

Trends of Breast Plastic Surgery after Surgery for Breast Carcinoma

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1. Summary

This article describes application of different trends of surgical reconstruction of breast surgical removal of cancer lesion, which is needed for women after this type of surgery from psychological reasons to minding their appearance and increasing their confidence.

2. Introduction

Lately mostly women, but also men, have been searching for plastic surgery of breast. Latest trend turns more for the appearance in this period. But, also women from psychological aspect after suffering mental trauma from undergoing carcinoma are especially adepts for this type of reconstructive treatment. In this paper we are going to write about applications of modern trends of implantation plastic surgery in treatment of malignant breast cancer.

3. Indications for Reconstruction Surgery of the Breast

A) Cosmetic – correctional treatment

*Augmentation

*Reduction

B) Oncologic

*For benign lesions of breast gland

*For malignant lesions of breast gland

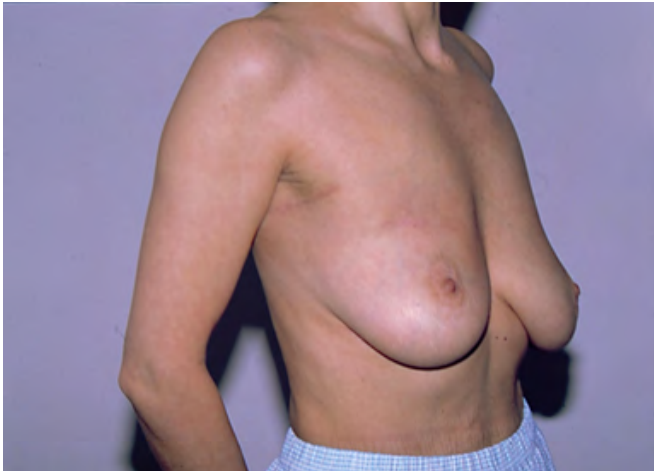
4. Oncologic Indications of Breast Plastic Reconstruction

4.1. Benign Lesions

Patients are mostly observed in outwards mammary department for high grade dysplasia with increased risk in personal history, which is non-parity, late started periods or giving late birth. In family history is the risk factor occurrence of benign lesions or carcinoma. Patients are also dispensarized after surgical treatment for dysplasia with histological findings of lobular or ductal hyperplasia, atypias, metaplasia or with any risk in personal or family anamnesis.

4.2. Malignant Lesions

In patients overgoing limited surgery or amputation surgical treatment for breast carcinoma, those after limited treatment in high grade dysplastic terrain, which is not possible to observe or recurrences. Types of patients with multifocal or multicentric malignant lesion in early stage, especially lobular carcinoma. Women with malignant carcinoma in terrain with microcalcificates or macrocalcificates, women in early stages of N0, those who ask for the type of surgery.



Figures 1 and 2: 44-year-old patients

Left side – ductal carcinoma T2N0M0 after quadrantectomy and axillary extirpation, chemo and radiotherapy

Right side – lobular carcinoma in situ – two lesions – extraction on Franke’s driver, after mastectomy and axillary exenteration T0N0M0

