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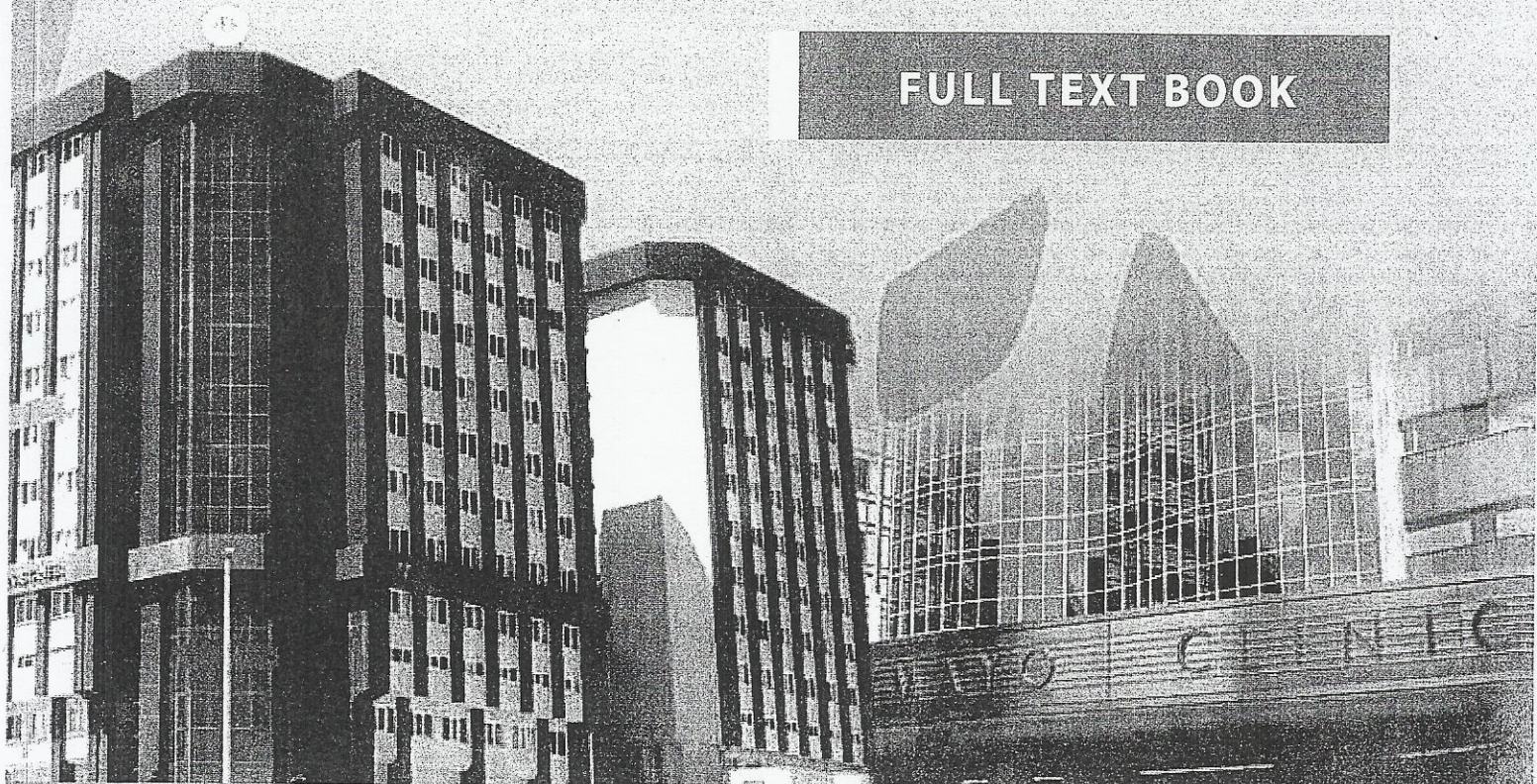
FULL TEXT BOOK



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SEVERE INFLUENCE OF EARLY PREGNANCY ON NEWLY RECONSTRUCTED BREAST

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Introduction

Since mastectomy may have a devastative effects on the patient's apperance, body image and psychology, especially in young women, immediate breast reconstruction is widely preferred to avoid the unpleasant results caused by the defect of mastectomy(1-4). In this study, an unusual patient who underwent subcutaneous mastectomy and immediate reconstruction using a breast implant is presented in whom severe effects of early pregnancy on the newly reconstructed breast developed, while wound healing and formation of the breasts were still going on.

Case report

Presented here is the case of a 33 year-old patient. Considering her fibrocystic mastopathy, atypical ductal hyperplasia and a history of familial breast cancer, subcutaneous mastectomy and breast reconstruction using an implant was planned with skin reduction and repositioning of the areola-nipple complex. During the operation, a previously marked periareolar and infra areolar breast skin was de-epithelialised in the usual manner to create a safe areolar pedicle, and then an incision along the lateral margin of the de-epithelialised area in the lower breast was made into the breast tissue, allowing us to remove the breast tissue completely leaving an extremely thin subdermal fat layer. Thus, subcutaneous mastectomy was performed while preserving the integrity of the muscular fascia and ensuring the thickness of the flaps similar to those dissected for radical mastectomy.

The pocket for the breast implant was carried out under the chest muscles which consisted of the pectoralis major, serratus anterior and rectus abdominis muscles carefully following precautions for hemostasis. An anatomically shaped implant of 375 cc with texured surface was inserted into it (figure 1).

During her postoperative follow-up examinations which was conducted periodically, it was expected that the formation of the breasts in relation to the prosthesis would take place in the healing time. In contrast, an increase in the skin thickness and breast fullness, massive filling in the submammarian fold, a vertical suture depression and consolidation were observed. These unexpected deformities were based on a pregnancy begining just after the last operation. Later, the breast findings were followed both clinically and photographically. After termination of the pregnancy, reduction in the skin thickness, involution of the glandular tissue and changes in the shape of the breasts were observed to continue for six months. The end result was development of an unacceptable breast appearance which required a major revisional surgery (figure 2).

Discussion

Pregnancy severely affects all parts of the body with the breasts being one of its main targets in the body. Glandular hyperplasia and hypertrophy is a well-known pregnancy effect in the breast, which can lead to complete distortion of the whole breast contour during pregnancy and lactation. Additionally, breast hyperthrophy and ptosis, areolar enlargement, nipple hypertrophy and hyperpigmentation of the nipple-areola complex are the most common effects on the breast. Naturally, with time, gradual but complete return to the normal is observed within six moths following the cessation of both pregnancy and lactation. However, in some cases breast atrophy may take place after lactation. The effects of pregnancy on the breast and flap donor sites have been shown in patients who underwent flap reconstruction from several studies (4-8). However, little information exist, demonstrating the changes in breast structure and shape that occurs in pregnancy in women with newly reconstructed breasts with an implant following subcutaneous mastectomy.

Many women now tend to choose to have a more natural breast reconstruction to correct the potential defects of their mastectomy in the same surgical session. Especially, in patients who undergo mastectomy for benign breast disorders or as prophylaxis against breast cancer, immediate breast reconstruction is performed in almost all cases using an implant that is the most preferred method corresponding to using of autologous tissue. Some of the advantages of this approach of flap reconstruction include its short operation time, less bleeding, early healing and satisfactory results and no donor site morbidity.

Although it is the aim of every surgeon to achieve good outcomes, generally, cosmetic results of breast reconstruction after subcutaneous mastectomy may vary tremendously from one patient to another depending on the preferred surgical technique, features of the implant and implantation, skin elasticity, breast size, incision site or any of the other well known factors.