

AUTOLOGOUS FAT GRAFTING TO THE POST MASTECTOMY IRRADIATED CHEST WALL A WAY FOR MINIMAL INVASIVE BREAST RECONSTRUCTION: A SÉRIES OF 54 PATIENTS

K Razzouk

Institut du Sein Nice Santa Maria, France

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, a reconstruction by prosthesis carries 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 Nord Artois Breast Institute-France 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.

Results: 54 patients were included. 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 explantation was performed in three cases (5.5%). The mean cosmetic result is 4.7 (3.5-5).

Conclusions: 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.

kais.razzouk@gmail.com