

Indications and Controversies in Partial Mastectomy Defect Reconstruction

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KEYWORDS

- Oncoplastic surgery • Breast conservative treatment • Therapeutic mammoplasty • Glandular flap • Breast surgery

KEY POINTS

- Sequelae after breast conservative treatment are unpredictable and related to the surgery and radiotherapy. Oncoplastic surgery is the best way to minimize the risk of functional and cosmetic sequelae.
- Nowadays, an oncoplastic breast reshaping should be performed in every case of breast conservative surgery.
- Various techniques have been described depending on the size and the ptosis of the breast and the tumor location.
- In the case of large and ptotic breast, a therapeutic inverted-T mammoplasty should be performed, even in the case of small sized tumor.
- The concept of replacement perforator flaps has pushed the limits of the oncoplastic surgery. Large tumors can be resected in patients with small to moderate breast size with low morbidity on the donor site.

INTRODUCTION

In the field of oncologic breast surgery, breast conservation therapy (BCT) is now the gold standard in the treatment of localized breast cancer. BCT associates surgery, aiming to ensure complete tumor resection with adequate margins, and radiotherapy on the remaining breast.^{1,2} Many studies and meta-analyses have demonstrated that conservative treatment is comparable to mastectomy in terms of local recurrence rate, overall survival, and event-free survival regarding invasive carcinoma as well as carcinoma in situ.³⁻⁷

Beyond the efficacy of the oncologic treatment, the psychological consequences of BCT are also undeniably better compared with those of a mastectomy. As a matter of fact, compared with radical treatment, conservative surgery results in an improved body image, self-esteem, and sexuality, and therefore, in a better quality of life for the patients.⁸⁻¹⁰

For the surgeon, 2 elements are critical when performing a conservative treatment: first, to ensure a complete oncologic resection, with negative margins; and second, to obtain a satisfying aesthetic

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result, preventing the occurrence of sequelae. These aftereffects can be a consequence of surgery, but they can also be worsened by postoperative adjuvant radiotherapy.¹¹

A long-term optimal cosmetic result substantially depends on the initial breast volume, the size of the tumor, and its localization within the breast tissue. Indeed, it has been clearly established that there is a correlation between the volume of the resected specimen and the aesthetic results. Some situations are commonly at risk for unsightly outcomes: for example, patients with a small breast volume, or tumors localized within the inner or inferior quadrants.^{12,13}

These sequelae have been classified, and even though these classifications are rarely used, they reflect objectively the degree of severity, from breast asymmetry to complete and major breast distortion, associating fibrosis and debilitating pain (Fig. 1).

Correction of these sequelae is possible in most cases, but remains complex in an irradiated area, leading to unpredictable outcomes. Autologous fat transfer is now used to correct some of these deformations. However, in the most severe cases, fibrosis is so developed

that a complementary mastectomy, coupled with an immediate breast reconstruction, is required (Fig. 2). The delayed treatment of these sequelae implies further surgeries, sometimes long after the initial treatment. The time between carcinologic surgery and reconstruction is often a great source of stress and anxiety for the patients.

The best treatment for these sequelae is therefore to prevent them during conservative surgery, as a one-stage procedure.

Oncoplastic surgery simultaneously meets the oncologic and aesthetic requirements. Using classic plastic surgery techniques for oncologic surgery positively improves the cosmetic outcomes after BCT while preserving oncologic safety. A larger amount of tissues can be resected, consequently decreasing both the surgical revision rate for positive margins and the mastectomy rate.¹⁴⁻¹⁷

The surgical techniques are based on 3 main principles, as follows:

- Simple breast reshaping using dermoglandular flaps,
- Breast reduction mammoplasty and mastopexy techniques,
- Locoregional pedicled flaps.



Fig. 1. Cosmetic sequelae after breast conservative treatment: lumpectomy without oncoplasty technique associated with postoperative radiotherapy. These sequelae lead to breast shape distortion, NAC retraction and breast volume asymmetry. Different degrees of severity can be observed, depending on the tumor location.

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