

Contents lists available at ScienceDirect

IPRAS Open

journal homepage: http://www.journals.elsevier.com/ jpras-open



Short Communication

Pre-pectoral breast reconstruction in a patient with prior cosmetic breast implants- an elegent modification of a previously described technique

Habib Tafazal a,*, Niall O'Hara a, Rachel Bright-Thomas b

- ^a Department of Plastic Surgery, City Hospital, Sandwell & West Birmingham Hospitals NHS Trust, Birmingham, UK
- ^b Department of Breast Surgery, Worcester Royal Hospital, Worcester, UK

ARTICLE INFO

Article history: Received 21 February 2017 Accepted 25 May 2017 Available online 13 March 2018

Keywords: Dermal sling

Implant reconstruction Pre-pectoral Breast implants

Background

The prevalence of cosmetic breast implants is rising, so it is not uncommon to see new breast cancers arising in individuals who already have breast implants. Given their aesthetic concerns, and their previous choice to have breast implants, these patients frequently want to have an immediate implant based breast reconstruction if they require a mastectomy. This can be technically challenging as these individuals are generally slim with little autologous tissue cover² (Figures 1–3).

A standard implant based reconstruction in a ptotic breast uses an implant covered superiorly by the pectoralis muscle and inferiorly by a de-epithelialised dermal flap.³ There has been increasing interest recently in the use of pre-pectoral reconstruction to reduce morbidity from lifting the pectoralismuscle. This has been described with a prosthetic mesh (such as Braxon® manufactured by

^{*} Corresponding author. Department of Plastic Surgery, City Hospital, Dudley Road, Birmingham, B18 7QH, UK. E-mail address: habib.tafazal@nhs.net (H. Tafazal).



Figure 1. Pre-operative marking for a wise pattern reducing mastectomy.



Figure 2. Dermal sling sutured to existing implant capsule with the mastectomy skin flaps retracted.

Decomed, Venice, Italy) covering the entirety of the implant and being placed on top of the pectoralis muscle.⁴ We describe a novel muscle sparing technique where the existing sub-glandular implant capsule can be used for superior coverage of the implant.

Case history

A 61 year old patient with previous subglandular cosmetic implants was found to have 32 mm of microcalcification on the central part of her right breast on mammograms. This was confirmed to be high grade DCIS on subsequent biopsies. She was counselled for a skin reducing mastectomy and sentinel lymph node biopsy with immediate implant based reconstruction using a dermal sling for lower pole coverage.

Her mastectomy specimen weighed 158 grams and her final histology confirmed a 25 mm area of high grade DCIS with clear margins all around.

Download English Version:

https://daneshyari.com/en/article/8836237

Download Persian Version:

https://daneshyari.com/article/8836237

<u>Daneshyari.com</u>