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# ANALYSIS OF 41 PATIENTS WHO UNDERWENT ADENOMASTECTOMY AFTER A BREAST CANCER DIAGNOSIS IN A PUBLIC BRAZILIAN HOSPITAL

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**Objectives:** to describe the indications and complications of 41 patients with breast cancer submitted to skin-sparing mastectomy with or without preservation of the areola-papillary complex at a Public Hospital in Brazil. **Methods:** We've performed a retrospective analysis of 41 patients diagnosed with breast cancer that were treated from January 2008 to May 2015 and had adenomastectomy at Pérola Byington Hospital. Description data is shown. **Results:** The age of the patients ranged from 28 to 62 years, with a mean of 46 years. Invasive ductal carcinoma was diagnosed in 24 cases (58.4%), the invasive lobular type in 3 cases (7.3%). The other 14 (34.1%) cases were patients with multicentric ductal carcinoma *in situ*. In the invasive tumors there was predominance of hormone receptor positive (81.4%). In the preoperative clinical staging predominant was TisN0M0 in 31.7% cases. The preservation of areola-papillary complex occurred in 28 cases (68.2%). The sentinel lymph node biopsy it was made in 70.3% cases the invasive tumors. Regarding immediate repair reconstruction, the expander prosthesis was used in 38 cases (92.6%). Among the complications, there were no reports of bruising or infection. Extrusion of the expander prosthesis occurred in only 2 cases (4.8%). After a mean follow-up of 48 months, no local recurrences were reported. **Conclusions:** Skin sparing mastectomy with or without preservation of the areola-papillary complex is a safe option in the oncologic treatment of *in situ* and invasive cancer (T1 and T2), especially in multicentric forms in patients with small breasts. Immediate reconstruction was possible in all patients. The main complication observed was the late extrusion of the prosthesis in 4.8% of cases.