Almost all operated mutation carriers had chosen breast reconstruction.

Reconstruction techniques

	sin	dx
No reconstruction	3	4
Prosthesis	14	13
LD reconstruction	2	2
LD + prosthesis	7	5
TRAM	3	1
DIEP	2	3
SIEA	2	1
TMG	3	2
Total	36	31

LD = Latissimus dorsi, TRAM = Transverse rectus abdominis musculocutaneous, DIEP = Deep inferior epigastric perforator, SIEA = Superficial inferior epigastric artery, TMG = transverse musculocutaneous gracilis.

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Influence of factors affecting response to neoadjuvant chemotherapy in the design of the surgical approach to T2 and T3 breast tumours

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Background: The aim of this study was to assess the pathology factors that may influence response to neoadjuvant therapy, as in poor responders oncoplastic surgery followed by adjuvant chemotherapy seems a better alternative than neoadjuvant chemotherapy upfront to try to perform a conservative surgery.

Materials and Methods: We retrospectively reviewed our prospectively entered database of breast cancer patients since January 2008 to June 2009. T2 and T3 patients receiving neoadjuvant chemotherapy were selected. Tumours were divided depending on the results of the diagnostic corebiopsy pathology exam as follows: Her2Neu positive tumours (H2T), invasive lobular tumours (ILT), triple negative tumours (TNT) and positive hormone receptors tumours (PHRT). The response to chemotherapy was classified following the Miller and Payne classification (G1, G2 G3, G4 and G5) when examining the surgical specimen. Data on the number of mastectomies and conservative surgeries performed were collected. SPSS was used for statistical analysis and Chi2 used when necessary.

Results: 108 patients with T2 and T3 tumours were reviewed. Miller and Payne G4 and G5 (more than 90%estimated loss in tumour cells) was seen in 30% of H2T, in 6.3% of ILT, in 30.8% of TNT and in 13.6% of PHRT. This difference was statically significant comparing H2T and TNT together versus LIT and PHRT together (10/33 vs 9/75, Chi2 5.295, p = 0.021). This better response was reflected in the surgical procedures performed: for T2 tumours, mastectomy was performed in 0% of H2T, in 28.6% of ILT, in 10% TNT and in 44.4% of PHRT. This difference was significant (Chi2 8.175, p = 0.043). For T3 tumours, mastectomy was also more frequent for ILT and PHRT (62.5% and 53.1%) than for H2T and TNT (33.3% and 33.3%). This difference was not significant (Chi2 2.274, p = 0.517).

Conclusion: Starting with oncoplastic surgery followed by adjuvant chemotherapy seems a good option in LIT and PHRT, as the probability of failing to obtain a optimal response with neoadjuvant chemotherapy is higher than in H2T and TNT.

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Conception of choice the operation to breast cancer patients − Results of treatment 1199 patients

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Plastic approach in the choice of operation to breast cancer patients can extremely increase the cosmetic outcome.

The examination of the results of conserving and reconstructive treatment of 1199 patients was performed. 809 (67.5%) of them underwent quadrantectomy and nipple reposition, 118 (9.8%) − skin-sparing mastectomy with immediate breast implant reconstruction, 135 (11.3%) − mastectomy with the primary reconstruction with latissimus dorsi or TRAM flaps, 137 (11.4%) − quadrantectomy with mammary reduction and mastopexy.

After surgery without correction of contralateral breast at 132 (11%) a difference in the volumes of breasts did not exceed 15% and did not require correction, but at 683 (57%) there was the considerable difference of volumes, that resulted some difficulties in the selection of linen, setting of external implants. Because of a considerable difference in volumes in a 384 (32%) cases surgery was executed on both breasts (augmentation or reduction, mastopexy).

The aesthetic results of bilateral operations were compared to such at one-sided by subjective estimation of patients. 375 (98%) patients after bilateral surgery and 513 (63%) after one-sided one, marked the aesthetic effect of operation, as good and very good. The quantity of complications in both groups did not differ.

Thus, implementation of correcting operations on contralateral breast allows attaining symmetry of them does not accompanied by the increase of quantity of postoperative complications and improves the psycho-emotional state and quality of life on the whole.

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Axillary dissection using a new ultrasonic device

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Introduction: Axillary Seroma is the most frequent complication of axillary lymph-nodes dissection. The aim of this study is to estimate the effectiveness of the new ultrasonic device "Harmonic Focus" in the reduction of seroma after axillary dissection and in the second place to estimate the reduction of surgery and of the haematic loss using this device.

Materials and Methods: Since March 2008 to March 2009 we enrolled in our study 150 patients with breast cancer requiring an axillary dissection (positive Lymph-nodes at the beginning or after sentinel-node biopsy). We randomized the patients in two arms (A and B). A: 80 axillary dissection using Harmonic Focus; B: 70 axillary dissection using usual technique.

We recorded the following data of the patients enrolled: age weight, height BMI, pre and post operative value of hemoglobin.

A closed suction drain was placed; it was removed in the second or in the third postoperative day. Drain volume was daily recorded.

Results: The median age of the sample was 56 (range 33−89). The BMI calculated was 20.06 (range 19.53–42.97). We had 6/80 (7.5%) seroma in the A group and 7/70 (10%) in the B group. Clinical seroma was treated by needle aspiration and medication with steroid. We recorded reduction of bleeding and of time of surgery in the A group. We calculated the difference of value of pre and post operative Hemoglobin (Pre–post op ΔHB) and time of surgery in a subgroup of patients who underwent axillary dissection without breast reconstruction. We obtained the following data:
A arm (38 pt): 1,16251 Pre–post op ΔHB; 57′ (58−80) time of surgery.
B arm (44 pt): 1,6475 Pre–post op ΔHB; 70′ (55–116) time of surgery.

Conclusions: The results are encouraging. This new ultrasonic device is ergonomic, comfortable. It allows to dissect, coagulate, cut and it reduces damage of vital structures. It's very useful and safe in patients with pacemaker where electrosurgery cannot be used.

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Oncologic safety and QoL of immediate latissimus dorsi myocutanous flap

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Background: To determine the quality of life (QoL) of breast cancer patients who underwent mastectomy and immediate breast reconstruction with a latissimus dorsi myocutaneous flap (LD), and the oncologic safety of the procedure.

Methods: Between May 2001 and March 2007, 2566 patients had breast cancer surgery at the National Cancer Center, Korea. Of the 2566 patients, 1699 had breast-conserving surgery (BCS) and 120 had a mastectomy with an immediate LD. We retrospectively compared the oncologic safety of the two techniques. We also assessed the QoL using the EORTC QLQ BR-23 and Zung's self-rating depression scale in 52 LD patients, 104 age- and stage-matched patients who underwent BCS, and 104 age-matched healthy women.

Results: The LD group had earlier stage disease than the BCS group at baseline, but following surgery, the groups did not differ in the rates of local recurrence or systemic metastases. Compared with the healthy group, the