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Immediate Breast Reconstructions after Mastectomy due to Breast Cancers with the Use of Serasynth and Seragynbr Synthetic Meshes. Single-Oncological Center Experience, Analysis of Complications

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: Mastectomies with immediate reconstruction are the standard of treatment method in patients with breast cancer who cannot be treated with conserving breast surgery. The use of meshes in reconstructive breast surgery has become a gold standard. The purpose of the study was to analyse the complications and own experience after mastectomies with immediate breast reconstruction with the use of Serasynth and SeragynBR synthetic meshes.

: In the period from December 2017 to July 2020, 118 reconstructive surgeries of the breast were performed in the Department of Breast Cancer and Reconstructive Surgery in Maria Sklodowska – Curie Memorial Cancer Center and Institute of Oncology in Warsaw, Poland with the use of SeragynBR and Serasynth meshes in 93 patients operated for breast cancer. 78 Serasynth meshes (Group1) and 40 SeragynBR meshes (Group1I) were implanted.

The most common complication was persistent seroma collection, which was reported in 17.9% of cases

the surgically treated breasts of Group1 and Group2 patients. Reoperation was required in 5.1% and 5% of the patients in Group1 and Group2. The percentage of complications was lower when Serasynth rather than Seragyn BR meshes

complications such as the need for removal of mesh/implant or infection. The complications, which developed following the implantation of both mesh types, were similar to those presented in other publications concerning mastectomy with a simultaneous breast reconstruction with synthetic meshes. The percentage of implant losses/explanations in the discussed group of patients was lower than that reported in literature.

Despite the complications, both types of meshes can be considered as safe additions to reconstructive breast surgeries.

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[illegible] B [illegible] 180 -210 [illegible].

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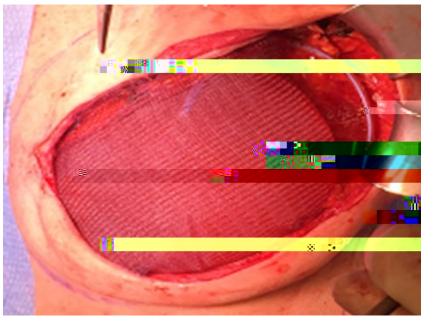
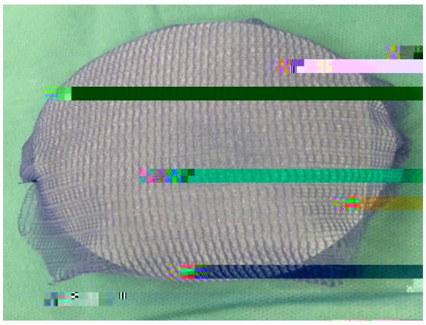
Methods

[illegible] D [illegible] B [illegible] C [illegible] M [illegible] -C [illegible] M [illegible] C [illegible]



Lower pole of implant covered by SeragynBR mesh - subpectoral reconstruction.

Implant prepared for being covered with Serasynth mesh.



Anatomical implant covered with Serasynth mesh – prepectoral reconstruction.

I ; . 20-30 ; C 2 500 ; 11 . I ; 5 . ; F 3, 4 .

Statistical analysis

D G 1 G 2 - F .

Results

I D 2017 J 2020; 93 ; ; ' D . D 1 .

I 91 (97.8%) . I G1; 2 (37.1%) G2 (DCI - - 35%) 1 (30%); NM. C - N0 - (G1- 66.6% G2 - 92.5%). - G3 - (G1 - 52.3% G2- 50%). D _ NM 2, 3 .

I ; 118 ; 78 (G 1). B (G 2) 40 . I ; - 12 .

O 92 . B 52 (66.6%) G1 37 (92.5%) G2. L (LND) G1 3 (3.8%) . D ; LND 12 ; 10 (12.8%) G1 2 (5%) G2.

Tumour size acc. to pTNM—(breast)	n- 78	n-40	
TIS		14 (35%)	
pT1	12 (15.3%)	12 (30%)	
pT2	29 (37.1%)	11 (27.5%)	
pT3	2 (2.5%)	0	
pT4	0	0	
T0*	22 (28.2%)	3 (7.5%)	
	n- 78	n- 40	0,004
cN0		37 (92.5%)	
cN1	3(3.8%)	0	
cN2	0	0	
cNx*	23 (29.5%)	3(7.5%)	
	n- 78	n- 40	0.001
pN0	42 (53.8%)	35 (87.5%)	
pN1		2 (5%)	
pN2	0	0	
pNx*	23 (29.5%)	3(7.5%)	

Summary of the surgery and treatment per group.

