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## Extreme oncoplastic breast surgery: A case report



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## ABSTRACT

**INTRODUCTION:** So called "extreme oncoplastic surgery" is emerging as a new promising concept in breast cancer surgery allowing successful breast conservation in selected patients with multicentric tumors.

**PRESENTATION OF CASE:** We report the case of a 48-year-old woman presenting with a multicentric breast cancer and successfully treated with an oncoplastic technique consisting in three radical lumpectomies followed by breast reshaping and simultaneous contralateral symmetrization.

**DISCUSSION:** According to our experience, oncoplastic conserving breast surgery could represent a better option than the combination of mastectomy, reconstruction and radiation therapy, in terms of quality of life for selected patients affected by multicentric breast cancer.

**CONCLUSION:** The surgical treatment for multicentric breast cancers remains controversial even though emerging evidences show good oncological and aesthetic outcomes following oncoplastic conserving breast surgery.

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## 1. Introduction

Tumor excision achieving free margins represented the only goal for breast surgeons for many years. Nowadays Breast Conserving Surgery (BCS) represents the gold standard for early stage breast cancer surgical treatment allowing the same long term survival rates as for patients treated with radical mastectomy [1,2].

The modern approach of Oncoplastic Breast Surgery (OPBS) combines the oncological radicality of BCS with the optimal aesthetic result.

The breast reshaping after wide excision is followed by contralateral breast symmetrization in order to reach a pleasant final aesthetic result in a one-stage procedure.

Many oncoplastic approaches have been proposed during the last decades but few cases have been described for multifocal or multicentric cancers [3–9].

So called "extreme oncoplastic surgery" is emerging as a new promising concept in breast cancer surgery.

It allows successful breast conservation in selected patients with multicentric tumors.

According to some authors' experience, it could represent a better option than the combination of mastectomy, reconstruction and radiation therapy, from a quality of life point of view [10].

Moreover we must consider that a good cosmetic result following breast conservation allows the patient to live her life with a normal breast with almost completely preserved sensitivity.

We present an extreme application of oncoplastic breast surgery in a case of multicentric breast cancer, in accordance with the SCARE Statement criteria [11].

## 2. Case report

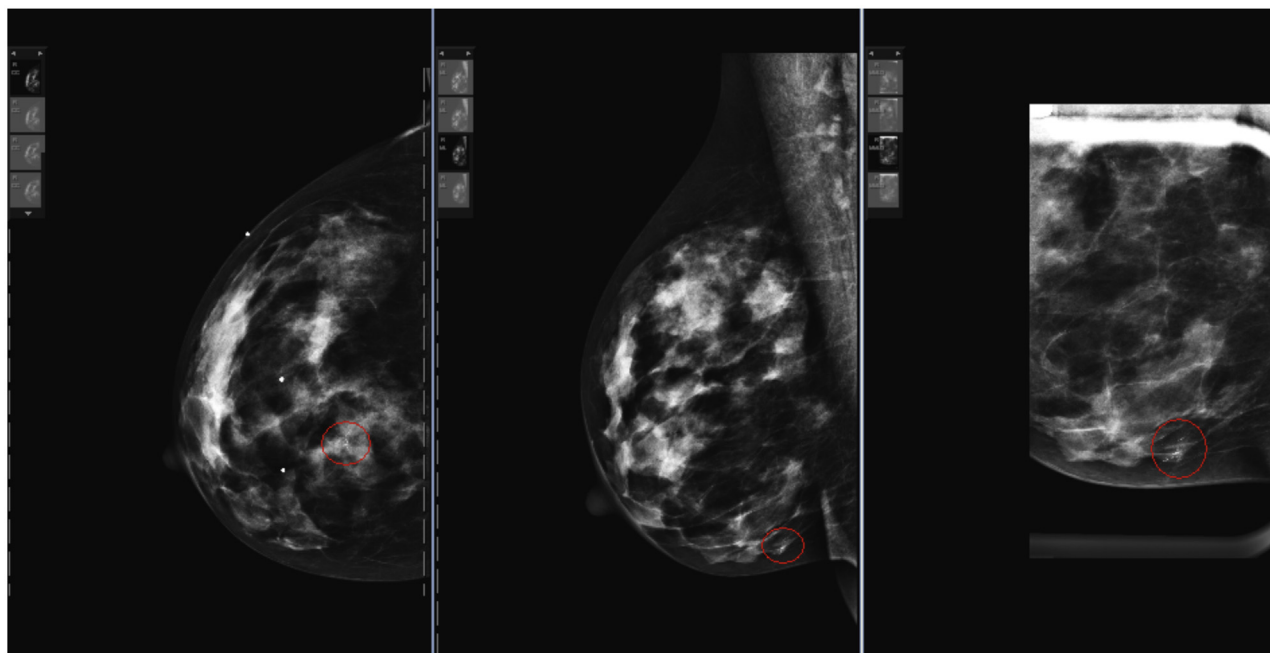
In January 2015 a 48-year-old woman presented at our observation for breast cancer surgical treatment. She had her breast cancer diagnosis after a screening mammographic examination.

