Evoluzione ed Orientamento della Chirurgia Senologica

Giovanni Tazzioli

I tumori della mammella nella storia

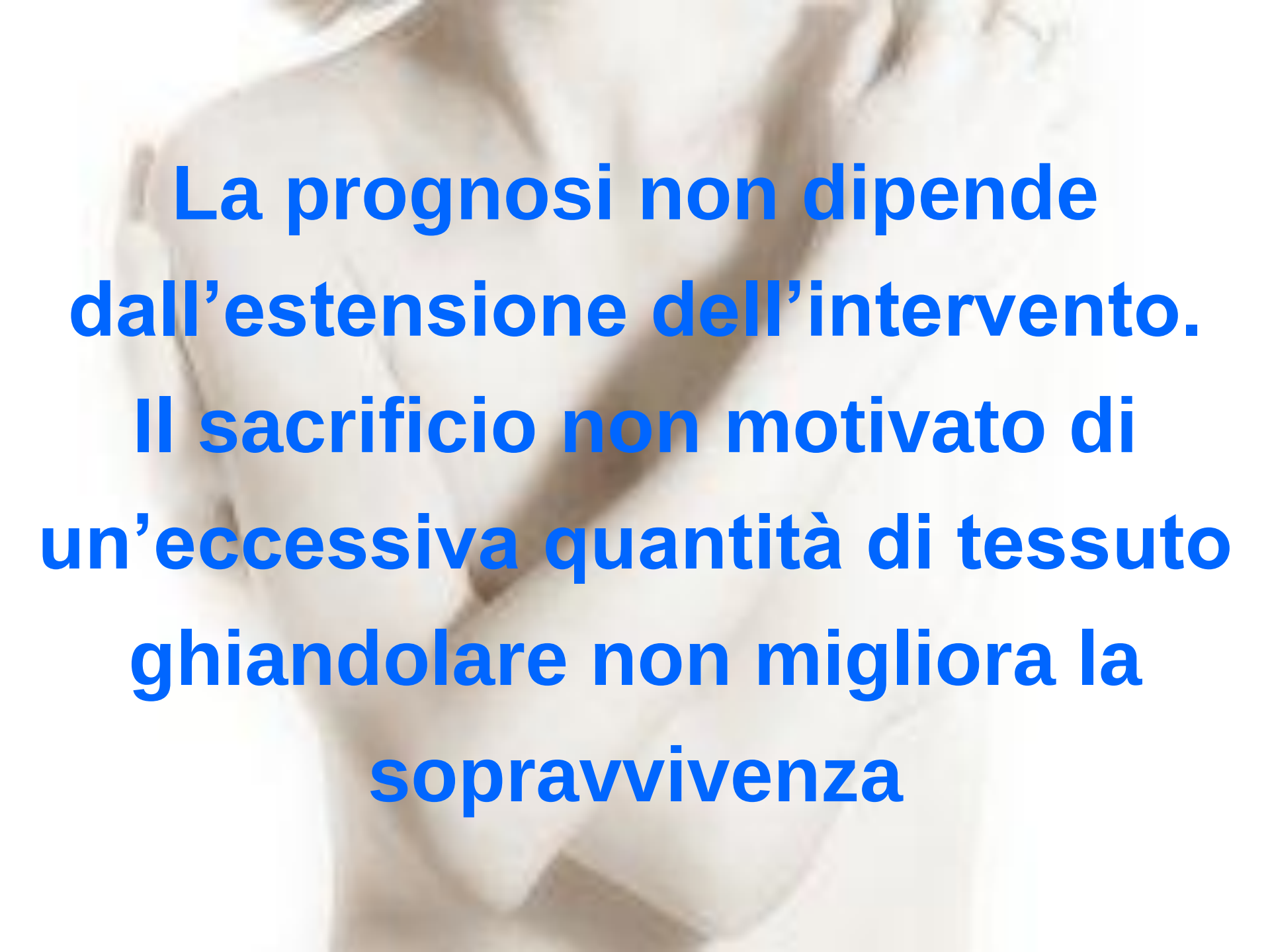
- Papiri egiziani di Smith (3000 a.C.) e di Ebers 1500 a.C.)
- Palinsesti di Ninive (2250 a.C.)
- Antica Medicina Indiana e Persiana
- Ippocrate (460 a.C.): bisturi, fuoco, terapie locali
- Esculapio (350 a.C.): magia e misticismo
- Celso: classificazione clinica dei tumori
- Galeno (130 a.C.): prima vera descrizione della malattia
- Ezio, Sorana e Leonida
- Paolo Egineta VII° secolo d.C.: storia completa della chirurgia della mammella
- Medioevo: Avicenna e prime scuole chirurgiche italiane

