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KEYWORDS

Breast; Reduction; Cancer; Bilateral; Mammaplasty; Conservative

Cite this paper

M. A. Shoeib, P. C. Parodi and C. Cidollini, "Reduction Mammaplasty as a Treatment Option for Early Breast Cancer," *Modern Plastic Surgery*, Vol. 3 No. 1, 2013, pp. 15-19. doi: 10.4236/mps.2013.31004.

with stage 1 or 2 breast cancer, with a tumor size not more than 3 cmin its greatest dimension, were operated upon by quadrantectomy, and bilateral reduction mammaplasty. Oncologic data on tumor size, location, and axillary lymph node, were assessed, and accordingly the design of the pedicle was chosen. Reconstructed breast and opposite breast reduction were evaluated. Results: Of the total 50 breast reductions techniques, 35 (70 percent) were superomedial pedicle, 4 (8 percent) were superior, 3 (6 percent) were superolateral, and 8 (16 percent) were inferior. The cosmetic result was considered to be good or very good in 18 cases, satisfactory in 6 cases, and poor in 1 case. There were no other complications as regard nipple areola ischemia, heamatoma, seroma, wound problems, fat necrosis, or recurrence in any of the cases. Conclusion: By adding breast reduction and other plastic surgery techniques to breast conservation, patients have the opportunity for an improved cosmetic outcome and overall improved quality of life. Although the combined approach between the oncologic surgeon and the plastic surgeon requires more preoperative planning and intraoperative care, the concept can reduce deformities, favor the oncologic treatment, and optimize the aesthetic outcome in most early-stage cancer patients.

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