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ROTATION MAMMAPLASTY FOLLOWING SEGMENTAL RESECTION: AN ANATOMY-BASED ONCOPLASTIC APPROACH TO RADIAL SYMSPREADING CANCERS AND DUCTAL CARCINOMAS IN SITU REQUIRING AXILLARY PROCEDURE

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Background
In the last decades numerous oncoplastic techniques have been described and published. The optimal choice should be individual and taking potential benefits as well as possible disadvantages into account. The aim of this study was to assess the usefulness of rotation mammaplasty following segmental resection in breast conserving therapy.

Material and methods
We present a simple oncoplastic approach to not centrally localised tumours requiring axillary procedure (invasive cancer or extensive high-risk DCIS). Technique is based on the excision in radial manner (similarly to other methods, e.g. Y- or W-mammaplasty) that is probably the best choice for segmentally extended cancers occupying a large portion of breast quadrant. This pattern of histological spread follows the ductal anatomy of the breast extending in a radial fashion along an axis toward and away from the nipple. A series of eighty-five women operated on using this technique followed by radiotherapy was studied. In each case follow-up was carried out carefully and special effort was made to identify postoperative complications. Cosmetic result was judged six months after radiotherapy by the patient herself and two surgeons.

Results
Operation was completed without any difficulties in all the cases. Due to convenient access to axilla both sentinel node biopsy and axillary dissection could be done with ease. Wound was healed by adherence, skin or breast tissue necrosis did not develop. Neither skin necrosis nor surgical site haematoma was observed. Re-excision rate due to positive margins was 7%. The scar did not result in any impairment of arm movement. In none of the cases cosmetic outcome was scored as poor or mediocre. It was evaluated by the women as excellent and good in 73 (86%) and 13 (14%) cases, while by the surgeons as excellent, good and medium in 65 (78%), 16 (19%), and 4 cases (5%), respectively.

Conclusions
This safe and simple technique can be an interesting surgical option for oncoplastic operation of non-central breast cancers with regional distribution or large intraductal component, particularly in axillary procedure is performed at the same time. We recommend it for women with moderate or low breast projection and appropriate nipple-areola complex (NAC) position. We do not recommend this technique in cases of pendulous breast with grade III-IV ptosis (need more complex approach including breast lifting and NAC recenteralisation), extensive breast projection (risk of tubular deformity), and very peripheral tumours in upper-inner quadrant (risk of visible scar in the area of decollete).

Keywords
oncoplastic surgery, rotation mammaplasty, segmental breast resection