Abstract

Introduction: During the last century, breast reconstruction after mastectomy has become an important part of comprehensive treatment for patient who have breast cancer. Breast reconstruction initially was created to reduce complications of mastectomy and to diminish chest wall deformities. Now, however, it's known that reconstruction also can improve psycosocial well-being and quality of life to patients who have breast cancer.

Aim of the Work: This essay is made to spotlight the new modalities and concepts of immediate breast reconstruction following mastectomy to preserve the body image as well as the benefits of different types of immediate breast reconstruction.

Summary: Breast cancer is the second most common cancer among women and is the second leading cause of cancer deaths. The management of patients with breast cancer has evolved over the past couple of decades as a result of a better understanding of the biologic behavior of breast cancer, advances in adjuvant chemotherapy and hormonal therapy, advances in radiographic detection of early-stage breast cancer, and the implementation of breast conservation therapy and sentinel lymph node biopsy.

Conclusion: Complications of breast reconstruction are not amongst patients' expectations or in the surgeon's interest. However, like scarring, they can occur. Minor complications can delay recovery or require further treatment and can be the cause of severe frustration for the patient and her family. The occurrence of complete failure, like total flap necrosis or the need to remove a silicon implant due to infection is relatively uncommon.

Keywords: Post Mastectomy, Immediate Breast Reconstruction, Breast cancer

Contents

List of Abbreviations

Abbreviation	Meaning
ALND	Axillary lymph node dissection
AS	Areola sparing
BCT	Breast conservation therapy
BCS	Breast conservation surgery
BRCA1	Breast cancer antigen 1
BRCA2	Breast cancer antigen 2
CK	Cytokeratin
DCIS	Ductal carcinoma in situ
DIEP	Deep inferior epigastric perforator flap
DSEA	Deep superior epigastric artery
E2	Estrogen
ER	Estrogen receptor
FDA	US Food and Drug Administration.
FISH	Fluorescence in situ hybridization
GAP	Gluteal artery perforator flap.
HER2	Human epidermal growth factor receptor 2
IGAP	Inferior gluteal artery perforator flap.
IHC	Immunohistochemistry
LABC	Locally advanced breast cancer
LDMF	Latissimus dorsi muscle flap
MIDOT	Modified double opposing tab flap.
MRM	Modified radical mastectomy
NAC	Nipple areola complex
NAS	Nipple areola sparing

NCI	National Cancer Institute
NOS	No otherwise specified
PMRT	Post mastectomy radiotherapy
PR	Progesterone receptor
SGAP	Superior gluteal artery perforator flap.
SIEA	Superficial inferior epigastric artery flap
SLN	Sentinal lymph node
SLNB	Sentinel lymph node biopsy
SPECT	Single photon emission CT
SSM	Skin sparing mastectomy
TGF	Tumour growth factor
TNM	Tumor-nodes-metastasis
TRAM	Transverse rectus abdominis myocutaneous flap
TUG	Transverse upper gracilis musculocutaneous flap
VARM	Vertical rectus abdominus myocutaneous flap

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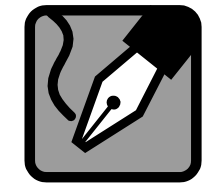

Introduction

Aim of the Work

Surgical Anatomy of the Breast

Malignant Breast Tumors

Types of Mastectomy and Tumour Excision

Breast Reconstruction Techniques

Summary and Conclusion

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