Batwing mastopexy as oncoplastic surgical approach to periareolar tumors in upper quadrants

Rafal Matkowski^{1,2}, Bartlomiej Szynglarewicz², Piotr Kasprzak³, Jozef Forgacz², Robert Skalik⁴, Marcin Zietek², and Danuta Kornafel⁵

¹Department of Oncology and Division of Oncological Surgery, Wroclaw Medical University, Wroclaw; ²Second Department of Surgical Oncology, Lower Silesian Oncology Center–Regional Comprehensive Cancer Center, Wroclaw; ³Breast Imaging and Minimally Invasive Biopsy Service, Lower Silesian Oncology Center-Regional Comprehensive Cancer Center, Wroclaw; ⁴Department of Physiology, Wroclaw Medical University, Wroclaw; ⁵Department of Anthropology, Faculty of Biological Sciences, University of Wroclaw, Wroclaw, Poland

ABSTRACT

Aims and background. Batwing mastopexy (BWM) is an oncoplastic technique most commonly used in the treatment of 12 o'clock periareolar tumors. The aim of this study was to assess the early cosmetic results of BWM performed for periareolar lesions located in the upper quadrants, i.e. from 10 to 2 o'clock position.

Methods and study design. A prospective analysis of a preliminary group of 35 women with periareolar intraductal or invasive breast cancer in the upper quadrants was done. All patients underwent wide lumpectomy with clear margins followed by BWM in order to obtain favorable cosmesis. For invasive cancers axillary biopsy or dissection was performed by separate incision. Cosmetic outcome was assessed 4 weeks after surgery by the patient with reference to breast shape, nipple-areola complex (NAC) position and scar arrangement. The result was rated as poor, medium or good for each parameter.

Results. There were no poor ratings of cosmetic outcome. The result was rated as medium by 5 women (14%) regarding breast shape and by 3 regarding NAC position (9%). The remaining women evaluated these parameters as good (86% and 91%, respectively). In contrast, scar arrangement was assessed as good by 26 patients (74%), medium by 8 (23%), and poor by 1 (3%). All women rating scar arrangement as other than good had a lesion located in the upper lateral quadrant. Considering the reasons for the relatively low scar acceptance by these women, the only important cause of disappointment was the placement of one of the radial parts of the scar in the area of decolletage in the upper medial quadrant.

Conclusions. BWM allows to achieve favorable breast shape and NAC position for lesions located in the upper quadrants regardless of the medial or lateral side. However, when performed in the lateral quadrant it produces a scar that can be hard to accept for some women. Key words: oncoplastic surgery, breast conserving treatment, mastopexy, early breast cancer.

Financial resources: Department's own resources.

Conflict of interest statement: The authors have no conflict of interest.

Correspondence to: Prof Rafał Matkowski, MD, PhD, Department of Oncology and Division of Oncological Surgery, Wroclaw Medical University, Plac Hirszfelda 12, 53-413 Wroclaw, Poland.

Tel/fax +48-71-3619111; email rafal.matkowski@am.wroc.pl, rem@onet.pl

Received September 7, 2011; accepted April 23, 2012.