

Case Report

Breast Reconstruction Surgery Following Wide Resection of Basal Cell Carcinoma Located in the Upper Central Region of the Breast - Case Report

Marcus Vinícius Ponte de Souza Filho*, Sídia Renata Holanda Coelho Bizarria, Sara de Almeida Siqueira, Ivanilson Ranieri de Brito, Romero Marques Catão, and Milena Alves Guerra de Araújo

Department of Plastic Surgery, Fortaleza General Hospital, Brazil

***Corresponding author**

Marcus Vinícius Ponte de Souza Filho, Department of Plastic Surgery, Fortaleza General Hospital, Fortaleza, Brazil, Tel: 55-85-9880-76667; Email: mvponte@icloud.com

Submitted: 02 March 2017

Accepted: 23 March 2017

Published: 25 March 2017

ISSN: 2379-0911

Copyright

© 2017 de Souza Filho et al.

OPEN ACCESS**Keywords**

- Basal cell carcinoma
- Breast tumor
- Breast reconstruction
- Pitanguy's superior pedicle technique

Abstract

Basal cell carcinoma (BCC) is the most common cutaneous cancer. In the literature, there are few reports of the presence of BCC in the breast region. BCC should be treated by wide resection. Such surgery can treat cancer, but the aesthetic appearance may not be assured. This article will detail the patient treatment undergoing breast reconstruction following wide resection of BCC located in the upper central region of the breast.

ABBREVIATIONS

BCC: Basal Cell Carcinoma

INTRODUCTION

Basal cell carcinoma (BCC) is the most common skin cancer. Approximately 80% occurs in the head and neck. Ultraviolet radiation has been reported as the major risk factor in its etiopathogenesis [1-4]. There are unusual locations for BCC. In the breast, it has been poorly reported [1].

The best treatment of skin cancer is wide resection, ideal performed with oncological control. Such surgery can treat cancer, but the aesthetic appearance may not be assured [5].

Several techniques have been developed for quadrantectomy defects restorations. The relative tissue paucity can be particularly difficult to manage. Tumor location is also important, thus the reconstruction of upper regions is a challenge for plastic surgeons. Grisotti et al., defines the upper quadrant as "no man's land" [6].

Different techniques for upper defects reconstruction have been published. Recently, a technique for reconstruction of partial mastectomy defects has been described [7]. It was originally indicated for the upper lateral region lesions. However, its use for the reconstruction of superior central defects has not been reported.

This article will detail the patient treatment undergoing breast reconstruction following wide resection of BCC located in the upper central region of the breast.

CASE PRESENTATION

A 62-year-old woman, with severe chronic obstructive pulmonary disease, presented an extensive cutaneous ulceration in upper central region of the right breast (Figure 1).

In May 2009, the patient was submitted to a wide resection of the lesion followed by immediately repaired with the proposed technique (Figure 2,3).

Preoperatively, the patient is marked according to the standard Pitanguy superior pedicle technique for breast reduction (Figure 3, above, left). The tumor is identified and the skin overlying the tumor is marked so that an adequate tumor margin clearance is achieved (including skin). The vertical line AB is extended to point G on the inframammary crease (Figure 3, above, right). After tumor resection, the reconstruction is initiated by marking a cutaneous-parenchymal flap on the lower portion of the breast, ipsilateral to the tumor defect. This flap is delimited by the lower margin of tumor resection, line DG and a line starting at point G and passing vertically through the ipsilateral vertical line to the lower margin of tumor resection (Figure 3, center, left). The flap is moved upward toward the tumor defect until point G' coincides with point C (Figure 3, center, right). After resection of excessive



Figure 1 Ulcerated lesion located in the upper central region of the right breast.



Figure 2 Wide resection at the upper aspect of the right breast Intraoperative.

