Synchronus Breast Reconstruction After Surgical Treatment of Breast Cancer

By

Mina Gamal Helmy Gerges

M. B. B. CH. Faculty of Medicine, Tanta University

Essay

Submitted in partial fulfillment for the Master Degree in General Surgery

Supervisors

Prof. Dr. Magdy Abd Elghany Basiony
Professor of General Surgery
Faculty of Medicine
Ain Shams University

Pro. Dr. Ahmed Mohammed Kamal
Assistant Professor of General Surgery
Faculty of Medicine
Ain Shams University

Dr. Hisham Mohammed Omran
Lecturer of General Surgery
Faculty of Medicine
Ain Shams University

Faculty of Medicine
Ain Shams University
2014

طرق إعادة تكوين وتكميل الثدي ما بعد استئصاله جراحيًا لعلاج أورام الثدي السرطانية

رسالة مقدمة من

الطبيب/ مينا جمال حلمي جرجس

كلية الطب – جامعة طنطا

توطئة لنيل درجة الماجستير

في

الجراحة العامة

المشرفون

الأستاذ الدكتور/ مجدي عبد الغني بسيوني

أستاذ الجراحة العامة

كلية الطب - جامعة عين شمس

الأستاذ الدكتور/ أحمد محمد كمال

أستاذ مساعد الجراحة العامة

كلية الطب - جامعة عين شمس

الدكتور/ هشام محمد عمران

مدرس الجراحة العامة

كلية الطب - جامعة عين شمس

كلية الطب

جامعة عين شمس

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Acknowledgement

*First of all thanks to **ALLAH***

*I would like to express my deep gratitude and appreciation to my honored professor, **Prof. Dr. Magdy Abd Elghany Basiony**, Professor of General Surgery, Faculty of Medicine, Ain Shams University, for his meticulous supervision, support and encouragement.*

*I am also grateful to **Prof. Dr. Ahmed Mohammed Kamal**, Assistant Professor of General Surgery, Faculty of Medicine, Ain Shams University, for his great effort, precious advice and assistance throughout this work.*

*I am also deeply grateful and would like to express my sincere thanks and gratitude to **Dr. Hisham Mohammed Omran**, Lecturer of General Surgery, Faculty of Medicine, Ain Shams University for his great help, precious advice and assistance throughout this work.*

Mina Gamal Helmy

Dedication

My heartily thanks and deepest gratitude to my family, specially to ***my mother****, for their support, understanding and tolerance all the time till this work was completed.*

LIST OF ABBREVIATIONS

AB	Ascending branch
Ac	Acromion
AFIP	Armed forces institute of pathology
AJC	American joint commission on cancer staging and end results reporting
BP	Breast projection
CIS	In situ carcinoma
DB	Descending branch
DCIS	Ductal carcinoma in situ
DIEP	Deep inferior epigastric artery perforator
EGF	Epidermal growth factor
ELD	Extended latissimus dorsi flap
EVRAM	Extended vertical rectus abdominus myocutaneous
HADM	Human acellular dermal matrix
ICAP	Intercostal artery perforator
IDC-NOS	Invasive ductal carcinoma not otherwise specified
ILC	Invasive laboular carcinoma
IMF	Inframammary fold
IUL	Intrauterine life
LCIS	Labular carcinoma in situ
LD	Latissimus dorsi
LDMF	Latissimus dorsi muscle flap
LFC	Lateral circumflex femoral vessels
Lower TRAM	Lower transverse rectus abdominus myocutaneous
MS-LDI	Muscle-sparing latissimus dorsi type I
MS-LDII	Muscle-sparing latissimus dorsi type II

MS-LDIII	Muscle-sparing latissimus dorsi type III
NAC	Nipple-areola complex
Ni	Nipple
PBS	Perforating branches
PF	Profunda femoral
S-GAP	Superior gluteal artery perforator
SIEA	Superficial inferior epigastric artery
SSM	Skin sparing mastectomy
SSN	Suprasternal notch
TDAP	Thoracodorsal artery perforator
TRAM	Transverse rectus abdominus myocotaneous
UICC	international union against cancer
Upper TRAM	Upper transverse rectus abdominus myoctaneous
VRAM	Vertical rectus abdominis myocutaneous
WHO	World health organization

