

# الجراحة المحدودة فى سرطان الثدى المبكر

توطئة للحصول على درجة الماجستير فى الجراحة العامة

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2013

# **Conservative Mastectomy in early Breast Cancer updated**

*Submitted for Partial Fulfillment of Master Degree  
In  
General Surgery*

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# INTRODUCTION



# SCREENING AND DIAGNOSIS



## AIM OF THE WORK



# ANATOMY



# PATHOLOGY







# TREATMENT



# REFERENCES



# SUMMARY AND CONCLUSION



## الملخص العربي



﴿قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا  
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ﴾

(سورة البقرة: ٣٢)

## **Treatment of early breast cancer**

### **1- Surgical treatment**

**The surgical treatment of early-stage breast carcinoma includes:**

- Primary tumor management.
- Management of the axilla.

#### **I. Early-stage invasive ductal carcinoma (IDC):**

The primary goal in the treatment of breast cancer is to control the disease with the aim of achieving cure. The other desirable outcomes of treatment include: to improve survival, minimize the risk of distant metastases and / or local recurrence, cosmesis, relief of symptoms, and the return to a quality life as close as possible to the life before diagnosis. The different modalities of treatment include surgery, radiotherapy, systemic therapy (cytotoxic drugs and hormonal manipulation) and treatment targeted at HER2. Surgery remains an important modality of treatment, to eradicate the primary tumor and achieve total disease control (**Ganiyu, 2011**).

The treatment of early breast cancer includes the treatment of locoregional disease with surgery, radiation therapy, or both, and the treatment of systemic disease with one or a combination of chemotherapy, endocrine therapy, or biologic therapy. The need for timing and selection of therapy are based upon tumor variables such as histology, stage, and tumor markers; patient variables such as age, menopausal status, and comorbid conditions; as well as patient

preference, such as a desire for breast preservation (**Jemal et al., 2010**).

In the late nineteenth century, William Halsted promulgated radical mastectomy as the optimal treatment for primary breast cancer. This operation involves removal of the breast, underlying pectoralis muscle, and ipsilateral axillary lymph nodes. The incision for this procedure, illustrated in Fig.(12a), incorporates both the breast and axilla. This is a disfiguring procedure, and generally no longer recommended in the treatment of primary breast cancer. (**Jatoi, et al, 2007**).

The modified radical mastectomy is less disfiguring because the pectoralis muscles are spared. An elliptical incision (Stewart incision) is generally used, incorporating the breast and extending to the axilla (Fig. 12 b). It is important to note that the incision also incorporates the primary tumor. Both the breast and adjacent axillary contents are removed through this incision. Many surgeons recommend the modified radical mastectomy for treating patients with very large primary tumors or multicentric tumors (tumors in more than one quadrant of the breast) ( Jatoi ,et al,2007).

The aim of the skin-sparing mastectomy is to remove the entire breast and yet preserve as much skin as possible over the breast, to facilitate reconstructive surgery. Therefore, a narrow elliptical incision is made that incorporates the nipple–areola complex, but not necessarily the primary breast tumor (Fig. 12c). Skin flaps are raised, and the entire breast including the tumor, is extirpated. The axillary