INTRODUCTION

Retroareolar breast cancers were traditionally treated with mastectomy. Grisotti flap technique allows breast conservation using a dermoglandular volume displacement method. This study explores the oncoplastic safety of the procedure and complications over a ten-year period in a single centre.

OBJECTIVES

Primary aim was to identify the number of local and distant recurrence. Secondary aims were the number requiring further re-excision or mastectomy, wound complications and mortality.

METHODS

Data was collected prospectively from January 2005 to January 2015. All patients underwent wide local excision for retroareolar breast tumour requiring removal of the nipple-areola complex and immediate reconstruction with Grisotti flap reconstruction in a single centre.

RESULTS

Sixty-nine patients were operated during the study period. Most of the patients were postmenopausal (94%), had invasive cancer (64%) that was node negative (74%). Most patients had adjuvant radiotherapy (81%) and endocrine therapy (70%).

Margins were involved in ten patients (14%), six underwent mastectomy of which three had residual in-situ disease. There were no local recurrences but three distant recurrence, one died of metastatic liver disease. There was three further deaths not related to breast cancer. There were no flap necrosis in our series, superficial infection in 7% and infected seroma in 3%.

CONCLUSIONS

Grisotti flap technique can be used for a select group of breast cancer patients with retroareolar breast cancers with good oncoplastic safety and minimal complications. Our study represents one of the largest series of Grisotti flap reconstructions with results comparable with standard breast conserving surgery. Data is currently being collated regarding patient reported outcome measures.

REFERENCES