

<https://doi.org/10.29289/259453942022V32S2088>

EXTREME ONCOPLASTIC SURGERY IN A PATIENT WITH BREAST CANCER AND MACROMASTIA

José Manuel Lagos Bononato¹, Jaime Letzkus Berríos¹, Jorge Gamboa Galte¹, María José Del Río Vigil¹, Guillermo Belmar Soto¹, Andrea Sepúlveda Hales¹

¹Universidad de Chile – Santiago, Chile.

Until the 1970s–1980s, the only treatment recommended for breast cancer was mastectomy. During those years, prospective randomized trials confirmed the survival equivalency for breast conservation (when compared to patients with tumors 5 cm or smaller). During the past decades, there has been significant progress in breast cancer diagnosis and treatment. This progress has led to improved overall and breast cancer-specific survival. Extreme oncoplasty is a breast-conserving surgery that uses oncoplastic techniques in a patient who, in most cases, would require a mastectomy. This is particularly useful in patients with breast cancer and macromastia, with an oncoplastic reduction approach in the affected breast and reduction mammoplasty in the contralateral breast. We present the case of a 32-year-old woman with a multifocal tumor located in the inner lower quadrant of the right breast. The core biopsy revealed an invasive ductal carcinoma of 2.5 cm (cT2 N1 HER2+). After neoadjuvant chemotherapy with trastuzumab, there was a complete clinical response. The surgical treatment was an extreme oncoplastic surgery in the affected breast with a reduction mammoplasty to the left breast. The surgical biopsy revealed a complete pathological response both in the breast and the axilla. After a 7-month follow-up, there is no locoregional recurrence and the aesthetic result is excellent for both the patient and the surgical team. We selected this case to prove that despite the COVID-19 pandemic, it is possible to offer the best surgical treatment according to each patient, giving the option of personalized medicine.

Keywords: Extreme oncoplasty. Breast reduction. Reduction mammoplasty.