

Nipple-sparing mastectomy through only periareolar incision with immediate reconstruction

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Abstract

Background: Nipple-sparing mastectomy (NSM) has become increasingly popular due to improved cosmesis without compromising oncologic safety. Radial and inframammary incisions are usually used to achieve NSM, with periareolar incisions usually being avoided because of the risk to nipple-areola complex (NAC) viability. In an attempt to maximize esthetic effects, we performed NSM through only periareolar incision with immediate reconstruction. We report our initial experience.

Patients and Methods: This case series consisted of all consecutive patients (N=34) who underwent NSM through a periareolar incision in our institution between August 2017 and December 2018. All patients underwent NSM through only periareolar incision followed by immediate reconstruction with an implant or deep inferior epigastric perforator (DIEP) flap. Patient demographics, tumor and treatment characteristics, and short-term postoperative outcomes were reviewed.

Results: The mean patient age was 46.74 ± 6.69 years (range, 38 to 62 years), and the mean operation time was 96.68 ± 28.00 minutes. Indications included in situ cancer in 12 cases and invasive cancer in 22 cases. There was 1 major complication (postoperative hematoma) requiring operative re-intervention. No other complications including fistula, implant exposure, or reconstruction failure was observed. At the time of writing, no case of local recurrence has been observed.

Conclusion: NSM with immediate reconstruction can successfully be performed through a single periareolar incision. This method maximizes esthetic effects and can be an appropriate surgical option for NSM.

Keywords: Nipple sparing mastectomy, Periareolar incision, Immediate reconstruction