

Nipple sparing mastectomy and robotic latissimus flap immediate reconstruction for ipsilateral breast cancer local recurrence

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INTRODUCTION

Nipple sparing mastectomy (NSM) and immediate breast reconstruction (IBR) by latissimus dorsi flap with robotic surgery is a recent advance in the treatment of breast cancer. The endoscopic approach allows the surgical procedure to be performed with a single cutaneous incision and smaller than that performed during conventional surgery. Very little data has been reported on performing mastectomy with NSM retention for local recurrence. The objective of this study was to report the operative results of mastectomy with preservation of NSM and IBR by flap of the large autologous dorsal lattice taken with a robotic aid in case of local ipsilateral recurrence of breast cancer.

METHODS

Monocentric retrospective observational study from 2016 to 2018. All included patients had ipsilateral local recurrence of breast cancer and were all operated by the same surgeon. The surgery was performed by robotic laparoscopy. The operative technique consisted of total mastectomy with NSM and IBR preservation by flap of the large autologous dorsal fin with or without breast prosthesis. The primary endpoint was the postoperative complication rate and the Clavien-Dindo complication grade. The duration of post-operative hospitalization (DPOH) was specified as well as the duration of surgery and anesthesia.

RESULTS

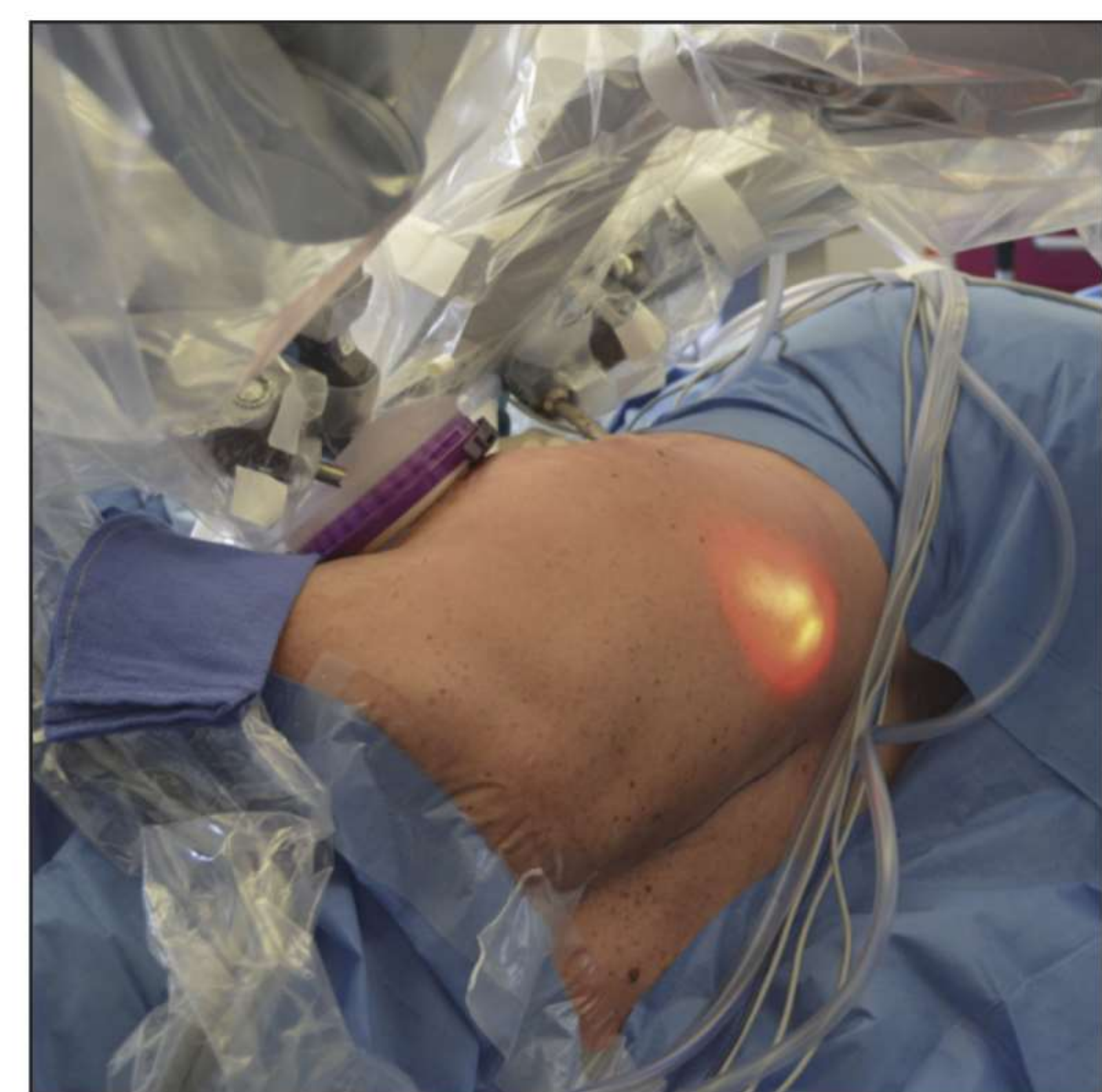
Of the 19 patients included in the study, 6 (31.6%) had a postoperative complication including a re-operation for hematoma. The duration of the surgery was 428.5 ± 94 minutes. The DPOH was 6 ± 2 days. Four patients (21.1%) had a concomitant breast prosthesis. There was no complication in the type of breast prosthesis removal.

