OBJECTIVES

Objective: Several techniques are available either to prevent or to treat breast seromas after a mastectomy. The lack of evidence, does not justify not approaching the problem with innovative adapted techniques. A case series design was used to determine the effectiveness of the use of surgical talc for the treatment of persistent breast seromas. The purpose of this study is to describe a proper technique for the use of talc seromadesis.

METHODS

Methods: A case series study on six female patients (ages 68 ± 7.9) with diagnosis of Invasive Ductal Carcinoma (IDC) (5 patients) and Ductal Carcinoma In Situ (DCIS) (1 patient), with a presence of a resistant breast seroma. A solution was prepared with 5 g of surgical talc diluted in 90 ml of isotonic saline solution and 10 ml of lidocaine hydrochloride 1% solution (without epinephrine).

An approximately 1 cm incision next to the surgical wound was performed, to reach the subcutaneous death space flap. Thirty milliliters of the solution was injected and left for five minutes, after that a Biocav™ drain was secured and left to less than 20 ml per day was self-reported by the patient. The following variables were measured: Amount of drainage before the seromadesis, time of Biocav maintenance, and fluid production a week after Biocav removal.

RESULTS

Results: From the six patients, four had the seroma for less than a month, whereas the other two had it for 6 and 12 months. The medical history reported an average of 181.67 ± 121.71 ml per week before the seromadesis. After the seromadesis the Biocav was left for an average of 28.67 ± 15.34 days. During the follow up an average of 7.5 ± 2.5 ml was extracted. One patient returned after two months with a new seroma producing around 290 ml per week. A second participant with a concomitant uncontrolled DM2 and post-irradiated presented an infected wound, which had to be healed by secondary intention.

CONCLUSIONS

Conclusions:

- The Talc seromadesis demonstrated to be an effective procedure to treat resistant seromas.
- The presence of concomitant pathology should be taken into consideration.
- It is important to use a diluted solution of surgical talc and to perform local massage, so the substance is well distributed throughout the whole death area.
- Also the use of lidocaine is important to reduce the pain.
- After the drain is secured a compressive bandage should be applied.
- The drain should not be removed until a production of less than 20 ml is reported.
- In order to confirm the effectiveness of the procedure, a needle aspiration of less than 20 ml should be performed a week after the drain has been removed.

REFERENCES