Storia Recente della Senologia

- William Halsted: mastectomia radicale (1984)
- Gross: approccio multi-disciplinare
- QUART
- Linfonodo sentinella

Evoluzione della Chirurgia Senologica

- **Mastectomia radicale allargata**
- **Mastectomia radicale**
- **Quadrantectomia (QUART)**
- **Tumorectomia**
- **Chirurgia Oncoplastica**



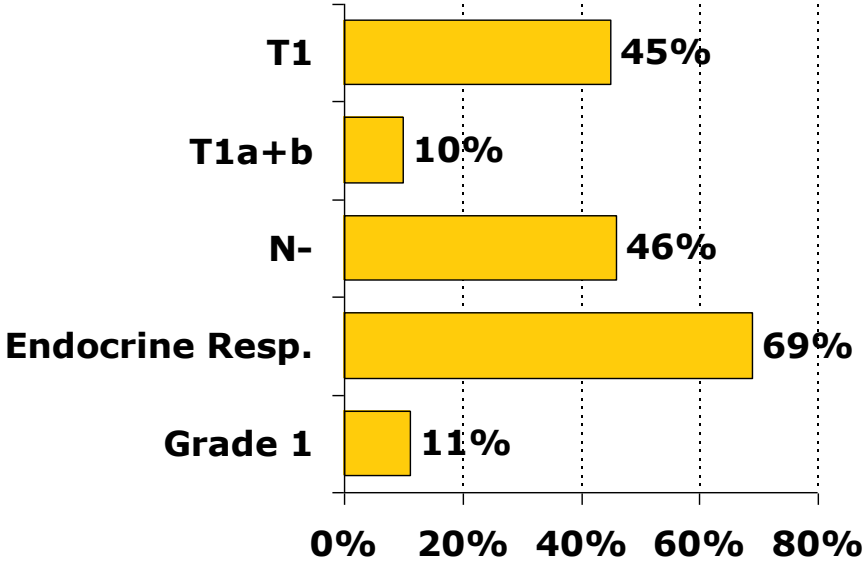
La prognosi non dipende dall’estensione dell’intervento. Il sacrificio non motivato di un’eccessiva quantità di tessuto ghiandolare non migliora la sopravvivenza

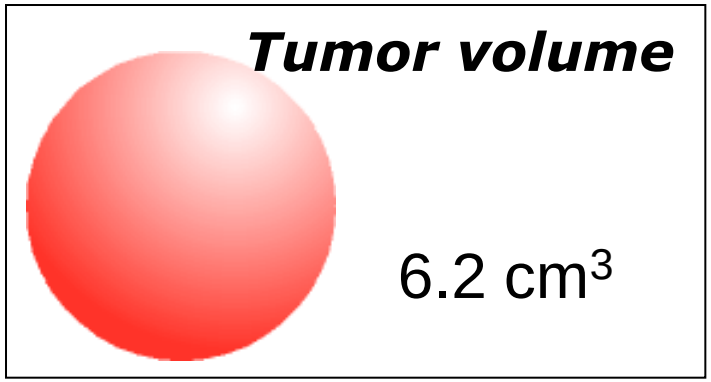

LUNGA VITA ALLE SIGNORE!
PROGRAMMA REGIONALE PER LA PREVENZIONE DEI TUMORI FEMMINILI
mammografia pap test
UNA RAGIONE IN PIÙ PER AMARTI

