

Joint Event

Breast Pathology &amp; Cancer | Gynecology and Obstetrics Pathology | Palliativecare &amp; Gerontology

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## Autologous fat grafting to the post mastectomy irradiated chest wall - A new way for minimal invasive breast reconstruction: A series of fifty four patients

**Introduction:** Breast reconstruction after total mastectomy and irradiation is a real challenge for the surgical teams and is a crucial step for the patient in the life after breast cancer. The effect of radiotherapy on the skin often leads to preferring the reconstructions by flaps. However, reconstructions by prosthesis carry a high risk of complications and unsatisfactory cosmetic results. The optimization of skin trophicity by lipofilling and its positive impact on the results of secondary prosthetic breast reconstruction led us to perform an autologous fat grafting prior to secondary implant breast reconstruction after mastectomy and radiotherapy.

**Patients & Methods:** All patients were treated at the same center between 2012 and 2015. They all had a total mastectomy and irradiation. They all had one or more sessions of lipofilling prior to breast implant reconstruction. Patients were followed to collect this data: postoperative complications, prosthesis removal, cosmetic result, and tumor recurrences. Fifty-four patients were included in the study.

**Results:** The mean pre-pectoral lipofilling session was 1.1 (1-2). The average volume of fat injected is 150 cc (80-250). The average time between the end of treatment and the first session of lipofilling is 20.4 months (3-60). The mean volume of the prosthesis is 400 cc (290-620). The mean follow-up time is 22 months. No local tumor recurrence was reported. One patient had a cutaneous necrosis after lipofilling. Implant explanation was performed in three cases (5.5%). The mean cosmetic result is 4.7 (3.5-5).

**Conclusion:** Pre-pectoral lipofilling prior to implant breast reconstruction improves the chances of success by optimizing the trophicity of the skin. It significantly reduces the risk of prosthesis explanation. Therefore, this protocol allows us to propose a minimal invasive breast reconstruction, with no additional scar and no additional pain.

### Biography

Kais Razzouk is a Specialist in Women's Oncology. He is concerned with breast disease, from surgery for benign or malignant diseases to breast reconstruction, is also a Specialist in gynecological cancers, having a global multidisciplinary approach using minimally invasive surgery. Since 2006, he has joined the Haute-Normandie Center for Cancer Research as a Cancer Surgeon. He has been Manager and Advisor in Onco-Gynecology focusing above all on women's cancer care and more particularly breast cancer. He has participated in the development of certain surgical techniques which he applies to breast cancer care. The aim is to minimize the patients' physical and psychological pains, to preserve their self-image by paying particular attention not only to their cancer results but also the aesthetic side.

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