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The role of plastic surgery in conservative breast surgery

Essay

Submitted on partial fulfillment of master degree in General Surgery

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Amany El-Gohary


ذلك فضل الله
يؤتيه من يشاء
والله ذو الفضل
العظيمُ
صدق الله العظيم
سورة الجمعه الآية (٤)

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List of Abbreviations

Ac-In	Acromion To Inferior Point
Ac-LPB	Acromion To LPB Height
Ac-Ni	Acromion To Nipple Height
Ac-Ol	Acromion To Olecranon
A-H	Areolar Height
AJCC	The American Joint Committee On Cancer
APBI	Accelerated Partial Breast Irradiation
Ar-lpb	Areola To Lowest Point Of The Breast
A-W	Areolar Width
BCT	Breast Conservation Techniques
CC	Cranio-Caudal
CT	Computed Tomography
DCIS	Ductal Carcinoma In Situ
DIEP	The Deep Inferior Epigastric Artery Perforator
ELIOT	Electron Intra Operative Therapy)
FDG	Flouro Deoxy Glucose
FES,	(Flouro Oestradiol)
FNA	Fine Needle Aspiration
H	Height
H/P	Height Over Projection
H/W	Height Over Width
ICAP	Intercostal Artery Perforator
ICAP	Intercostal Artery Perforator Flap
IDC	Invasive Duct Carcinoma
ILC	Invasive Lobular Carcinoma
Inf; Ar-In	Areola To Infra-Mammary
LCIS	Lobular Carcinoma In Situ
LD	Latissimusdorsi
Lt	Left
M	Manubrium
M	Distant Metastasis
M-Ac	Manubrium To Point Of Maximum Lateral Prominence Of Acromion

List of Abbreviations

M-In	Infra-Mammary Crease
MLO	The Medio-Lateral Oblique
M-LPB	Manubrium To The Lowest Point On Breast
M-N	Manubrium To Center Of Nipple
M-Pub	Manubrium To Pubis
MRI	Magnetic Resonance Imaging
M-Um	Manubrium To Umbilicus
M-Xy	Manubrium To Xyphoid
NAC	Nipple-Areola Complex
N-Ac	Nipple To Acromion
N-Cl	Nipple To Clavicle
N-N	Nipple To Nipple
P	Projection
PET	Positron Emission Tomography
PM	Pectoralis Minor Muscle);
pN	Regional Lymph Nodes—Pathologic
Rt	Right
RTH	Radiation Therapy
SLN	Sentinel Lymph Node
SSN	Supra-Sternal Notch
T	The Primary Tumor
TDAP	Thoracodorsal Artery
TDAP	Thoracodorsal Artery Perforator Flap
TNM	Tumor, Nodes, And Metastasis
TRAM	Pedicled Transverse Rectus Abdominismyocutaneous Flap
W	Width

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INTRODUCTION

Conservative surgery has become a well-established alternative to mastectomy in the treatment of breast cancer. However, in case of larger lesions or small-size breasts, the removal of adequate volumes of breast tissue to achieve tumor-free margins and reduce the risk of local relapse may compromise the cosmetic outcome, causing unpleasant results. In order to address this issue, new surgical techniques, so-called oncoplastic techniques, have been introduced in recent years to optimize the efficacy of conservative surgery both in terms of local control and cosmetic results ***(Masetti et al., 2006).***

Breast conserving therapy (BCT) refers to breast conserving `eradicate any microscopic residual disease. The goals of BCT are to provide the survival equivalent of mastectomy, a cosmetically acceptable breast, and a low rate of recurrence in the treated breast ***(Sable et al., 2012).***

The problems with the evaluation of aesthetic results in breast-conserving therapy (BCT) is three-fold: The first is defining what should be evaluated (which characteristics or parameters are important to consider in this evaluation); the second is how the evaluation should be undertaken (by direct evaluation or by using patients' pictures and if so what kind of photographs are needed and using which conditions; what will be the timing of this evaluation during treatment and follow-up and additionally what scales are going to be used in the