Vantaggi
Della Diagnosi Precoce

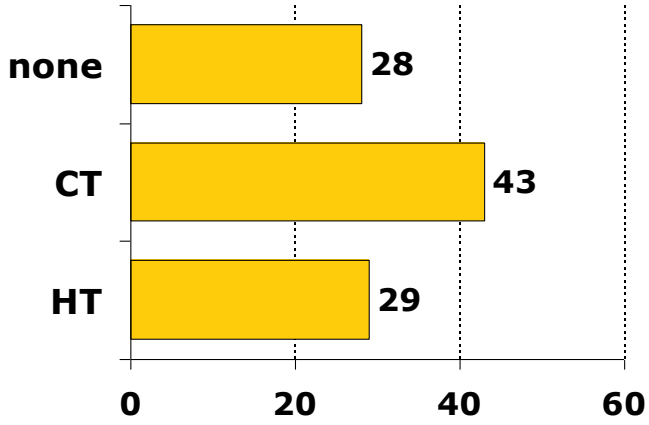
- **Miglior prognosi**
- **Intervento meno demolitivo**
- **Ripresa più rapida della propria vita sociale**
- **Terapie adiuvanti meno aggressive**

Characteristics of 240 pts, with BC 50-69 years registered at MCR between 1988 and 1991



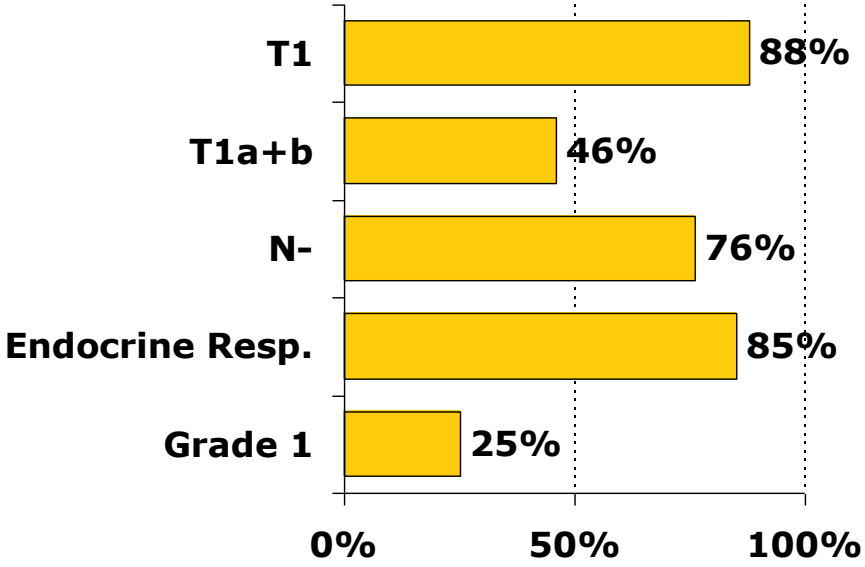


Adjuvant systemic therapy



Characteristics of 499 pts, with BC, detected at screening in the Province of Modena

