

conservative breast surgery, and thirty patients had myomammary flap reconstruction. Age ranges from 23 to 63 years (median = 41.7).

Results: The oncologic outcome of extended LDF with added vascularized chest wall fat in the reconstruction of the huge breast was superior to myomammary flap with near equal oncologic outcome. In special situation; the therapeutic reduction mammoplasty is employed with better outcome than conventional conservative breast surgery as the safety margin which in the first is wider (5–10 cm) and more confidential than the conventional conservative breast surgery (CBS), the aesthetic outcome is better than CBS but the operative time and hospital stay are longer than CBS. In comparison to sparing mastectomies with extended LDF with added vascularized chest wall fat which is aesthetically and oncologically near equal to therapeutic reduction mammoplasty.

Conclusion: Modified extended latissimus dorsi myocutaneous flap with added vascularised chest wall fat is a single stage totally autologous breast reconstruction allows reconstruction without the additional cost of an implant, many complications of synthetic implants. Therapeutic reduction mammoplasty is an oncologically safe surgical procedure in special situations that yields satisfactory aesthetic results and low morbidity in large breasted women with cancer.

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Poster

Intraglandular Flap Technique with Racquet Incision for Cancers Located in Upper Outer Quadrant of the Breast

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Background: The two major aims of locoregional treatment of the breast cancer are the removal of the tumor with safe margins and the preservation of the natural contour of the breast. Intraglandular flap technique used for tumors located in upper outer quadrant of the patients with medium and small breasts that do not need to be treated with reduction mammoplasty might be the correct surgical option. In this paper, preliminary results of the patients operated with intraglandular flap technique with racquet incision were presented.

Patients and Methods: Fourty seven consecutive patients with T1 and T2 tumors were analyzed prospectively. Preoperative breast volume, mammographic tumor size, breast density, the length of incision, tumor characteristics, the results of sentinel lymph node biopsy, the distance to the nearest lateral surgical margin, specimen volume and postoperative complications were recorded.

Results: The median age of the patients was 46.5 (24–63) and the mean tumor size was 2.53 ± 0.8 cm. The mean preoperative breast volume, the volume of excised specimen, the length of incision and the distance to the nearest lateral surgical margin were 920 ± 125 cm³, 185 ± 29 cm³, 9.68 ± 1.8 cm and 1.65 ± 0.4 cm, respectively. Fat necrosis was developed in 8 patients (17%) and hematoma in 2 patient (4.2%).

Conclusion: We believe that, intraglandular flap technique with racquet incision is easy and safe technique with respect to surgical margins and complications.

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Poster

Outcome of Breast Conserving Therapy Via Reduction Mammoplasty in Breast Cancer Patients

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Background: Macromastia has been considered a relative contraindication to breast conserving therapy (BCT) because of difficulties with postoperative radiation therapy and cosmesis. Breast volume of these patients cannot be reduced sufficiently with techniques like lumpectomy or segmental mastectomy. Oncoplastic surgery describes surgical techniques for wide excision of breast tissues containing tumor and healing of the residual breast tissue with best cosmetic results. Reduction mammoplasty (RM), which has long been used for the treatment of macromastia, has recently become a preferred technique in the surgical treatment of breast cancer patients with macromastia. In the present study, we have reported the late results of the 106 breast cancer patients with macromastia treated with this technique.

Patients and Methods: One hundred six breast cancer patients with macromastia who underwent BCT via RM between 2003 and 2010 at Ankara Oncology Hospital were enrolled in the study. Age, histopathological type, tumor size, local recurrence, distant metastasis, weight of the reduction mammoplasty specimens were analyzed. Radiotherapy to the breast was applied to all patients.

Results: Median age was 53 years. The median follow-up time was 27 months. Median weight of the reduction mammoplasty specimen for the cancerous side was 960 ± 58 g, for the other side was 980 ± 74 g. The 5-year disease free survival (DFS) rate was 68% and the overall

survival (OAS) rate was 77%. During follow-up one loco-regional recurrence was noted. Seventeen patients developed distant metastases. Axillary dissection was used for patients with metastatic sentinel lymph nodes proven at frozen section, and for patients with unidentified sentinel lymph nodes and clinically axillary positive.

Conclusion: Reduction mammoplasty provides techniques to achieve good esthetic results while also providing possibility for wide excision margins. Our findings indicate that BCS via RM are as effective and safe as standard surgical procedures in breast cancer patients with macromastia.

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Poster

Volume Replacement with Polyglactin 910 Mesh for Breast Reconstruction After Endoscopy-assisted Breast Conserving Surgery for Treating Early Breast Cancer – the Early Results

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Purpose: We introduce a new technique using a Vicryl® mesh made with polyglactin 910 for breast reconstruction after performing endoscopy-assisted breast conserving surgery (EA-BCS).

Materials and Methods: From July 2006 to July 2008, we performed EA-BCS in 30 patients with early breast cancer (EBC). Of the total patients, 14 underwent reconstruction procedure with the use of a Vicryl® mesh, the others were not. We were evaluated for their quality of life (QOL), the surgery-related complications and the cosmetic outcomes. Three patients were excluded from the study; two patients required mesh removal due to infection and the other patient had a total mastectomy performed due to a positive resection margin.

Results: The median age of the patient was 49.4 year (range 36–60 year) and all of the patients had a diagnosis of EBC (less than stage IIb). In general, the patients were satisfied with the outcome for their QOL. The patients were especially satisfied with the cosmetic outcome. The patients' satisfaction increased with longer follow-up, as compared to that for the shorter interval. At 10 months after surgery, there was encapsulated granulation tissue within a collection of tissue fluid, as seen on ultrasonography. At 20 months after surgery, the skin and breast shape were recovered.

Conclusion: The results of this study that for relatively short follow-up period, breast reconstruction with using Polyglactin 910 mesh, which is made from oxidized regenerated cellulose, resulted in satisfactory cosmetic results and a good QOL after BCS.

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Early Results of an Endoscopy-assisted Nipple-sparing Mastectomy for Early Breast Cancer

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Background: When the breast-conserving surgery (BCS) is not recommended, rising interest in improved cosmesis has increasingly led to the introduction of nipple sparing mastectomy (NSM) as potential alternatives to mastectomy for the surgical treatment of early breast cancer (EBC). We adopted endoscopic technique to NSM for the selected patients to minimize the surgical scarring and improve the aesthetic results.

Materials and Methods: We retrospectively analyzed 15 patients with EBC who underwent EA-NSM between June 2006 and June 2009. A 3-cm axillary skin incision was made along the axillary skin crease. First, we performed a dye- and radioisotope-guided sentinel lymph node biopsy (SLNB). The work space was created with a wound retractor. After the retromammary space was dissected through the axillary incision, we made a periareolar incision to excise tissues, totally, under endoscopic assistance and carried out frozen section biopsies to assess tumor invasion at the resection margins, especially NAC involvement.

Results: The mean volume of extracted specimens was 825.9 cm³. The mean operation was 213.2 minutes. All the patients underwent EA-NSM and SLNB. An ALND was performed in two patients who had positive frozen SLNB results. An immediate augmentation mammoplasty was performed in four patients. The postoperative complications were as follows: NAC necrosis in one patient, ecchymosis in two patients, and seroma in one patient. All these complications were cured by conservative management. After a mean follow-up period of 18.7 months, neither locoregional recurrence nor distant metastasis has been detected.

Conclusions: We have described a novel EA-NSM and SLNB for EBC. This technique can reduce surgical scarring and is expected to achieve the optional aesthetic outcomes. It is a feasible and viable option for selected patients requiring a mastectomy. However, a randomized trial comparing