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The induction chemotherapy with taxotere and cisplatin for locally advanced breast cancer

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Purpose: To evaluate the response rate and toxicity of taxotere with cisplatin for locally advanced breast cancer.

Methods: 19 patients who were fitted for the criteria of locally advanced breast cancer with tumor size more or equal to 5cm; proved by core biopsy. All were after systemic work ups and proved no any metastasis, 2 patients with tumor 4 cm were included for breast conservation surgery.

The patients was treated with Taxotere and Cisplatin. Initial dose 60 mg/m² for Taxotere and Cisplatin. If side effects were less than grade 2 the dose was escalated gradually to 75 mg/m² for both agents.

Results: One patient achieved pathological complete remission. 16 patients achieved partial response. The total response rate was 90%. The side effects were tolerable. Final dose 60 mg/60 mg for 4 patients, 75 mg/60 mg for 10 patients, 75 mg/75 mg for 7 patients.

Conclusion: Taxotere and cisplatin reached 90% response rate for LABC. The side effects were tolerable.

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Early detection of lymphoedema

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Introduction: Lymphoedema is a pathologic subcutaneous accumulation of extracellular fluid which occurs in 6–30% of women after surgical therapy or radiotherapy of the breast cancer. For the detection of lymphoedema various methods can be used: arm circumference, total limb volume measurement, tonometry, DXA, MRI. All of the currently used methods lack with either accuracy or accessibility. Multifrequency bioelectrical impedance analysis (MFBA) is a noninvasive technique of measuring the extracellular water (ECW) by passing a current with different frequencies through the body and recording the impedance to the flow of the current. The cell membranes act as an insulator at zero or low frequencies which prevent a current to pass through the cells allowing us to measure ECW – compartment of lymphoedema.

Methods: We perform a measurement of patients undergoing a surgery for breast cancer T1-T3 by MFBA and total limb volume one day before surgery and in two month intervals after the surgery and a control group of healthy female. We evaluate the ratio between ECW of the affected and contralateral arm. The difference in the results between two consecutive measurements over two standard deviations indicate a development of a lymphoedema. The results of MFBA are compared with the total limb volume measurement. Another evaluation is made depending on the surgery performed (ALND versus sampling versus SLNB).

Conclusion: We present the methodology of the technique and the first results. MFBA seems to be a promising, accurate, easy to use and low-cost method for the detection of lymphoedema – the most severe complication of the breast cancer surgical or radiation therapy.

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Seroma formation in breast cancer patients

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A study was conducted to investigate about seroma formation in breast cancer patients after definitive surgery. A convenience sample of breast cancer patients was entered into the study. Eligible patients were those who underwent surgical therapy (modified radical mastectomy or breast preservation and axillary lymph node dissection). The demographic data and clinical information were extracted from case records. Seroma formation was studied in relation to age, type of surgery, tumor size, nodal involvement, pathological type, preoperative chemotherapy, surgical instrument (electrocautery or scalpel), use of pressure garment, duration of drainage and arm activity. In all, 135 breast cancer patients were

studied. The mean age of the patients was 46.2 (SD=11.8) year and mostly presented with the stage II disease (59%). Seventy-two percent underwent modified radical mastectomy and the remaining 28% received breast preservation surgery. Seroma occurred in 39% of patients. In logistic regression analysis an association of postoperative seroma with pathological type was noted (ductal versus non-ductal, odds ratio = 17.7, P=0.01). The seroma formation did not show any significant results by any other variables studied. The findings suggest that breast cancer patients' pathological characteristics are an independent predicting factor for seroma formation.

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Rare life-threatening complication of wire-guided breast biopsy

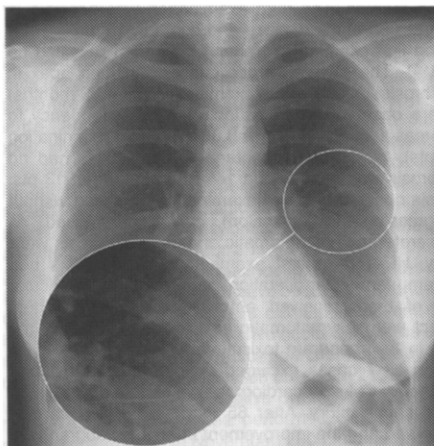
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A case of 40-year-old woman referred to wire-guided breast biopsy is presented.

At breast sonography the patient was diagnosed with suspected, non-palpable lesion in her left breast. The lesion was not visible on mammography. Pathologist, on the basis of fine needle aspiration, suggested removal of the lesion. The patient was referred to wire-guided breast biopsy.

The localization wire was lost shortly after placing it in position under sonography guidance in the radiology department. The wire was suspected to "slip away" from the breast. Subsequently the second localization wire was placed (also under sonography guidance). Afterwards the uneventful breast surgery followed.

Chest X-ray was done after surgery due to slight pain on breathing reported by the patient. The previously lost localization wire was found to be in the chest and the presence of small pneumothorax was established.



Four days after surgery patient developed acute pain on the left side of the thorax, fatigue, shortness of breath and sleep disturbances. Another chest X-ray was performed and the previously lost localization wire was found to migrate into hilus of the lung.

The wire was evacuated during thoracotomy.

The reported case represents rare life-threatening complication after commonly performed wire-guided breast biopsy. The possibility of migration of the wire lost prior to surgery should always be taken into account. Therefore search for lost wire is always mandatory.

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D.L.T. (Decongestive lymphatic therapy) in treatment of secondary lymphedema of breast cancer

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Purpose: D.L.T. (Decongestive lymphatic therapy), or C.D.P. (Complex decongestive physiotherapy) is a non-invasive conservative treatment for lymphedema. D.L.T. has been performed over 20 years in Europe and Australia; Including skin care, M.L.D. (manual lymphatic drainage) M.L.B. (multiple layer bandages) or wearing garments, therapeutic exercise four parts. There are many published results showed D.L.T. is effective in treating lymphedema. But there is no any report about D.L.T. treatment for lymphedema of breast cancer in Taiwan.