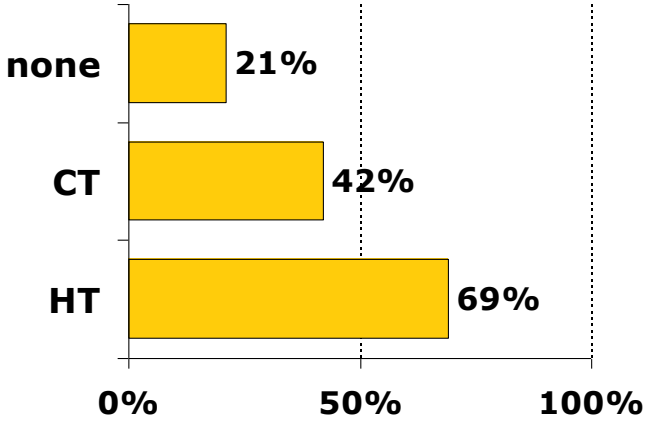
between `96 and 2001



Tumor volume

1.07 cm^3

Adjuvant systemic therapy



Impatto del programma di screening mammografico

Intervento radicale

	1997	2003
Screen detected	18,9%	11,4%
Non screen detected	32,7%	24,1%

Da " I programmi degli screening oncologici in Emilia-Romagna", Report 2005

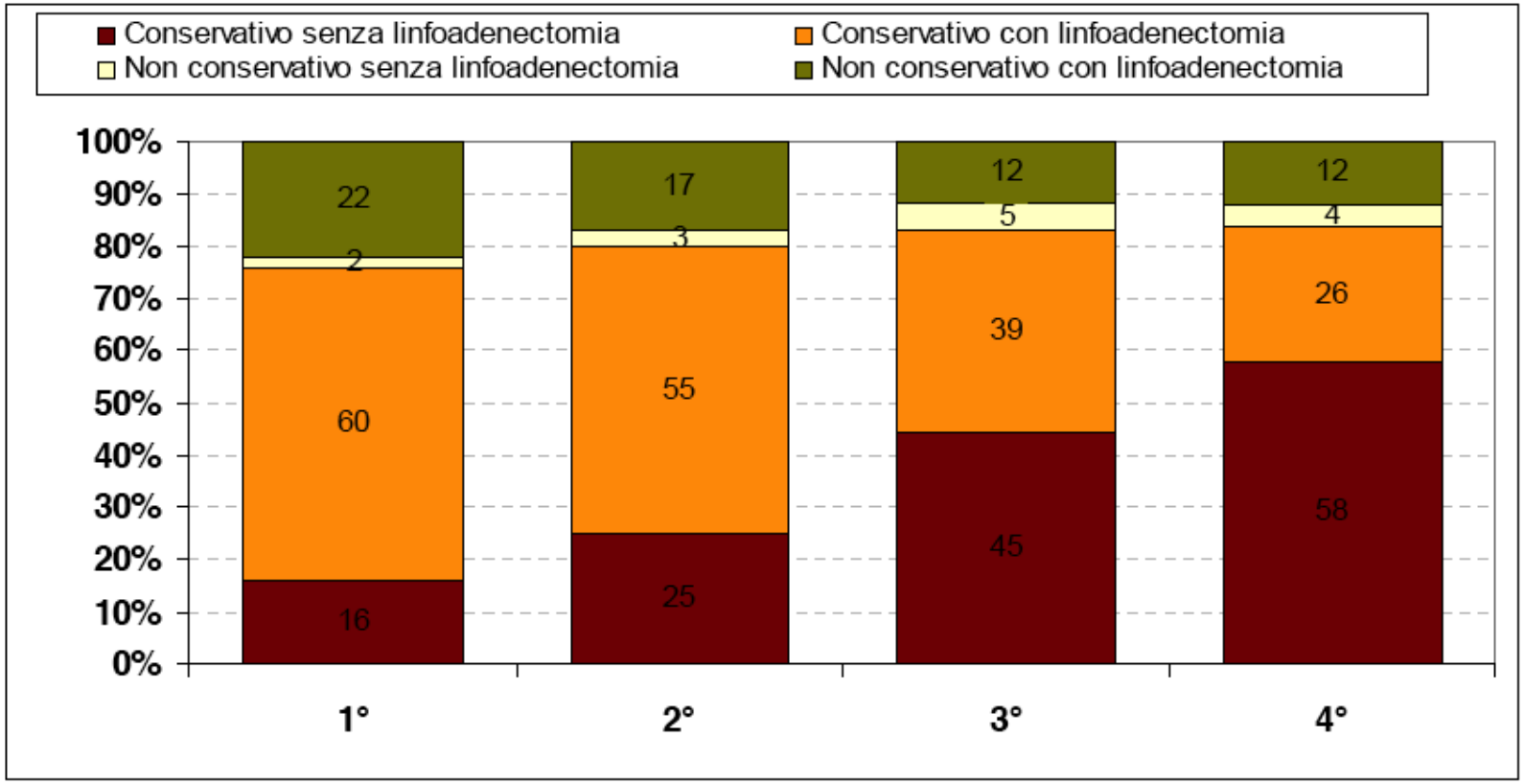
Impatto del programma di screening mammografico

