

# COMPARISON BETWEEN CONVENTIONAL AND ONCOPLASTIC BREAST SURGERIES REGARDING RESECTION MARGINS AND LOCAL RECURRENCES IN BREAST CANCER



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## Aim

To compare between conventional and oncoplastic breast conservative surgery as regard to cosmetic outcome, surgical margins, local recurrences, reoperations, and patient satisfaction.

## Results

- The mean weight of the specimen was 55.89 g in the conventional group and 101.55 g in the oncoplastic group.
- The mean operative time was 65.9 min in the conventional group, while the oncoplastic group had 72.58 min.
- Both groups experienced seroma, hematoma, wound infection, wound dehiscence, lymphedema, and partial nipple necrosis at varying frequencies.

Figure 1: A case from oncoplastic group who underwent volume replacement with TDAP



## Methodology

- The study analyzed 310 patients with primary invasive breast cancer or ductal carcinoma in situ who underwent conventional or oncoplastic breast cancer surgery.
- Most patients underwent lateral and therapeutic reduction mammoplasties. Other techniques included LD flap, TDAP flap, mini-LD muscle flap, ICAP flap, grisotti flap, LICAP flap, and modified round block technique.
- Oncoplastic techniques were tailored based on breast cup size, tumor size, tumor location, and patient preference. Wide local excision of the tumor with free margins was confirmed through intraoperative frozen sections.

Figure 2: Satisfaction level between the different groups

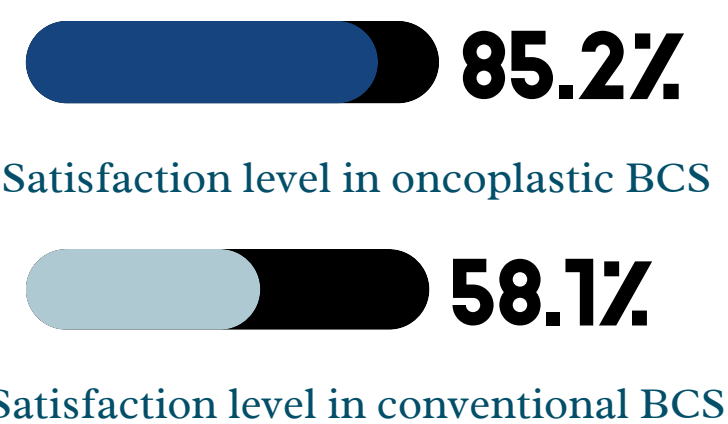


Figure 3: A case from oncoplastic group who underwent volume replacement with LICAP.