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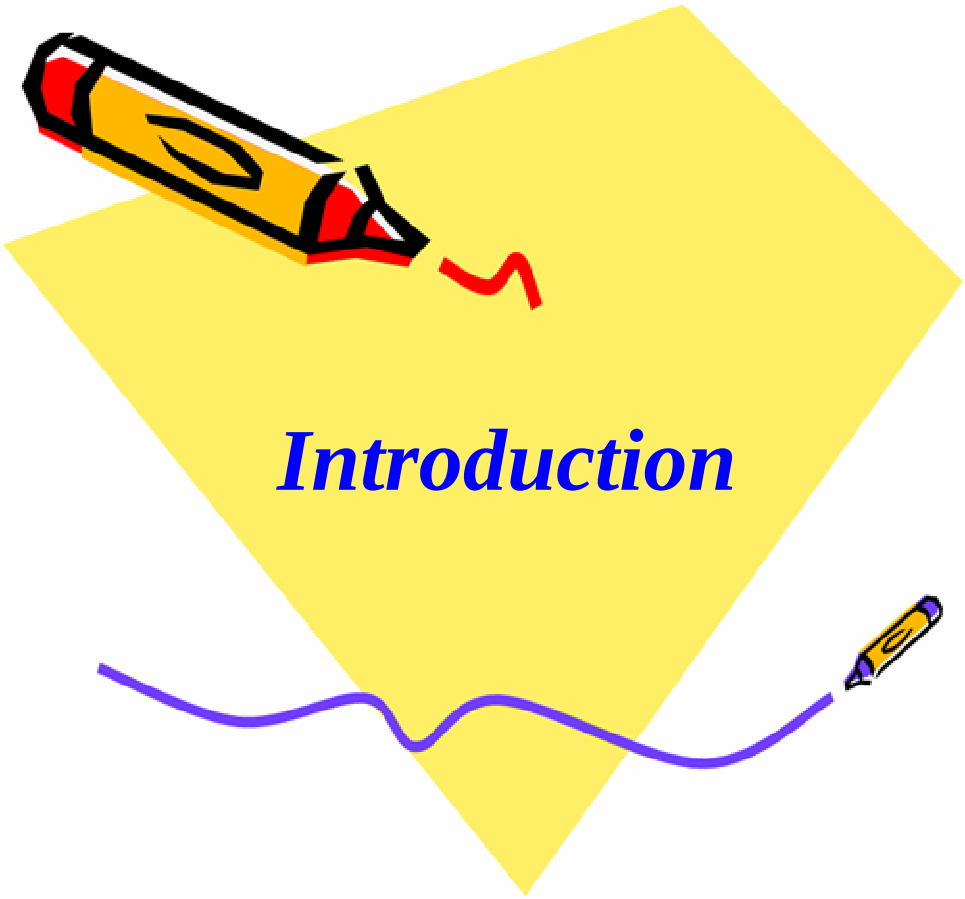

Introduction

INTRODUCTION

The female breasts are considered the primary symbol of her femininity. The loss of breasts after mastectomy due to malignant disease can be major impairment to her body image and feeling of attractiveness, This loss has devastating sequelae causing a marked impact on the woman emotional stability and her social adjustment ***(Chwalczynska, et al., 2004)***.

Reconstruction of female breast following mastectomy is great challenge. Ideally, the decision to reconstruct a breast should be made jointly by the patient, the general surgeon & the plastic surgeon ***(Bostwick, 2004)***.

Breast reconstruction has relatively short history. Before the availability of myocutaneous flaps, a limited amount of reconstruction was performed using local skin flaps. Silicon gel implants become available in the late 1960s. At the beginning they were used alone as a single stage procedure and were extremely limited by deficient tissue. Later on, they were combined with latissimus dorsi myocutaneous flap and achieved greater success ***(Schneider, 1977)***. With the development of tissue expansion in 1970s, limitation of skin become less of an issue and tissue expansion with second stage replacement with a permanent implant became a popular technique that has persisted ***(Allowe, 1979)***, then came the role of Becker prosthesis, where it provided two benefits through controlling its volume and considered a permanent expander prostheses ***(Hunter, 1995)***.

As regards the flap reconstruction, it was started as a pedicle flaps such as, lattissimus dorsi myocutaneous flap (LDMF) ***(Schneider, 1977 & Sternberg et al., 2006)*** and the transverse rectus abdominis myocutaneous (TRAM) flap