Therapeutic mastectomy			
· unilateral	52 patients (52 breasts)	37 patients (37 breasts)	0.002
· bilateral	2 patients (4 breasts)	0	
RRM			
· unilateral	2 patients (2 breasts)	0	
Conversion from sub- to prepectoral	1 patient (1 breast)		
RRM together with therapeutic mastectomies			
	19 patients (19 breasts)	3patients (3 breasts)	
Bilateral surgeries (patients)	22 (88.0%)	3 (12.0%)	<0.001
Types of mastectomies (no of breasts):			
· SSM			
· NSSM	12 (15.4%)	3 (7.5%)	0.19
· ASM		37 (92.5%)	
	4 (5.1%)	0 (0%)	
Implant location (No of breasts):			
· prepectoral			<0.001
· subpectoral		2 (7.3%)	
		38 (92.7%)	
Removal of the drain	21)	Day 12.1 (4 to 19)	0.0419
Surgery within the lymph drainage region	N=78	N=40	0.002
SLNB, without LND	42 (53.9%)	35 (87.5%)	NS
SLNB, with later LND (pN+)	10 (12.8%)	2 (5%)	NS
Primary LND (cN+/pN+)	3 (3.9%)	0 (0%)	NS
No indications*	23 (29.5%)	3 (7.5%)	NS
Resection R0	74 (94.8%) breasts		0.441
Resection R1	4 (5.2%) breasts	4 (10 %) breasts	NS
Adjuvant RT	10 (12.8%) breasts	3 (7.5%) breasts	0.539
NAC**	24 (42.8%)	12 (32.4%)	

[illegible]; 2 (3.5%) [illegible] G1 [illegible] 1 (2.7%) [illegible] G2, D [illegible] 1 (2.7%) [illegible] G2. [illegible]; [illegible] 13 .

D [illegible] / [illegible]; [illegible] (NAC) [illegible] 24 (42.8%) [illegible] G1; 15 [illegible]. I G2; 12 (32.4%) [illegible]. A [illegible] 4 .

[illegible]; [illegible]; [illegible], [illegible]; [illegible]; 13 [illegible] 30 [illegible] 14 (17.9%) [illegible] 10 (25%) [illegible] B [illegible]. [illegible] (G1 - 50%; G2 - 80%). A [illegible].

I 3 [illegible]; [illegible]; [illegible]. I [illegible]; [illegible]; [illegible] I G1; [illegible]; [illegible] K [illegible]. I [illegible]; [illegible] A [illegible]; [illegible]; [illegible] - [illegible] 5 [illegible]. [illegible] H ’ [illegible] 14 .

I G2; [illegible]; [illegible] I [illegible]; [illegible] I G1; [illegible] - [illegible].

[illegible] E [illegible]; E BL [illegible]; [illegible];

098 ’ [illegible]; A 0 [illegible].

20% (8) B . H ; 4 ; . I G1; 3 (3.8%) _ . I ; _ ( ); _ - z . I G2; (1 - 2.5%) . N . _ . 4 (5.1%) G1 7 (17.5%) G2; I ; 16 .

I G1 - ; (6 - 7.6%) G2 (6 - 15%). _ 5 .

(30) ; 118 (1.6%). I G1 ; ; G2 - .

I 30 3 (4). I G1; _ ; (3.8%) G2 (2.5%) ( ).

A ; - 1 , 6 (6); 3 - 3.8% 7.5% G1 G2; I 5 ; . I ; . A ; (2 - 1.6%); ; ( ) 1 . I ; . 13 (11%) -10 (12.8%) G1 3 (7.5%) G2 . 6 .

A (G1); ;

[illegible] ☒ ☒; [illegible].

I [illegible]; [illegible] ☒ [illegible] z; [illegible] 28.5 17.5 [illegible]; [illegible] ☒ 800. [illegible] ☒ B [illegible]; [illegible] z [illegible] ☒ 350. I [illegible] ☒ [illegible] ADM; [illegible]

[illegible] z [illegible]. I [illegible]; [illegible] (1 [illegible] - 2.4%) [illegible] G [illegible] 2 [illegible].

A [illegible] BMI > 30. I [illegible] BMI [illegible] 30 (BMI-32) [illegible]. [illegible] BMI 27-30 [illegible]. [illegible] BMI [illegible] BMI [illegible]. [illegible] 23.

Conclusions

[illegible]; [illegible] - [illegible] B [illegible].

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