

## EXPERIENCE OF RECONSTRUCTIVELY - PLASTIC OPERATIONS AT THE MAMMARY GLAND CANCER

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The problem of a breast cancer is actual in the last some decades not only because of high disease, but also because of difficulties which women as a result of the spent treatment face. These are problems of drama change of external shape, a way of life and degree of a self-appraisal which arise after surgical treatment, especially if the mastectomy [2] was surgical operation. All it leads to serious psychological traumas which frequently attract irreversible changes in social life of the patient. Possibilities of reconstructive surgery are capable to move apart these frameworks, doing possible one-stage restoration of a mammary gland, and also allow to expand indications of preservations of organs to operations. The choice of the surgeon depends on a disease stage, namely from the size of a primary tumor, its localization, the relation of the size of a tumor to the size of a mammary gland, and also from age of the patient (as from the point of view of the disease forecast, so from the point of view of value of preservation of a mammary gland for the patient), forms of a mammary gland and other factors which can interfere with performance of safe operation.

Now a series of authors [1,5] recommend wider application of a primary plasty, specifying in its safety, favorable specifications of carrying out, the best cosmetic result, and also significant reduction of mental and physical traumas. The skin-sparing mastectomy with mammary gland reconstruction is 10 years a standard technique of performance of single-step reconstructive interventions at a cancer [4]. Conservation of a skin of a mammary gland in the course of a mastectomy allows to keep its natural contours and to minimize the area of cicatrixes on a mammary gland. Thus skin-sparing mastectomy the mastectomy doesn't contradict principles of Maddena [3].

In surgical unit GU JAROD of an expert of performance of single-step reconstructively-plastic operations at a mammary gland cancer has begun since 2008. First three operative measures have been executed together with leading surgeons of the Tomsk oncologic dispensary and the Municipal hospital of №1 of Novosibirsk in following variants: a sectoral resection of a mammary gland with defect replacement of thorako-dorzalnym flap, SAK-SAVING up (mammary - areolar complex) a mastectomy with a mastoplasty an implant, a radical mastectomy on Madden with reconstruction by a TRAM-flap (a flap on direct muscles of a stomach). All women of young age till 45 years, with the established diagnosis of a cancer of a mammary gland in an early stage of disease. The variant of surgical treatment got out taking into account the size and a locating of a tumor, the sizes of a mammary gland, constitutional features and preferences of the patient. Results of the spent surgical treatment satisfactory, as from a postoperative current, oncologic principles of treatment, and a psychological condition of women and esthetic effect.

Since 2011 in surgical unit of the Yakut republican oncologic dispensary reconstructively-plastic operations are performed at a cancer of a mammary gland to four more patients. The age of patients had for the socially-active period of life - 36, 42, 43 and 51 year. The diagnosis of a cancer of a mammary gland to all women has been established after spent in oncology dispensary and other establishments of Yakutsk of a sectoral resection concerning assumed clinically and instrumental fibro adenomas. The size of a primary tumor didn't exceed 2 sm, formation localization in external squares, without lesion signs of regional lymph nodes. All patients had desire to keep the mammary gland form.

To two patients the hypodermic SAK-SAVING up radical mastectomy with conservation of both pectoral muscles and axillo-subscapular-subclavial [lymph node dissection](#) has been executed. Intraoperatively urgent histological research of ducts of under-mammillar zones which has allowed to execute the given volume of an operative measure is without fail conducted. Reconstruction of mammary gland thorako-dorzalnym flap in a combination to a silicone implant is made taking into account the sizes, the form and level of a ptosis of a mammary gland. The postoperative period at both women proceeded smoothly, high enough and satisfactory esthetic results of surgical treatment are reached (fig.1 and 2).

a)                      b)

**Fig. 1.** Patient T, 36 years. The diagnosis: the Cancer of right mammary gland T2N0M0.

a) Appearance before operation after a sectoral resection

b) Appearance in 6 months after operation

a)                      b)

**Fig. 2.** Patient E, 51 year. The diagnosis: the Cancer of left mammary gland T1N1M0.

a) Appearance before operation after a sectoral resection

b) Appearance after single-step reconstruction of a mammary gland

To the third patient the hypodermic SAK-SAVING up radical mastectomy with conservation of both pectoral muscles also has been spent. Reconstruction is spent by a mastoplasty in initially big size of an implant which has been chosen with the consent of the woman in the future to make possible enlarging mammoplasty the opposite side. In a kind of the constitutional features of the woman underestimated by us, such as the expressed oligotrophy of a subcutaneously-fatty layer and muscles of a forward thoracal wall, in the late postoperative period at the patient the regional necrosis of a skin with a tendency to a becoming infected has developed (fig.2).

a)                      b)

**Fig. 2.** Patient C, 42 years. The diagnosis: the Cancer of mammary gland T1N0M0.

a) Appearance before operation after a sectoral resection

b) Appearance after operation in 1 month, a regional necrosis of a skin in the field of cicatrix.

Considering risk of occurrence of complications (an implant becoming infected), to the patient the repeated operative measure in volume – excising of the amazed site of a skin and defect replacement by thorako-dorzalnym flap in a combination to an implant is spent. The postoperative period proceeded smoothly. Esthetic effect satisfactory (fig. 3).

a)                      b)

**Fig. 3.** Patient C, 42 years. The diagnosis: the Cancer of mammary gland T1N0M0.

- a) External after repeated operation in 3 months: a side view
- b) Appearance after operation in 9 months after operation.

To the fourth patient taking into account constitutional features the mastectomy with axillo-subscapular-subclavial [lymph node dissection](#) and mammary gland reconstruction of thorako-dorsalnym flap is made of skin-sparing mastectomy. The postoperative period smooth. Satisfactory esthetic results of treatment (fig. 4) are reached. In the subsequent to the woman it will be executed the delayed formation of a papillary complex.

- a)
- b)

**Fig. 4.** Patient H, 43 years. The diagnosis: the Cancer of mammary gland T1N0M0.

- a) Appearance before operation after a sectoral resection
- b) Appearance in after operation

To all patients according to standards the combined treatment under the radical program is spent. During observation from 6 months and more after operation a condition of women satisfactory, from the generated mammary gland of negative consequences don't note, movements in an arm aren't limited.

In summary it is necessary to underline that tendencies in mammary gland surgeries at a cancer, existing in world practice, are referred on more conservative approach to surgical intervention volume. However carrying out possibility of organs preservation and reconstructively-plastic operations directly depends on a stage of disease and should be carried out under strict indications. Unfortunately for today, in republic Sakha (Yakutia), as well as to Russia, quantity of patients with for the first time taped breast cancer have a disease stage at which performance of organs preservation treatments isn't possible. The radical mastectomy in various updatings remains the basic method of surgical treatment of mammary gland cancer. This operation saves life the patient, but the serious esthetic injury causes to women.

It is necessary to notice that the data represents the short-term results of treatment based on initial experience. Further, the remote results of treatment based on enough and term of observation will be investigated.

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