Mammography showed typical features of breast cancer while ultrasonography did not show any typical pattern of neoplasia. Irregular calcifications were detected by mammographic examination in three breast quadrants: infero-central (18 mm), middle-outer (19 mm) and supero-central (8 mm) (Figs. 1–3).

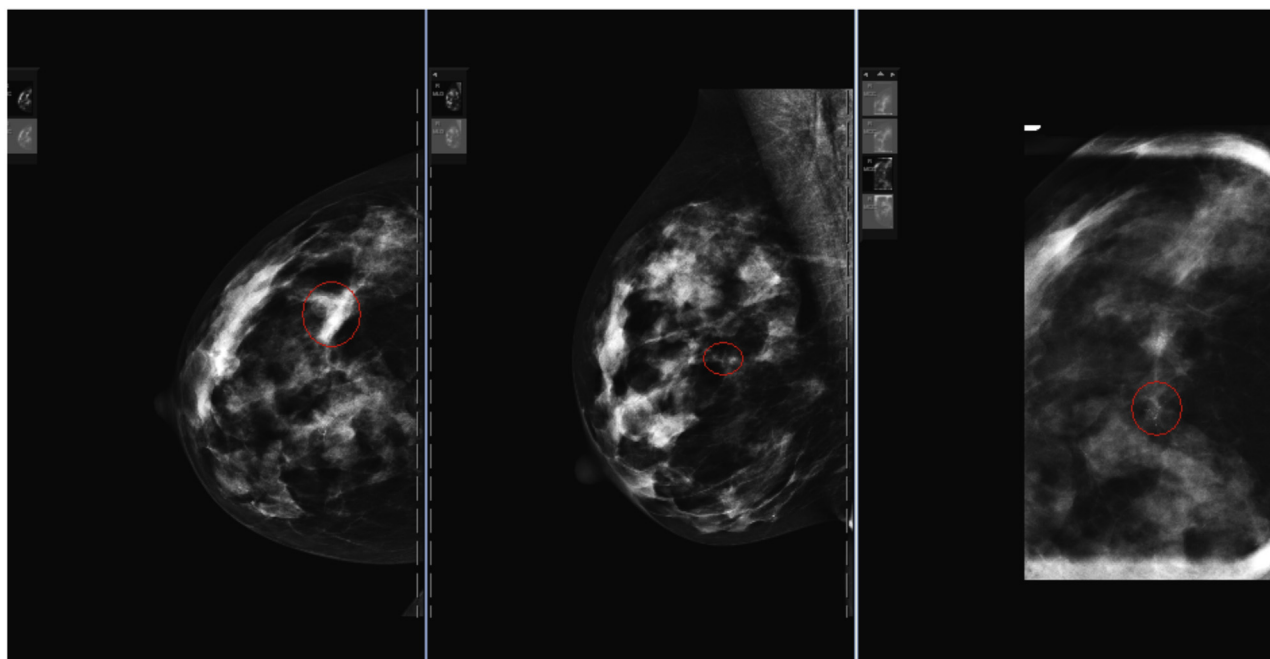
A stereotactic biopsy was performed at the level of the three mammographic suspected areas. Histological findings demonstrated the evidence of malignancy in all the mentioned areas (B5, low grade ductal carcinoma in situ).

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**Fig. 1.** Mammography shows the infero-central micro-calcifications. (a: cranio-caudal projection, b: medio-lateral projection, c: oblique magnification detail)



**Fig. 2.** Mammography shows the middle-outer micro-calcifications. (a: cranio-caudal projection, b: medio-lateral projection, c: cranio-caudal magnification detail)

Patient's general conditions were good and no systemic pathologies were noted.

Breast volume was considered adequate to perform breast conserving surgery (BCS). Physical examination did not reveal any palpable lesion; axillary lymphadenopathy and skin infiltration were not observed.

In order to perform BCS we localized the three lesions using Tc99-MAA (Technetium 99m Albumin Aggregated); the sentinel lymph node was localized pre-operatively injecting Tc99m-nanocoll.

We performed three radio-guided cancer resections with wide margins (more than 10 mm). All specimens were sent for

radiographic examination showing the radicality of the excision (Figs. 4–6).

A therapeutic inferior pedicle mammoplasty was performed achieving radical resection of the three clusters of microcalcifications.

Then we performed sentinel lymph-node biopsy (SNLB) that was found to be negative for metastasis at intra-operative frozen section and finally we approached the breast reshaping and the contralateral breast symmetrization with a reduction mastoplasty with a supero-medial pedicle (Fig. 7).

The definitive histopathological examination revealed for all the three excised lesions low grade ductal carcinoma in situ (DCIS).

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