetic sequelae in oncology practice makes it necessary to classify them and critically analyse their characteristics in order to identify those triggering factors that will enable their prevention during surgical planning.

The aim of this paper is to describe and classify aesthetic sequelae after oncoplastic procedures to identify those factors that are crucial to their occurrence and prevention.

Classification of Aesthetic Sequelae in the Operated Breast

Logically, the local resection of the breast predisposes to the development of defects in breast contour and volume, although their frequency and severity will depend on the tumour location, the anatomical type of the breast and the amount of resected tissue.¹² The breast retraction caused by irradiation over the healing area also adds to those factors. The first classifications of breast aesthetic defects were

focused on those derived from tumourectomies or quadrantectomies in women operated with an indication of breast conservation. Thus, Clough et al.^{13,14} ranked defects into types I, II and III, taking into account the presence of asymmetries, breast contour deformities and the development of a rock-hard breast after radiotherapy, respectively. Munhoz et al.¹⁵ have recently proposed a classification that relates the type of breast (low, mid and high volume) and the resected tissue (less than 15%, 15%–40%, more than 40%). This combination results in nine clinical situations for which the authors predict the severity of the deformity and propose a corresponding preventive action. Nevertheless, the usefulness of these classifications is limited. Firstly, because they do not address defects secondary to an oncoplastic procedure, since they are focused only on abnormalities secondary to a tumourectomy/quadrantectomy. Secondly, because they only take into account abnormalities in the breast volume (asymmetries) and contour (deformities) but fail to consider abnormalities in the nipple-areola complex (NAC) or in the three-dimensional structure of the breast. Finally, these classifications cannot be used as a basis for recommendations for the prevention of aesthetic defects following an oncoplastic procedure.

Table 1 shows the four groups of aesthetic sequelae that may occur in the breast following resection and oncoplastic remodelling. These groups correspond to breast contour deformities, asymmetries, NAC abnormalities and defects in the three-dimensional structure of the breast.

Breast Contour Deformities

A breast contour deformity is a rare sequelae when the oncoplastic procedure planning is adequate to the process extension and to its location in the breast. Under this premise, planning should consider not only the defect secondary to tumour excision but also the actions needed for defect remodelling. In order to attain this goal, it is crucial to have the information provided by radiological tests, which outline the tumour's local extension and degree of dissemination, and the pathology report, which will guide us with respect to tumours more likely to behave as multifocal/multicentric cancers (extensive ductal carcinoma *in situ*, infiltrating lobular carcinoma), in which case a larger local excision will be required.

Download English Version:

<https://daneshyari.com/en/article/4255331>

Download Persian Version:

<https://daneshyari.com/article/4255331>

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