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شبكة المعلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





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بالرسالة صفحات لم ترد بالأصل



B 17780

THE ORGAN - CONSERVING TREATMENT OF EARLY CARCINOMA OF THE BREAST

Protocol of

Thesis

Submitted for the partial fulfillment

Of M.D. degree in General surgery

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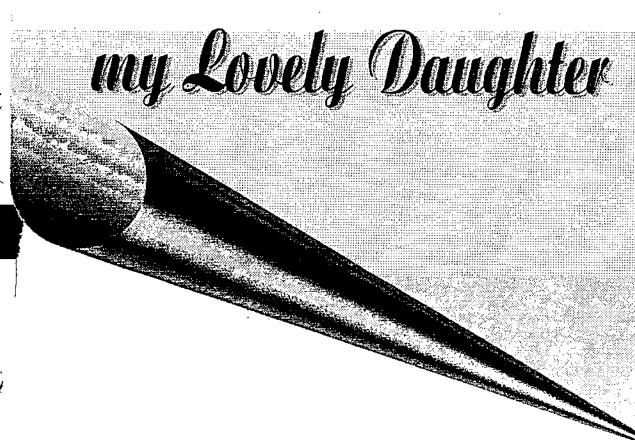
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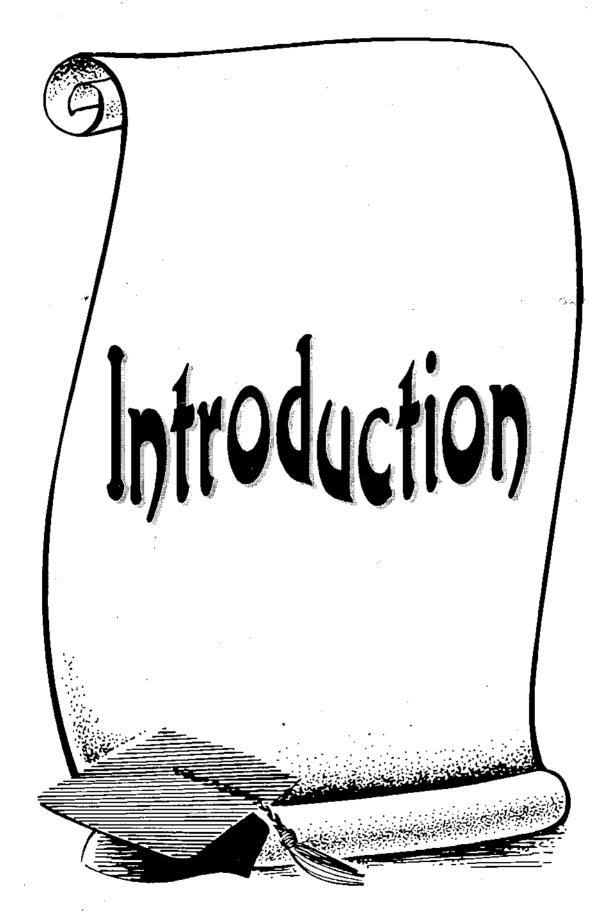
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INTRODUCTION

One of the major achievements in the last 20 years is the awareness that mastectomy (Mutilating Surgery) is a biologically obsolete therapeutic approach, and no longer indicated in the treatment of early breast cancer which in turn, has a dramatic effect insofar as mammary gland preservation is obviously an important consideration for each woman. Either of the operative procedures (Quadrantectomy and Lumpectomy) Should by all mean followed by radiotherapy with a view to control local recurrences of the process (Purvanova, 1998).

Breast conserving surgery (BCS) is recognized as the treatment of choice in most cancers; breast conservation is proposed in more than 70% of the patients with primary cancer (Petit et al., 1998).

High percentage of preservation has been made possible by the integration of plastic surgery at the time of primary surgery. Plastic surgery derived from reduction mammoblasty procedures allows much better final cosmetic results, which is the goal of conservative treatment. In 25% of Gaursi et al., Series of patients treated with BCS, the plastic surgeon was called upon by the general surgeon to close the glandular defect. However, such glandular remodeling changes the size and position of the breast. Therefore in 15% of these cases a symmetry procedure on the opposite breast was performed. The reduction procedure in the opposite breast should be taken as a good opportunity to check the glandular tissue (Garusi C. et al., 1997).

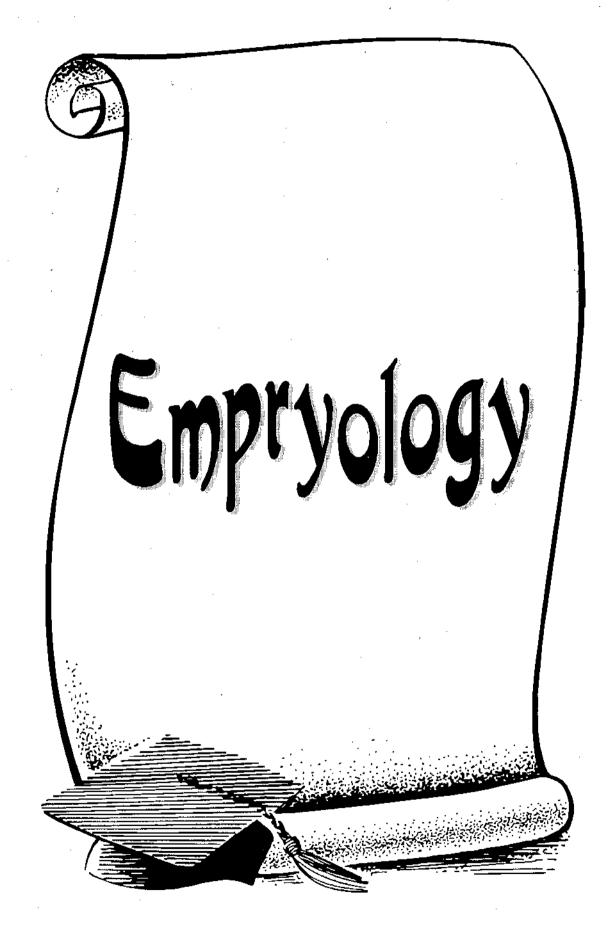
✓ Concomitant radiochemotherapy is of potential interest in the treatment of early stage cancer. Radiotherapy improves local control after both conservative surgery and mastectomy. Adjuvant chemotherapy leads to improved survival in all categories of patients with breast cancer, either with or without axillary – node involvement (Freyer and Romestaing, 1998).

Clinical trials covering borderline disciplines assay the contribution of the answers to a number of questions, as follows:

- 1) is the effect of conservative mammary gland treatment comparable to that of mastectomy?
- 2) Is radiotherapy an essential component of conservative breast surgery?
- 3) Is conservative surgery indicated in all cases presenting early breast carcinoma?
- 4) Which are the factors exerting influence on the conservative therapeutic approach to breast cancer. (Purvanova, 1998).

/ AIM OF THE WORK

The aim of this work is to evaluate the efficacy of breast conservation surgery plus radio or radio-chemotherapy for early stage breast cancer patients, to determine mortality and recurrence rates and to evaluate prognostic factors for these outcomes.



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