

Surgical complications of the Breast reconstruction with implants(BRI)

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Objectives: To evaluate the complications & solutions of the BRI.

Materials and methods: Retrospective study that included 70 cases of BRI between 1/2009 - 1/2019 at the Oncologic hospital Maria Curie and others centers

Delayed breast reconstruction after mastectomy (DBR),and Immediate (IBR): nipple sparing mastectomies (NSM) and skin sparing (SSM) Complications, solutions, stage of disease and follow up were analyzed.

Results: The 70 patients were 59 cases of breast cancer;40%CDIS multicentric, 60% T1-T2-T3N0-N1; 5 relapses and 3 deaths, mean age 45,5(16-68)years old medium follow up 49,2 (6-120) months

12 patients performed neoadjuvant chemotherapy (6 DBR- 6 IBR)

18 patients performed radiotherapy (RT) (11 DBR-7 IBR)

11 cases Phyllodes.(11 IBR)

DBR were 19 cases with a low number of complications although 11 had previous radiotherapy.

51 IBR: 29 NSM and 22 SSM cases.

the complications were:

The most frequent complication in NSM with direct prosthesis

-Scar dehiscence was 7 patients (10%), which could be solved with a second reoperation

-The spontaneous deflation occurred in 4 patients (5.71%),Was saved reinflating the expander in 3 of them (75%) and replacing with definitive implants in 15 days

-Extrusion prosthesis was 2 patients (2,8%)

-Neoadjuvant chemotherapy showed a higher rate of complications in IBR, especially greater involvement of the skin with difficulty in healing, dehiscence, extrusion when associated with posterior RT or smoking

-There were 2 punctured expanders (2.8%) at the time of remotion of them.

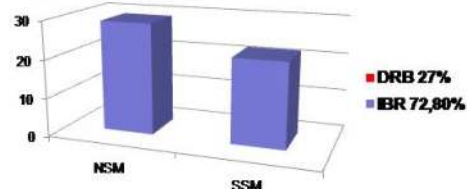
-Infections occurred in 4 patients(5.71 %) . In 3 cases, the could be washed and reinserted continuing with antibiotic treatment .

-Flap necrosis in 2 patients (2.8%) of SSM; was resected after deflating ; once healed, was insufflated again

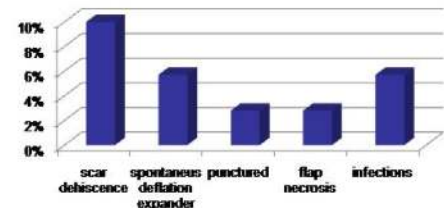
-The rotation of the valve was in 2 definitive expanders a second intervention was performed

Conclusion: this study showed, that the complications DBR and IBR procedures could be managed in a conservative manner, and resolved without loss of prosthesis or expander in a high percentage

Breast reconstructions



complications



Extrusion prosthesis
1- post radiotherapy 2- post neoadjuvant chemotherapy



3-necrosis
4-necrosis + infections
5-scar dehiscence

-Impact for neoadjuvant chemotherapy in breast reconstruction Yue-yang Hu, Weidong Chai et al. Cancer 2011 July 117(13):2833-2841

-Management of the infected or exposed breast prosthesis: a single -s surgeons. 15 years experience with 69 patients Scott Spear, plastic and reconstructive surgery vol 125 n°4 april 2010 1074-1084

-Discussion:Management of the infected or exposed breast prosthesis: a single -s surgeons. 15 years experience with 69 patients Hammond Derris, plastic and reconstructive surgery april 2010 1085-1086.

-An accelerated approach to tissue expansion for breast reconstruction: Experience with intraoperative and rapid postoperative expansion in 370 reconstructions. Pisci AL, Cordano PG Plast Reconstr Surg 2003;111:1874-1876.

A single surgeon's 12-year experience with tissue expansion/implant breast reconstruction: Part I. A prospective analysis of early complications. Cordano PG, McCaffrey CM Plast Reconstr Surg 2006;118:825-831.