REVIEW

Alloplastic Breast Reconstruction

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Abstract

Immediate breast reconstruction is a surgical technique that involves placing an implant or expander in the same operation with the mastectomy intervention. Thus, the remaining flaps are viable, fresh and the remaining space can be filled with an implant. Patient satisfaction is increased, thus avoiding the psychological shock of not having a breast and they support better the following interventions.

The aim of this paper is to review and find in the current literature the indications and technique of immediate breast reconstruction in order to help surgeons to choose and perform the most appropriate breast reconstruction method. We have also researched in the literature the rates of complications that have arisen, especially in the case of subsequent radiotherapy.

Multidisciplinary approach of these cases presented the key to success, oncological safety is the main concern, then the reconstruction must respect the patient's requirements and ensure the best aesthetic result.

Key words: immediate breast reconstruction, mastectomy, surgical technique.

Introduction

Breast cancer is the most common malignancy in female population [1]. In the current era, the detection of breast cancer in a low stage has increased considerably which has led to an increase in the number of mastectomies and immediate or delayed reconstruction surgeries [2,3]. Immediate breast reconstruction (IBR) is designed to increase patient quality of life, the surgery should be proposed for patients about to

undergo mastectomy being part of the breast cancer treatment protocol. The purpose of intervention is to protect the integrity and psychological state of the patient [4].

Breast reconstruction can be allogeneic (with a silicone implant or expander), autologous (with loco-regional or free flaps) or a combination of the two. Reconstruction may be performed at the same time as mastectomy as a single-stage intervention or may be delayed as a two-stage intervention

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