Trattamento chirurgico conservativo

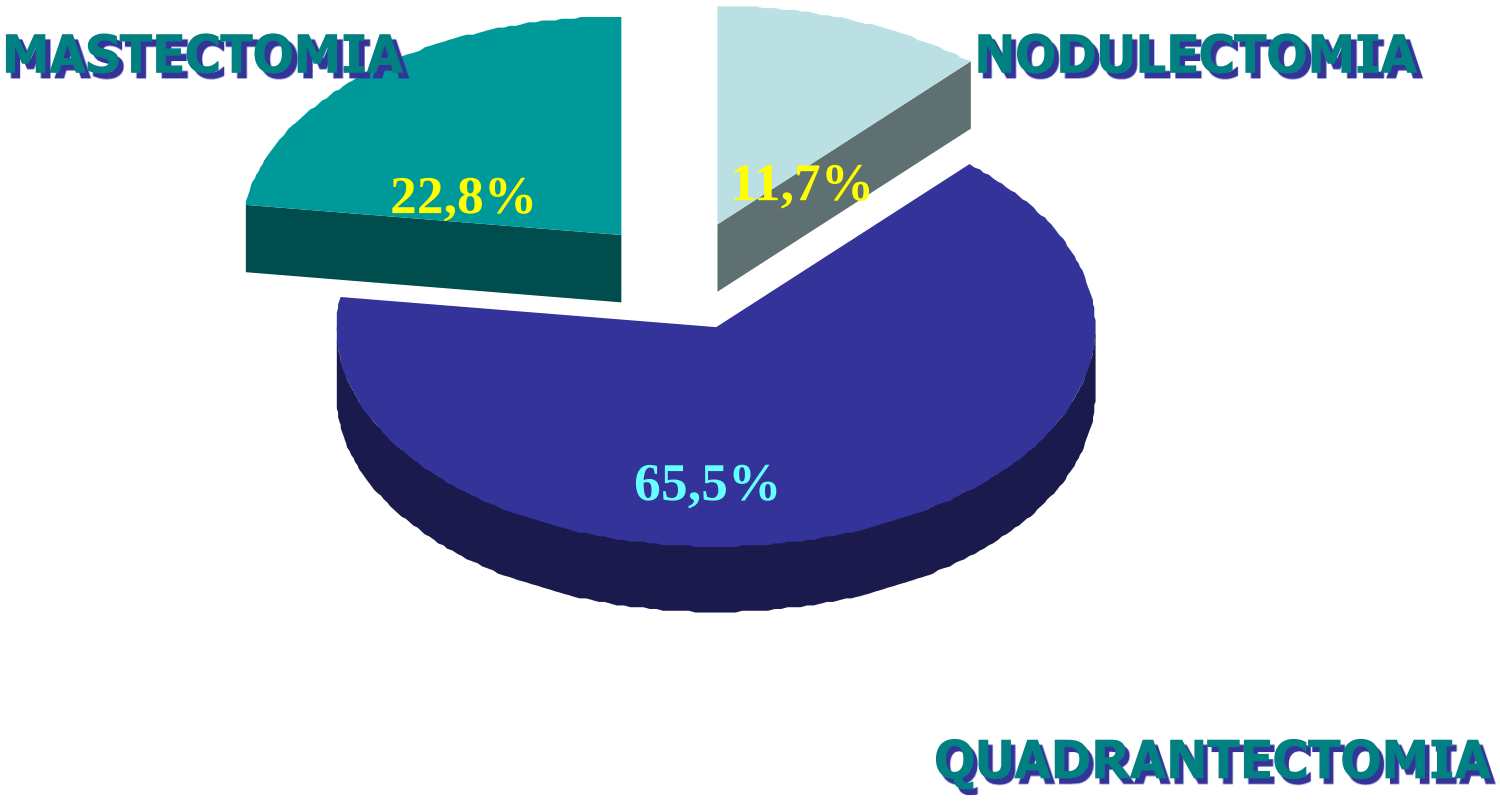
	1997	2003
≤50	74,3%	79,2%
50-69	70,7%	84%
≥70	51,1%	70,4%

