Oncoplastic surgery for Paget’s disease of the breast

René Aloisio da Costa Vieira¹, Rafael José Fábio Pelorca¹, Idam de Oliveira-Junior²

¹Programa de Pós-Graduação em Tocoginecologia, Faculdade de Medicina de Botucatu – Botucatu (SP), Brazil.
²Hospital de Câncer de Barretos – Barretos (SP), Brazil.

Objective: Paget’s disease of the breast (PDB) is a rare nipple entity associated with multifocality. Due to its location, it is necessary to resect the nipple-areolar complex. For surgery, central quadrantectomy, and for mastectomy was the treatment in the past. The feasibility of performing oncoplastic breast surgery (OBS) for PDB is unknown. The objective of this study was to evaluate the feasibility of oncoplastic surgery for Patet’s disease of the breast. Methodology: This retrospective study was approved by the institutional Research Ethics Committee under numbers 657293 and CAAE 31046314.5.0000.5437. Patients with PDB treated at a tertiary cancer hospital between 2000 and 2021 were evaluated. We evaluated the factors related to the performance of OBS in PDB. In addition, the impact of OBS on local recurrence and survival was analyzed. Comparisons were made between groups using the chi-square test, Mann-Whitney U test, and Kaplan-Meier method. To assess the impact factor of the variables on the performance of OBS, logistic regression was performed. Results: A total of 85 patients were evaluated. OBS was performed in 69.4% (n=59), and of these, 16 (27.2%) were symmetrized with a contralateral surgery. Mastectomy without reconstruction was performed in 28.3% of the patients. The main procedure performed was mastectomy with reconstruction (44.7%), and the preferential technique for immediate reconstruction was skin sparing mastectomy with prosthesis, and for late reconstruction, latissimus dorsi. BCS was performed in 27.0%, mainly with plug-flap technique (OBS). Age was associated with the use of OBS, wherein patients aged 40–49 years were associated with a higher rate of OBS (p=0.002; odds ratio 3.22). OBS did not influence local recurrence (p=1.000), overall survival (p=0.185), or cancer-specific survival (p=0.418). Conclusion: OBS improves the quality of surgical treatment in PDB without influencing local recurrence or survival.

Keywords: breast neoplasms; breast reconstruction; plastic surgery.