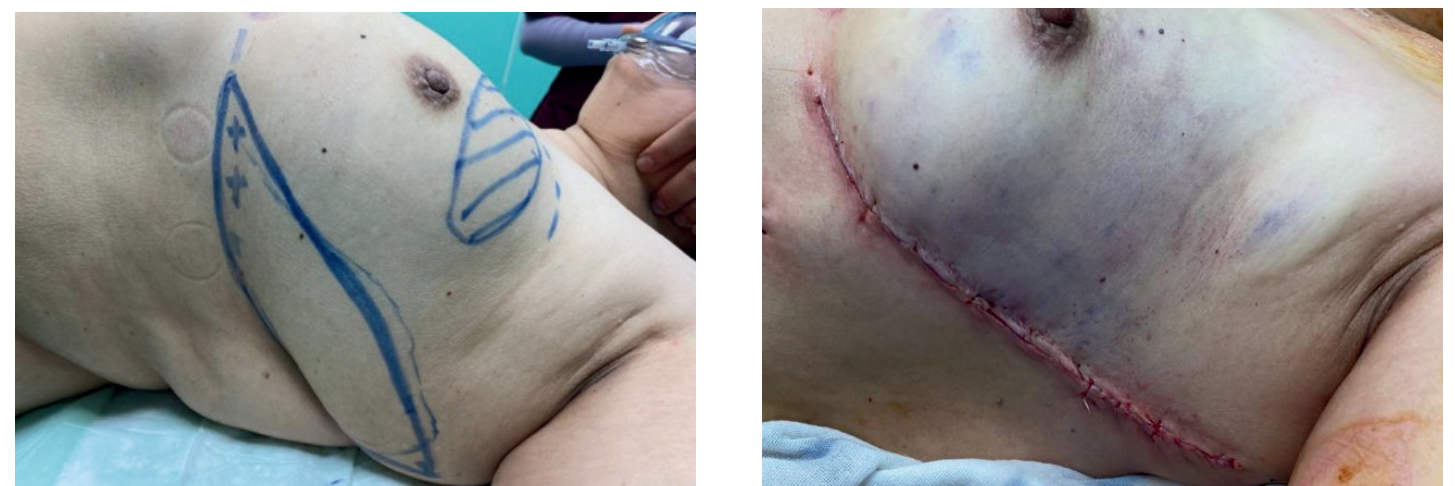
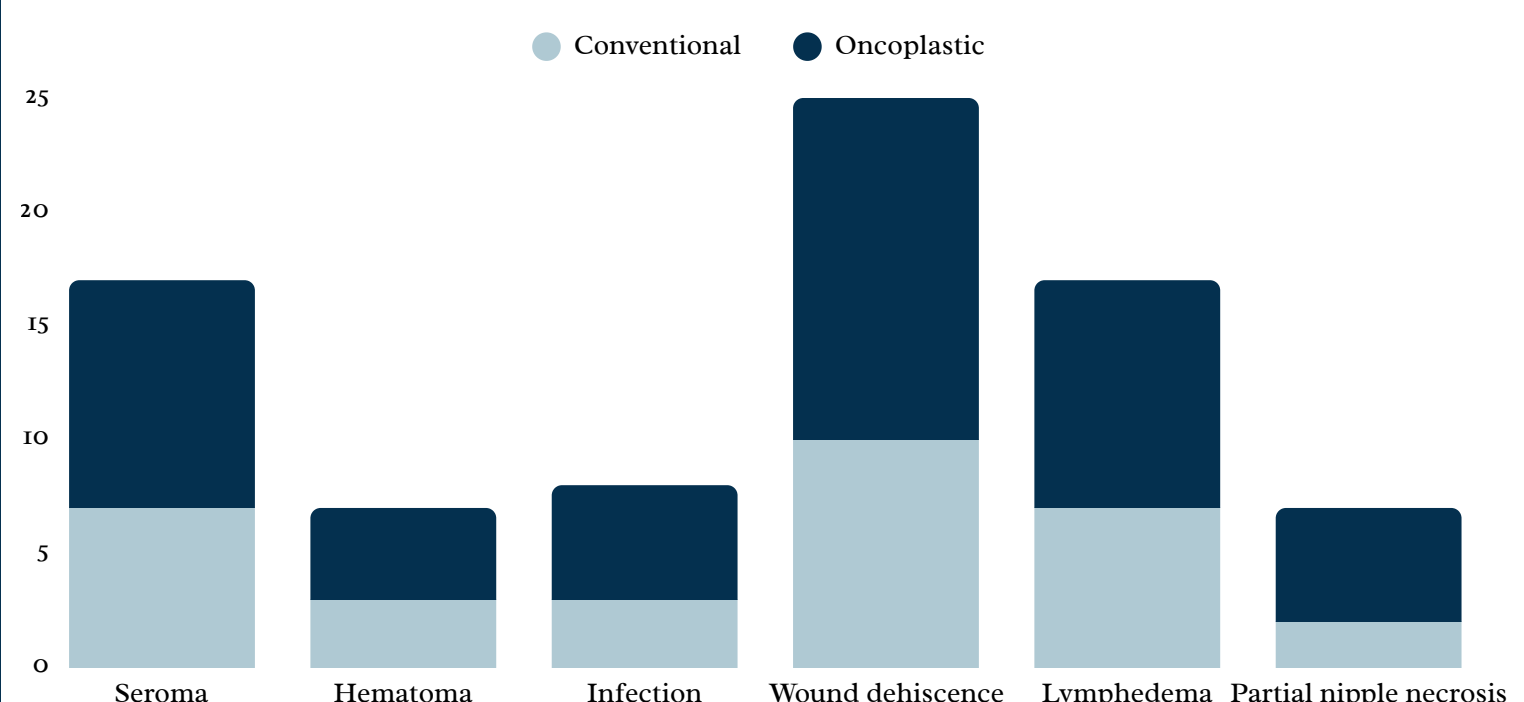


Figure 4: Complications frequencies in the studied groups



## Conclusion

- Oncoplastic breast surgeries are safe, feasible, became the standard of care in breast cancer, and are of choice in cases of multifocal cancer.
- People who performed oncoplastic breast surgeries had wider free margins, much more aesthetic outcome, better psychological status, less redo surgery, and less late deformities.
- These surgeries are more time consuming with more wound complications improved with frequent dressing, did not cause delay in the adjuvant therapy, and required more contralateral symmetrizing surgery.