Da " I programmi degli screening oncologici in Emilia-Romagna", Report 2005

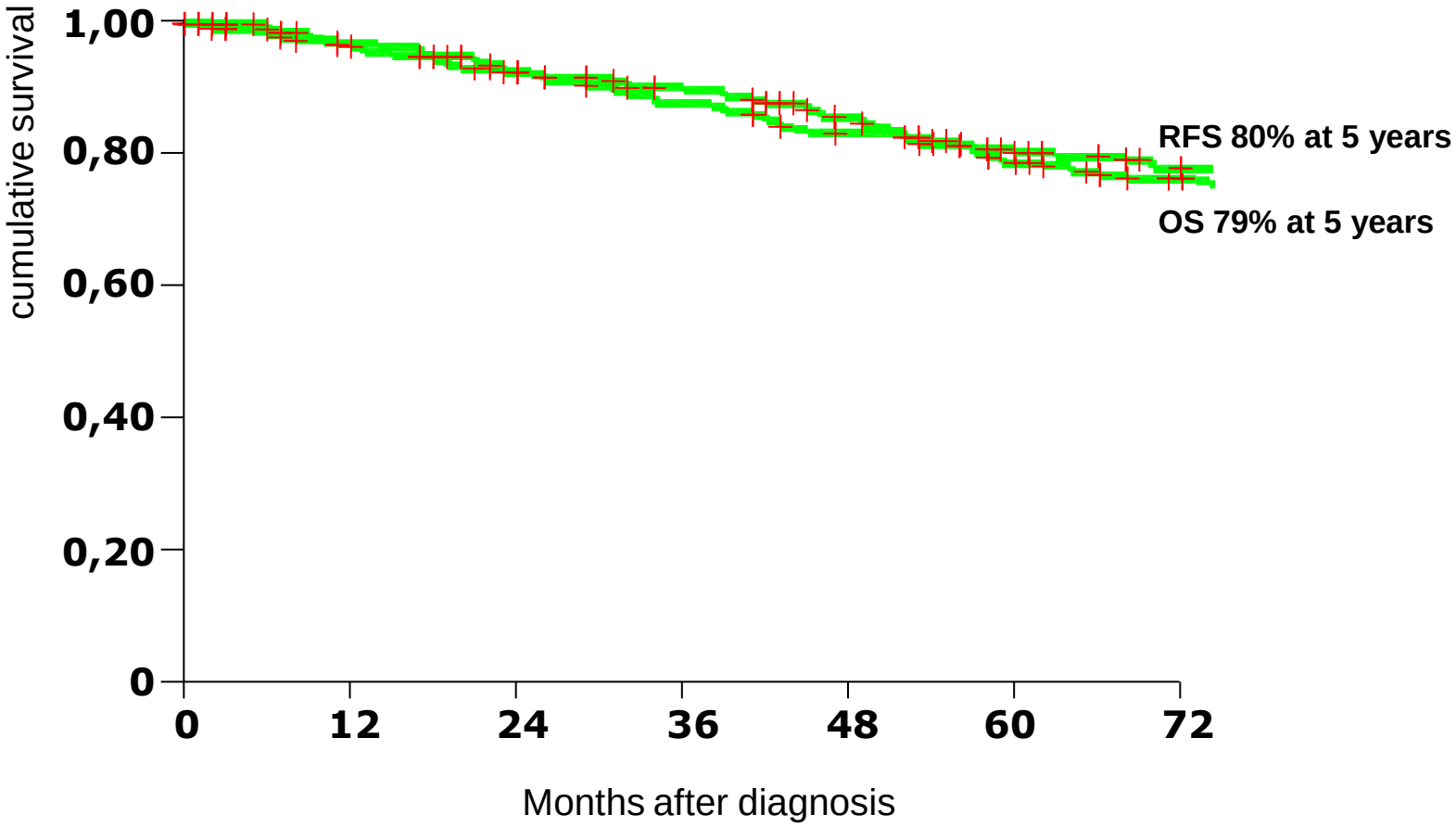
Tipologia del trattamento chirurgico per round



