**Volume Displacement Techniques for Filling Partial Mastectomy Defects**

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**Introduction**

Oncoplastic surgery has been widely developed during the last decade. The combination of a large tumor resection and immediate breast reconstruction has numerous advantages. This technique provides safer resection with larger margins and immediate aesthetic results.

Oncoplastic breast conserving procedures are becoming increasingly popular and can be optimized by careful margin assessment. They are associated with low rates of recurrence and few complications. Volume loss and breast size are key factors which guide technique selection. These techniques offer a useful alternative to total mastectomy and reconstruction in selected patients.

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**Patients and Methods**

**INCLUSION CRITERIA**

- Uni focal and multilocal tumors.
- Volume loss less than 70%.
- Mastectomy declined.
- Implants declined.
- DXR anticipated.

**EXCLUSION CRITERIA**

- Multicentric disease.
- TC lesions.
- Consorability.
- Previous DXT.

**Level I**

**Group A (14 pts)**

**Simple parenchymal advancement**

**For:**

- Dense parenchyma.
- Resection <20%

**Avoid:**

- Smokers.
- Fatty breasts.
- Previous DXT.
- Over mobilization.

**Level II**

**For:**

- Parenchymal resection 20-70%

**Care about:**

- Smokers.
- Avoid:
- Previous DXT.
- Over mobilization.

**Group B (14 pts):**

**Mastopexy procedures**

**Group C (14 pts):**

**Reduction procedures**

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**Results**

Overall complication rates for oncoplastic reconstruction range from 15-30% in form of skin/ flap necrosis, nipple and nipple areola complex necrosis, seroma, hematoma, infection, wound dehiscence and fat necrosis. Oncoplastic breast reconstruction results in better aesthetic outcomes and higher patient satisfaction relative to partial mastectomy without filling the glandular defect.

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**Conclusion**

Oncoplastic breast reconstruction at the time of partial mastectomy, either through local tissue rearrangement or mastopexy/reduction mammoplasty technique, is an extremely valuable tool in comprehensive oncologic treatment. These techniques leave patients with minimal breast deformities following proper treatment, without compromising oncologic safety. These are procedures that all reconstructive breast surgeons should be familiar with and offer their patients at the time of breast conserving surgery for breast cancer.