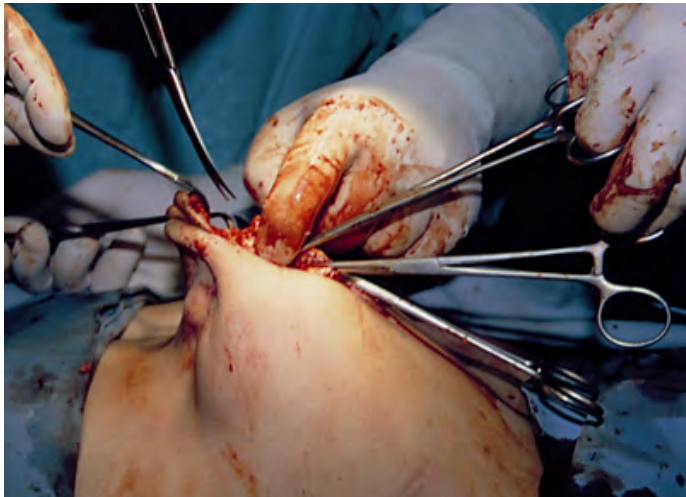


Figure 3: Subcutaneous mastectomy from periareolar approach



Figure 4: Mammary gland after subcutaneous mastectomy ad histologiam



Figures 5 and 6: Breast Implant

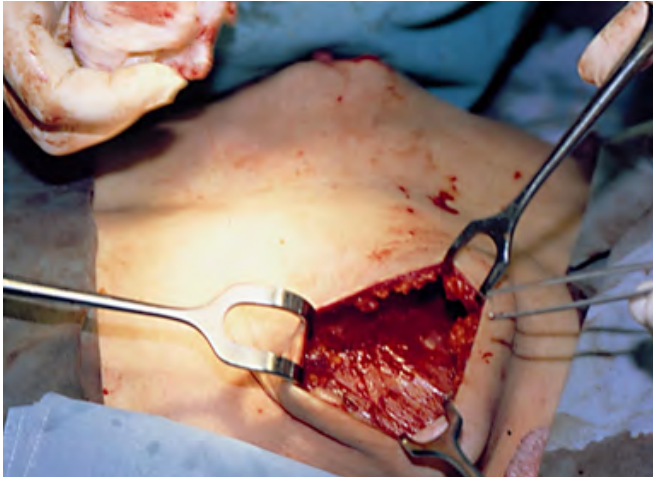


Figure 7: Chamber after subcutaneous mastectomy, hemostasis



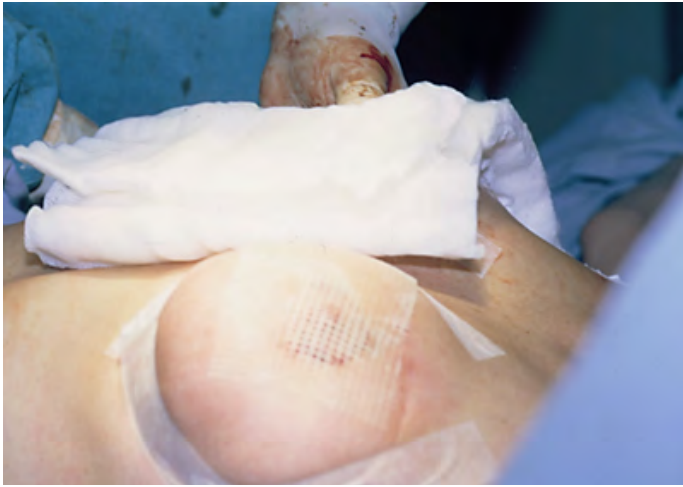
Figure 8: Insertion of breast implant



Figure 9: Positioning of the implant



Figures 10 and 11: Suture of periareolar cut



Figures 12 and 13: Fixation of breast



Figures 14 and 15: Bilateral elastic bandage with bilateral Redon drainage

5. Methods of Plastic Reconstruction of Breast Gland

A) Subcutaneous reconstruction of breast with saving areola

- *After surgery of benign lesion
- *As a prevention in genetic predisposition and family anamnesis of carcinoma
- *After lateral quadrantectomy after malignant lesion
- *Subcutaneous mastectomy with histological examination of the lesion
- *Perialerolar, lateral or submammary approach
- *Inserting and fixating of implant,
- *It is necessary to take out the whole mammary gland without leaving any parenchyma to avoid neoplasms or recurrences.

B) Submuscular breast reconstruction

- *After amputation
- *Inserting implant under musculus pectoralis major

C) Using tissue expanders

- *After amputation surgeries

- *Changing temporary implant for permanent one after finishing the expanding phase

- *Using permanent implant with or without removing the filling chamber for expansion

D) Reconstruction of the breast using musculo-cutaneous lobe with vascular stem (musculus rectus abdominis, musculus lateris dorsi)

- *Were used in the past where there was shortage of implants
- *Part of withdrawal place – possible deformity and the operation is technically more difficult than inserting implant
- *Esthetic effect is decreased comparing to using implants

6. Problems with Reconstruction Surgery

A) Financial

- *Relatively high price of the implants
- *Problems with social health system in financing the implants
- *Proving own money for personal reasons

B) Professional

- *None if the surgeon is experienced enough

*Firms which are providing and competing in selling own products

7. Discussion

Surgical treatment of the breast cancer should be influenced by early diagnostic of malignant lesion and especially by applying screening programs:

*Less aggressive surgical treatment of mammary gland in Favor of tissue sparing operations

*Less aggressive surgeries on regional axillary lymphatic drainage using sentinel lymph node mapping

*Lessening percentage of latent and manifest lymphedemas and motility disorders of the upper extremities

*Increasing psychical and psychological comfort for women and increasing their self-confidence and self esteem

*Maximizing cosmetic effect after surgery

*Maximizing fast and quality adaptation of patients in personal and professional life

*Maximizing survival rate, decreasing mortality and increasing prevalence of breast carcinoma in general

*Considering cosmetical cases for later diagnostic of patients with high-risk prognosis in anamnesis