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The problem of arm oedema after axillary dissection and/or radiotherapy in breast cancer patients

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The optimal surgical treatment in patients with breast cancer include total axillary clearence. The main advantage of such procedure are complete and reliable information obtained regarding nodal status, prognosis and reduced recurrence rates. Arm oedema is the major complication after complete axillary clearence. The aim of the study was: to estimate the frequency of this complication in our patients; to find what patients viewpoint is and in what way arm oedema disturbs their normal life; to estimate the value of early rehabilitation in the prevention of lymphoedema. Between 1990 and 1997, two hundred fourty women after surgical treatment of breast cancer were followed-up in the Oncology Center in Lodz. Patients answered a special questionnaire on their subjective assessment of arm swelling after surger. The arm was measured 15 cm above the olecranon and forearm 10 cm below the olecranon. The natural differencer caused by dominant arm was considered in the results. In the statistics chi-square test was used. The incidence of arm oedema was noted in 42 cases (17.5%): in 35 cases slight, in 4 cases moderate, in 3 cases severe. In all moderate and severe cases oedema presented the problem to normal everyday activities. Irradiation to the axilla increase the problem of oedema. The early rehabilitation may be helpful in the process of convalescence.

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Prospective randomized study on drainages removal timing in breast cancer surgery

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Axillary seroma after both mastectomy or conservative breast surgery with axillary clearance is still an unresolved problem in terms of postoperative morbility with an increase of hospitalization postoperative days.

In our former work we introduced results coming from a prospective study regarding early axillary drainages removal on 59 consecutive breast cancer patients. Two suction drainages were placed after surgery and removed after 3 days irrispective of the volume of fluid drained. Clinical seroma occurred in 5 cases (8.5%) and treated by fine needle aspiration with a mean resolution in 12.5 days by 2 aspirations plus Deflazacort (30 mg × 2 for 7 days). We did not find significative differences in daily and total effusion amount between patients who developed seroma vs. patients do not

So we started a new prospective randomized study on October 1996 in order to compare seroma incidence by removing drainages on 2nd postoperative day (1st arm) versus 3rd postoperative day (2nd arm). Cases to be considered will be 100. Until now we have 59 pts.: 48 quadrantectomy and 11 modified radical mastectomy (in these cases breast reconstruction was performed). In all pts two drainages have been placed as described before: the time of drainages removal has been estabilished according with the randomization. Until now we have had 11 cases of axillary seroma (18.6%). In 28 cases drainages were removed on 2nd postoperative day and in 31 cases on 3rd. 5 pts. of 1st arm and 6 of 2nd arm developed seroma.

These results, in our opinion, demostrate that seroma development is irrispective of early drainages removal, on the contrary it seems that this procedure can reduce seroma incidence. In our opinion a correct surgical procedure with an accurate conservation of surgical plains (correct extrafascial lymphadenectomy) and by reducing the use of electrocautery is mandatory to achieve this result.

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'Lunate flaps': Tissue advancement for parenchymal reconstruction in breast cancer surgery

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Breast cancer treated by local excision and radiotherapy must be adequately excised with minimum 1 cm margin clear margins if low local recurrence rates are to be achieved. In a small or moderate sized breast significant volume may be lost, and breast dimpling, fibrosis, asymmetry and poor cosmesis may result.

A crescent shaped 'Lunate flap' was devised to address parenchymal infill, adjacent to the tumour site, from upper abdominal chest or peripheral breast tissue. Flaps are de-epithelialised, mobilised and shaped into the breast defect, and the crescentic scar closed with layers of absorbable sutures. We report 24 patients, median age 49 yrs (28–75 yrs), median weight tissue removed 52 gm (32–180 gm) undergoing Lunate flaps. There was 1 wound infection, and 2/24 subsequently had mastectomies for multicentric disease. In 21/24 breast shape and curve were successfully maintained.

Short term follow up after radiotherapy has found no further flap complications and successful preservation of breast contour.

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Neoadjuvant chemotherapy for primary breast cancer – How many breasts are saved?

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Purpose: To assess clinical and mammographic response following primary chemotherapy for breast cancer, and relate this to mastectomy rates

Methods: A retrospective review of 95 women (97 tumours) with an initial mean tumour diameter of 6.5 cm (± 2.1 cm) was undertaken. The median post-op follow-up was 20.5 months (range 0–73).

Results: 77% responded to chemotherapy but 52% had a mastectomy. Non-responders had a significantly greater chance of mastectomy than responders (Chi squared = 5.9, p = 0.015). When pre-chemotherapy mammograms showed widespread microcalcification 13 out of 20 (65%) failed to show any mammographic response.

Response No.	Complete	Partial	Stable	Progressed
	29 (32%)	41 (45%)	17 (19%)	4 (4%)
Alive	26	28	11	2
Mastectomy	8 (28%)	23 (56%)	12 (71%)	4 (100%)
No. node +	8 (28%)	22 (54%)	12 (71%)	3 (75%)

Conclusion: Neoadjuvant chemotherapy can obviate the need for mastectomy, but the high rate of axillary nodal involvement means that axillary node clearance is required. Widespread mammographic microcalcification responds poorly to neoadjuvant chemotherapy.

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Skin-sparing mastectomy with immediate TRAM (Transverse rectus abdominis myocutaneous) flap reconstruction

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Objective: To obtain a better aesthetic result of recontructed breast.

Design: Improved techniques of autogenous tissue reconstruction, especially TRAM flap breast reconstruction, combined with a skin preservation technique of mastectomy through a periareolar circular incision.

Setting: Medical center, Taiwan

Subjects: We combined skin-sparing mastectomy with immediate TRAM flap breast reconstruction techniques in 37 Chinese breast cancer.

Interventions: The technique of skin-sparing mastectomy, timing of the reconstruction, reconstruction technique, incidnece of complications and final results were evaluated.

Main Outcome Measures: There is no evidence to date that there is an increased chance of local recurrence and delayed adjuvant treatment in skin-sparing mastectomy with immediate TRAM flap breast reconstruction.

Results: The excellent appearance actually encourages the patient to face the breast ablation and reduce the psychologic trauma.

Conclusions: Our results suggest that performing the combined procedure is safe, applicable, and yields a satisfactory aesthetic result.