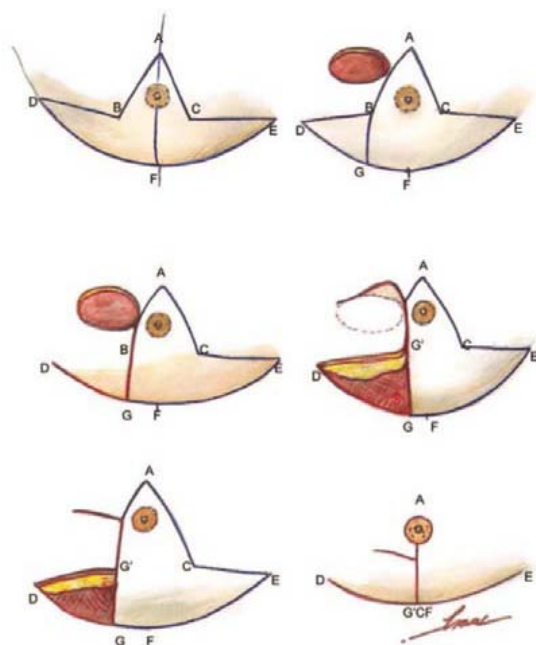


Figure 3 Author's technique for reconstruction of partial mastectomy defect of upper aspect of the breast.



Figure 4 Inverted T-scar, associated with a line perpendicular to vertical.



Figure 5 Post-operative excellent aesthetic result after one year and six months follow-up.

distal flap tissue, the area of tumor extirpation is reconstructed and the breast defect (the flap donor area) is now placed inside the markings of the Pitanguy superior pedicle technique (Figure 5, below, left). The remaining lower breast tissue may be resected or de-epithelialized and used as an inferior or superior dermal-parenchymal pedicle if necessary. The breast flaps are then mobilized and sutured by approximating points G', C, and F to the midline. Finally, the flaps are closed in an inverted T scar associated with a line perpendicular to the vertical. The position of this additional horizontal scar will depend on the location of the breast tumor (Figure 3, below, right) [7]. In the present case, this perpendicular line is located above the nipple because the defect was situated very high (Figure 4).

In the postoperative follow-up, the patient presented no skin necrosis and no wound dehiscence. After one year and 6 months, she had excellent aesthetic result without recurrence of the lesion (Figure 5).

DISCUSSION

BCC is the most frequent malignant tumor of the skin. It develops characteristically on sun-exposed areas [1,3,4]. BCC of the breast is rare. The early detection may not be performed and the tumor can have a progressive increase in size. Surgical

treatment can be difficult and a complex breast reconstruction may be required.

A variety of techniques have been described for upper medial and lateral quadrant defects, however, “no man’s land” area constitutes a challenge for reconstructive surgery [7].

In this case, the breast reconstruction technique described in 2009 used a lateral flap to restore a superior central defect [7]. This technique solved a complex defect in the mammary region. In addition, the use of this flap for upper central defects represents an unprecedented description in the literature.

CONCLUSION

The use of lateral pedicle technique described in 2009 was an excellent option for reconstruction after extensive resection of BCC located in the upper central region of the breast. It provided minimal sequel and a rapid patient recovery.

REFERENCES

1. Niwa ABM, Pimentel ERA. Basal cell carcinoma in unusual locations. An Bras Dermatol. 2006; 81: 281-284.
2. Mantese SAO, Berbert ALCV, Gomides MDA, Rocha A. Basal cell Carcinoma - Analysis of 300 cases observed in Uberlândia - MG, Brazil. An Bras Dermatol. 2006; 81:136-142.
3. Rubin AI, Chen EH, Ratner D. Basal-Cell Carcinoma. N Engl J Med. 2005; 353:2262-2269.
4. Wong CS, Strange RC, Lear JT. Basal Cell Carcinoma. BMJ. 2003; 327: 794-798.
5. Tostes ROG, Amorim WC, Morici AFC, Silva LCR, Andrade Júnior JCCG, Mendonça ACC. Bilobulated flap: a new option in the partial reconstruction of the breast. Soc Bras Cir Plast. 2006; 21: 88-96.
6. Grisotti A. Immediate reconstruction after partial mastectomy. Oper Tech Plast Reconstr Surg. 1994; 1: 1-12.
7. Ponte de Souza Filho MV, dos Santos CC. A New Approach to the Repair of Partial Mastectomy Defects following Conservation Therapy of Breast Cancer Located in the Upper Aspect of the Breast. Plast Reconstr Surg. 2009; 124: 257-259.

Cite this article

de Souza Filho MVP, Coelho Bizarria SRH, de Almeida Siqueira S, de Brito IR, Catão RM, et al. (2017) Breast Reconstruction Surgery Following Wide Resection of Basal Cell Carcinoma Located in the Upper Central Region of the Breast - Case Report. J Surg Transplant Sci 5(1): 1047.