

Oncoplastic Neoareolar Reduction Mammoplasty with Nipple Reconstruction: Expanding Indications for Breast Conserving Therapy



Angelena Crown, MD¹ and Janie W. Grumley, MD²

¹Virginia Mason Medical Center, Department of Surgery, Seattle, WA ²Providence Saint John's Health Center, John Wayne Cancer Institute, Santa Monica, CA

Figure 2. Surgical Complications.

Dehiscence

n=1

Seroma

n=1

BACKGROUND

- Breast conserving therapy (BCT) is associated with improved quality of life and cosmetic outcomes compared to mastectomy
- Subareolar cancers abutting the nipple-areolar complex (NAC) present a unique cosmetic and oncologic challenge
- Oncoplastic central partial mastectomy using a neoareolar reduction mammoplasty with an immediate nipple reconstruction is a novel technique that can permit BCT in these patients

METHODS

- Consecutive patients with central tumors who underwent partial mastectomy with neoareolar reduction mammoplasty and immediate nipple reconstruction were included in this series
- Patient demographics, imaging and pathology disease span, margin width, re-excision rates, mastectomy rates and cosmesis were evaluated

RESULTS

Table 1. Patient and lesion characteristics

Table 1. Facient and resion characteristics.		
Characteristics		
Average patient age	61.8 ± 9.5 years	
Average BMI	$29.4 \pm 5.9 \text{ kg/m}^2$	
Imaging size	51.5 ± 43.0 mm	
Pathology size	59.5 ± 45.2 mm	
Distance from nipple	3.3 ± 4.8 mm	
Invasive carcinoma	18 (78.3%)	
Presence of EIC	14 (60.9%)	

Table 2. Surgical outcomes.

Table 11 Sargical Saccomes.	
Surgical Outcomes	Patients, N=23 (%)
No ink on tumor	22 (95.7%)
Surgery for <2mm margins	11 (47.8%)
Mastectomy	1 (4.3%)
Achieved BCT	22 (95.7%)
Good to excellent cosmesis Of 22 achieving BCT Of 6 with complications	21 (95.5%) 5 (83.3%)
Complications Any Requiring reoperation	6 (26.1%) 2 (8.6%)

Figure 1. Management of inadequate margins.

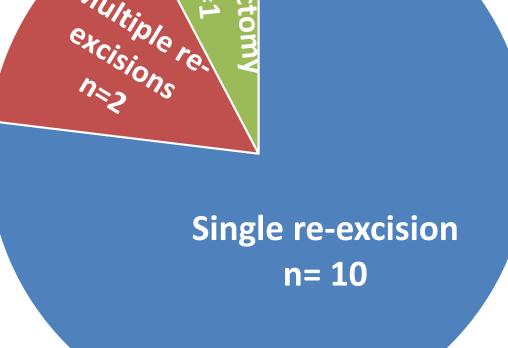
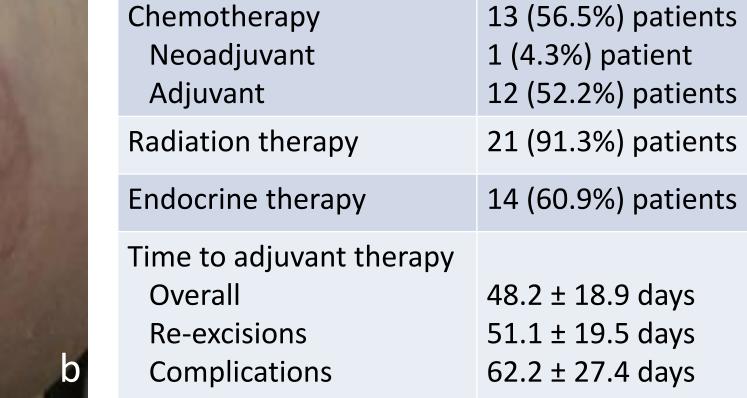


Figure 3. NAC ischemia, 2 weeks (a), 2 months (b).





NAC ischemia

n= 3

Table 3. Adjuvant therapy.

Adjuvant Therapy

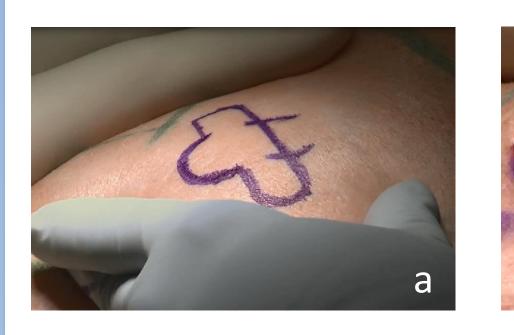
Figure 4: 43-year-old woman with extensive left breast DCIS abutting the NAC. Preoperative photo (a). 2 weeks post-op following neoareolar reduction mammoplasty with nipple reconstruction (b). 2 weeks following re-excision and contralateral mastopexy for symmetry (c).



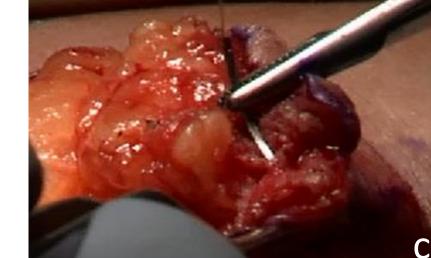




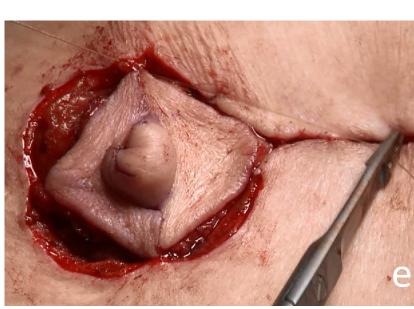
Figure 5: Stepwise approach to nipple reconstruction. An inverted T incision is marked (a) and elevated with electrocautery (b). The new nipple is then reapproximated (c) and the neoareola is marked (d). The cardinal sutures are placed (e) and the complex closure is completed (f).













CONCLUSION:

- This single-stage oncoplastic approach allows patients with subareolar cancers abutting the NAC to consider BCT
- This technique avoids mastectomy and minimizes the number of operations required for reconstruction while maximizing cosmetic outcomes without delaying initiation of adjuvant therapies
- In this cohort, presence of EIC and pure DCIS resulted in frequent need for re-excision; however, re-excision can be successfully performed without significant compromise to cosmetic outcomes
- Further study is warranted to evaluate long-term oncologic and cosmetic outcomes associated with this approach