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Is Surgery for Locally Advanced Breast Cancer Possible? A Multidisciplinary Approach

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Abstract

Locally advanced breast cancer has a low incidence and the first line treatment is chemotherapy and radiotherapy. Herein, we present a case report of a 61 years-old woman with a diagnostic of locally advanced breast cancer without response to treatment. Due to the pain and the decreased of quality of life, we decide to perform a multidisciplinary surgery with excellent results. We suggest that a multidisciplinary surgical resection can be the solution when there is a lack of response to the chemotherapy and the patient refers pain and deterioration.

Keywords: Breast cancer; Chemotherapy; Radiotherapy; Multidisciplinary resection

Case Report

A 61-year-old woman with a diagnostic of locally advanced breast cancer affecting skin, rib cage and sternum was derivate to our Breast Surgery Unit to assess surgical treatment. A mass of hard consistency with skin retraction and ulceration was palpated during medical examination (Figure 1A). A diagnosis of an extensive density asymmetry, retraction with a thickened nipple areola complex (NAC) and ipsilateral skin thickening with a multinodular mammary mass wrapping the pectoral and intercostal musculature and multiple adenopathies were shown in the complementary imaging tests (Figures 1B and 1C).The patient referred pain and decreased of quality of life and due to the skin ulceration and the lack of chemotherapeutic response.

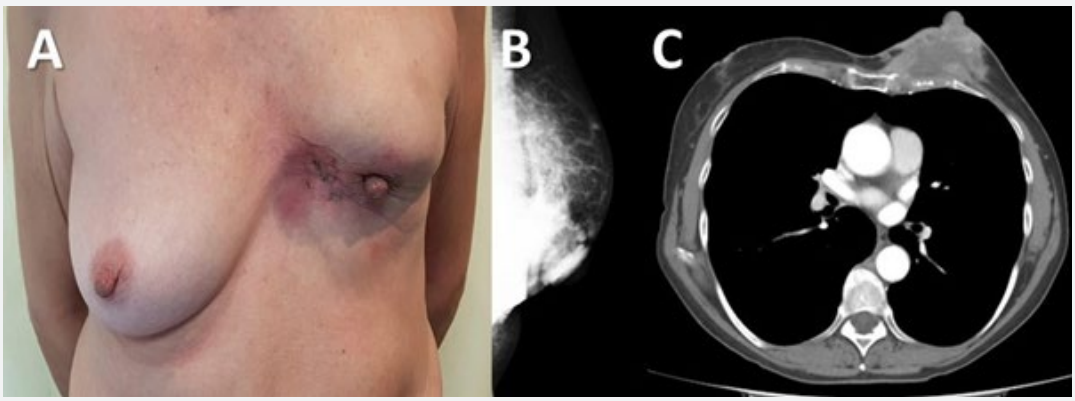

Figure 1: (A) Mass of hard consistency with skin retraction and a post-chemotherapy healed ulcer. Mammography (B) and Thoracic CT scan (C) show multinodular mammary mass involvement of pectoral and intercostal musculature and multiple adenopathies with retraction and thickened of NAC.

We planned to perform a block resection with a multidisciplinary surgical team. The surgical procedure was performed under general anaesthesia with the patient in supine position with her left arm extended. The mastectomy incision was mapped out preoperatively, with the patient in the upright position (Figure 2A). We performed a radical mastectomy leaving the deep plane attached to the costal wall. Next, a block resection including the breast, axillary lymph nodes and fourth and fifth costal arch within the pectoralis major and intercostal musculature, was made in collaboration with the Thoracic surgeon (Figure 2B). A thoracic drainage was placed. The thoracic wall reconstruction was carried out with a polytetrafluoroethylene mesh set with a monofilament suture and covered with a latissimus dorsi flap made by the Plastic Surgeon (Figure 2C).

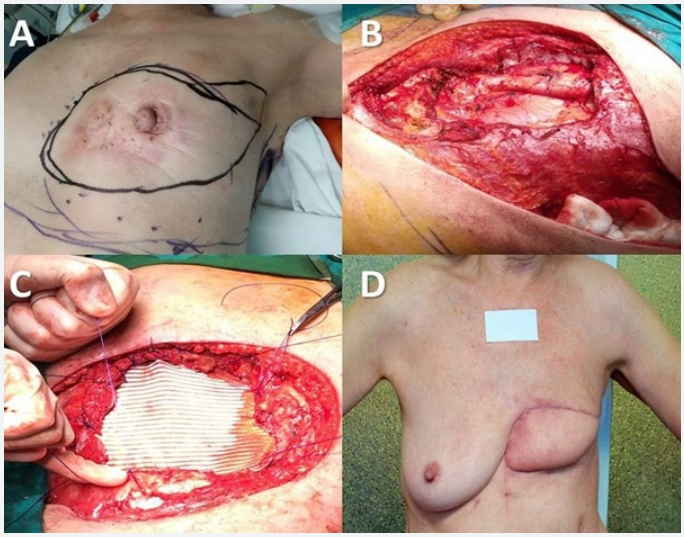

Figure 2: The surgical procedure. (A): Preoperative markings. (B): Radical mastectomy leaving the deep plane attached to the costal wall. Block resection with a direct vision inside the thoracic cavity. (C): Thoracic wall reconstruction with a polytetrafluoroethylene mesh and covered with a latissimus dorsi flap. (D): Postoperative results six weeks after the surgery.

Results

The patient's postoperative course was uneventful. She was discharged on the seventh postoperative day. The wound was followed up for several weeks until satisfactory healing was observed (Figure 2D). Pathologic evaluation confirmed an infiltrating carcinoma (lobular infiltrative pattern) with metastases in 1 of the 17 axillary lymph nodes. Pectoralis major and intercostal musculature were affected, and the sternal edge was free of neoplastic infiltration.

Discussion

Locally advanced breast cancer has a low incidence (4-6%) and the first line treatment is chemotherapy and radiotherapy [1,2]. However, when there is a lack of response to the chemotherapy and the patient refers pain and deterioration, a multidisciplinary surgical resection can be the solution [3]. The main objectives of the resection are ensuring complete resection of the tumor to get free microscopic margins of the lesion, and to achieve the primary closure of the thoracic cavity and skin if necessary. With this case report, we suggest that a multidisciplinary surgical approach facilitates complete resections with curative intent favoring the quality of life of patients.

Conflict of Interest

We declare that this manuscript is original, has not been published before and is not currently being considered for publication elsewhere. We know of no conflicts of interest associated with this publication, and there has no significant financial support for this work that could influenced its outcome.

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