

# Skin sparing mastectomy and immediate breast reconstruction: More indications with no increased in recurrences in breast cancer patients

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## Abstract

Skin sparing mastectomy and immediate breast reconstruction (SSM and IBR) is the treatment of choice for early stage breast cancer patients who need or desire a mastectomy. Other indications as locally advanced breast cancer or patients with local recurrences after breast conservative surgery (BCS) are less studied. Concerns have been raised regarding the use of SSM and IBM in the context of postoperative radiation therapy and regarding the delay of systemic treatment.

The aim of this study was to evaluate the clinical outcome of skin sparing mastectomy in this defined population, to evaluate the impact of radiation therapy on the reconstructed breast and the possible delay in further treatments.

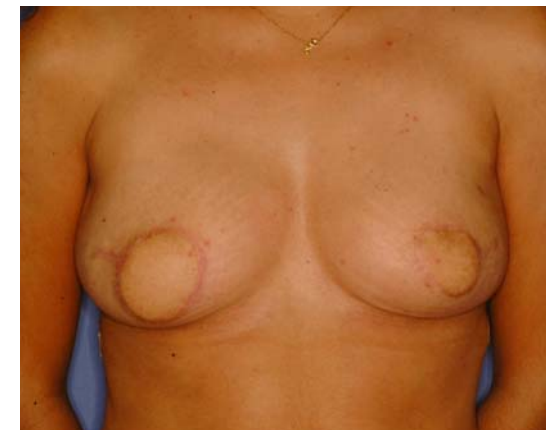
## Methods

From October 1999 to October 2007, records of 123 SSM and IBR done for surgical treatment of breast cancer were reviewed. Patient and tumor characteristic, indications for SSM and IBR, type of reconstruction, postoperative complications, and incidence of recurrence were analyzed.

## Results

Mean age was 44 years (range 30 – 64 years). Reasons for SSM and IBR were: three (2.7%) high risk or mutation carrier patients underwent bilateral prophylactic SSM and IBR, seven (6.2%) patients underwent contralateral elective mastectomy at the same time of the mastectomy for breast cancer, seven (6.2%) patients for local recurrences after breast conservative treatment and ninety-six (84.9%) patients for a diagnosis of breast cancer who need or desire a mastectomy.

Pathological stage was in situ in 21 (18.5%) patients, I in 39 (34.5%) patients, II in 52 (46 %) patients and III in 1 (0.8%). The IRB were performed with autologous tissue- latissimus dorsi in 41 (36.2%) patients, with latissimus dorsi + implant in 25 (22.1%), and implants in 57 (50.4%) patients.



Six patients with latissimus dorsi reconstruction and two patients with implants received radiation therapy in the reconstructed breast. There were no immediate complications from the radiation therapy. One patient with latissimus dorsi + implant reconstruction developed a capsule contracture at 2 years and had to have the implant replaced. There was no delay in starting treatment in patients receiving adjuvant chemotherapy.

At a median follow-up of 38 months (range 2 – 90 months) there have been 3 (2.6%) locoregional recurrences and 5 (4.4%) patients have developed metastasis.

## Conclusions

SSM and IBR is a feasible option for high risk patients, breast cancer patients with stage I, II, and patients with recurrences after breast conservative surgery. Local recurrences are low and comparable with local recurrences from modified radical mastectomy.

Techniques in radiation therapy have improved the delivery in reconstructed breasts and it seems no to be a contraindication for SSM and IBR indications although more follow-up is desirable.