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Role of immediate reconstruction for elderly breast cancer patients

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Introduction

With rising numbers of elderly women developing breast cancer, treatment options must evolve which take into consideration quality of life and functional status. Although ffewer women at all ages are undergoing mastectomy, for those elderly women who undergo mastectomy, reconstruction options should be offered. Over the past 5 years, increasing numbers of elderly women are electing immediate reconstruction (IM).

Methods

Experience with women undergoing mastectomy from 1999 through 2005 was reviewed. Patient demographics, indication for surgery and decision regarding immediate reconstruction were collected using retrospective analysis of medical records, with attention to women over the age of 60.

Immediate reconstruction in women over 60

Age	Total Patients	Reconstructed	%	TE	TRAM	LDRF
60-65	131	61	46.50	20	23	18
66-69	75	23	31.00	10	3	10
70-75	95	19	20.00	14	1	4
76-79	31	0	0.00	0	0	0
Over 80	40	1	2.50	0	0	1
Total	371	104	28.00	44	27	33

TE (tissue expander), LDMF (latissimus dorsi myocutaneous flap reconstruction)

75 1-31 AM

66 year old woman s/p left mastectomy for carcinoma and right prophylactic mastectomy with immediate bilateral LDMF reconstruction



66 year old woman s/p left mastectomy for carcinoma and right prophylactic mastectomy with immediate bilateral LDMF reconstruction

Results

During this time period, 34% of patients with breast cancer were 60 years or older. Approximately, one third required or elected mastectomy as primary treatment. Of the 371 women evaluated, 104 (28%) elected IM. For women between the ages of 60 and 70, 50.5% elected IM. (Table 1) Patients with tissue expanders were discharged within 2 days, and although initially, tissue expander reconstruction was preferred, with the introduction of latissimus dorsi myocutaneous reconstruction (LDMR), the percentage of women electing LDMR went from 30% in 2002 to 70% in 2005. Over 90% of patients undergoing LDMF were discharged by the 4th postoperative day, with no reoperations for bleeding or flap loss.

Conclusions

Elderly women undergoing with mastectomy should be offered immediate breast reconstruction as part of their treatment. Physicians and patients need to be educated regarding surgical options, the minimal associated morbidity and mortality, and excellent functional and cosmetic outcomes. With extended life expectancy, immediate reconstruction enhances these aspects of quality of life. Future management guidelines should include immediate reconstruction in the algorithm.



68 year old women s/p skin-faring mastectomy with immediate LDMF reconstruction



67 year old woman s/p carcinoma right breast with right skin sparing mastectomy (with sentinel node biopsy), left prophylactic mastectomy and immediate bilateral LDMF reconstruction with second stage nipple/areola reconstruction



70 year old woman s/p right breast carcinoma with bilateral tissue expanders