Age	
< 50 ans	5 (26,3)
≥ 50 ans	14 (73,7)
BMI	23 ± 0,3
< 23,5	15 (78,9)
≥ 23,5	4 (21,1)
Tabac	5 (26,3)
Diabète	1 (5,3)
Tour de poitrine (cm)	87,5 ± 3,5
85	5 (26,3)
90	4 (21,1)
95	8 (42,1)
100	1 (5,3)
115	1 (5,3)
Bonnet	
A	2 (10,5)
B	10 (52,6)
C	5 (26,3)
D	2 (10,5)
Score ASA	
1	7 (36,8)
2	12 (63,2)
Antécédent de GS homolatéral	7 (36,8)
Antécédent de curage homolatéral	12 (63,2)
Antécédent de chimiothérapie	4 (21,1)

Table 1 : Caractéristiques des patientes.
BMI = Body Mass Index ; GS = ganglion sentinelle

Complications	6 (31,6)
Reprise chirurgicale	1 (5,3)
Pose de prothèse	4 (21,1)
Volume Prothèse (ml)	247,5 ± 74,2
< 300 cc	2 (10,5)
≥ 300 cc	2 (10,5)
Durée Anesthésie (min)	455,5 ± 20,5
< 382 min	10 (52,6)
≥ 382 min	9 (47,4)
Durée chirurgie (min)	428,5 ± 94
< 305 min	10 (52,6)
≥ 305 min	9 (47,4)
DHPO (jours)	6 ± 2
< 4 jours	5 (26,3)
≥ 4 jours	14 (73,7)
Taille infiltrant (mm)	8 ± 1,4
Taille CCIS (mm)	5 ± 7
Tumeurs multifocales	2 (10,5)
Grade Histopronostique SBR	
1	3 (15,8)
2	9 (47,4)
3	6 (31,6)
Poids mastectomie	323 ± 144,2
< 330g	15 (78,9)
≥ 330g	4 (21,1)
Côté opéré	
Droite	11 (57,9)
Gauche	8 (42,1)

Table 2 : Résultats de la Chirurgie.
DHPO = Durée hospitalisation post opératoire ; poids en grammes.
SBR = Grades histopronostiques de Scarff-Bloom-Richardson.



CONCLUSION

NSM with IBR by latissimus dorsi flap with robotic surgery for local recurrence appears feasible and reproducible with a low morbidity rate. Further studies evaluating aesthetic and oncological results should be conducted to validate this technique in a consensual manner.