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COMPARING CONVENTIONAL BREAST CONSERVING SURGERY WITH THE MINIMALLY INVASIVE APPROACH TECHNIQUE TO TREAT EARLY BREAST CANCER - A RETROSPECTIVE CASE CONTROL STUDY

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Objective: The objective of the study was to compare the oncological safety and aesthetical results between the minimally invasive technique (MIT) and the conventional breast conserving (CBC) surgery. Breast conserving surgery was developed to avoid mastectomy and has become the standard of care in early stage breast cancer. Patient concerns with aesthetics have led to the development of oncoplastic surgical approaches. It has been demonstrated that the aesthetic success in breast cancer surgical treatment leads to improved sexual and social recovery. In patients that have no desire or no need for associated mammoplasty, minimally invasive treatments allow the maintenance of the breast pre-surgical appearance. The MIT is an oncoplastic surgery aimed to remove both the breast tumor and the sentinel lymph node through one incision, thus providing better aesthetic results than the CBC two incision technique. Methods: We retrospectively evaluated 2 cohorts of 60 consecutive early breast cancer patients (invasive breast cancer measuring no more than 25 mm and clinically axillary negative lymph nodes) operated by either CBC surgery (n=26) or one incision surgery (n=34). We selected patients that have no desire or no need for associated mammoplasty. We compared the mammary volume tissue removed; surgical time; number of dissected lymph nodes; surgical complications; and subsequent aesthetic sequelae. **Results:** In the MIT group the breast volume removed was significantly lower than in the CBC surgery group as well as was the surgical time and the number of dissected lymph nodes. No cases required enlargement of the margins and aesthetical results were better in the MIT group. **Conclusions:** The minimally invasive approach to treat early breast cancer was shown to be similar to the CBC surgery in terms of oncologic outcomes but providing better cosmetic result.