Tipo di intervento

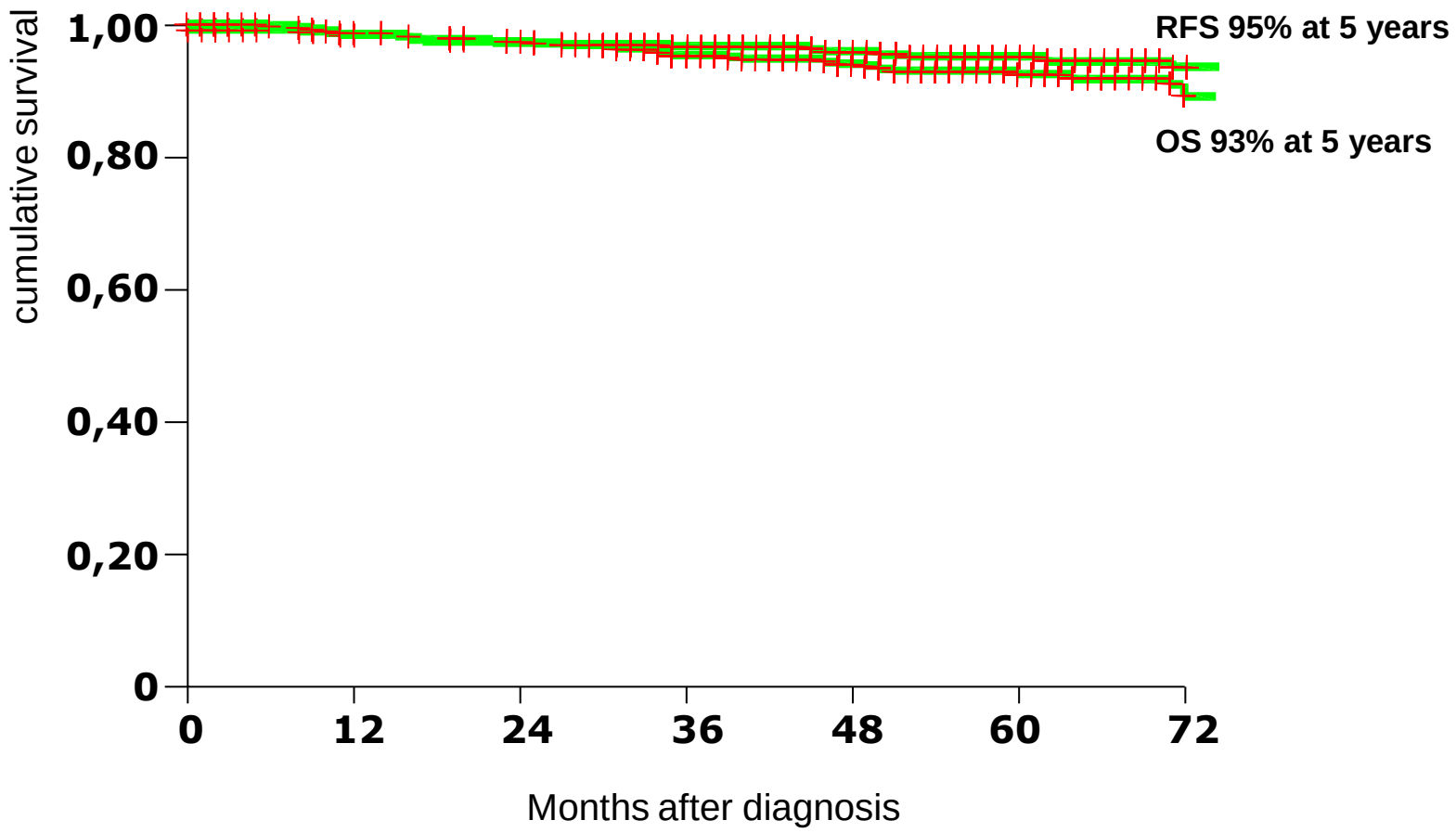


OS and RFS of 240 pts with BC, 50-69 years diagnosed in Modena between '88 and '91

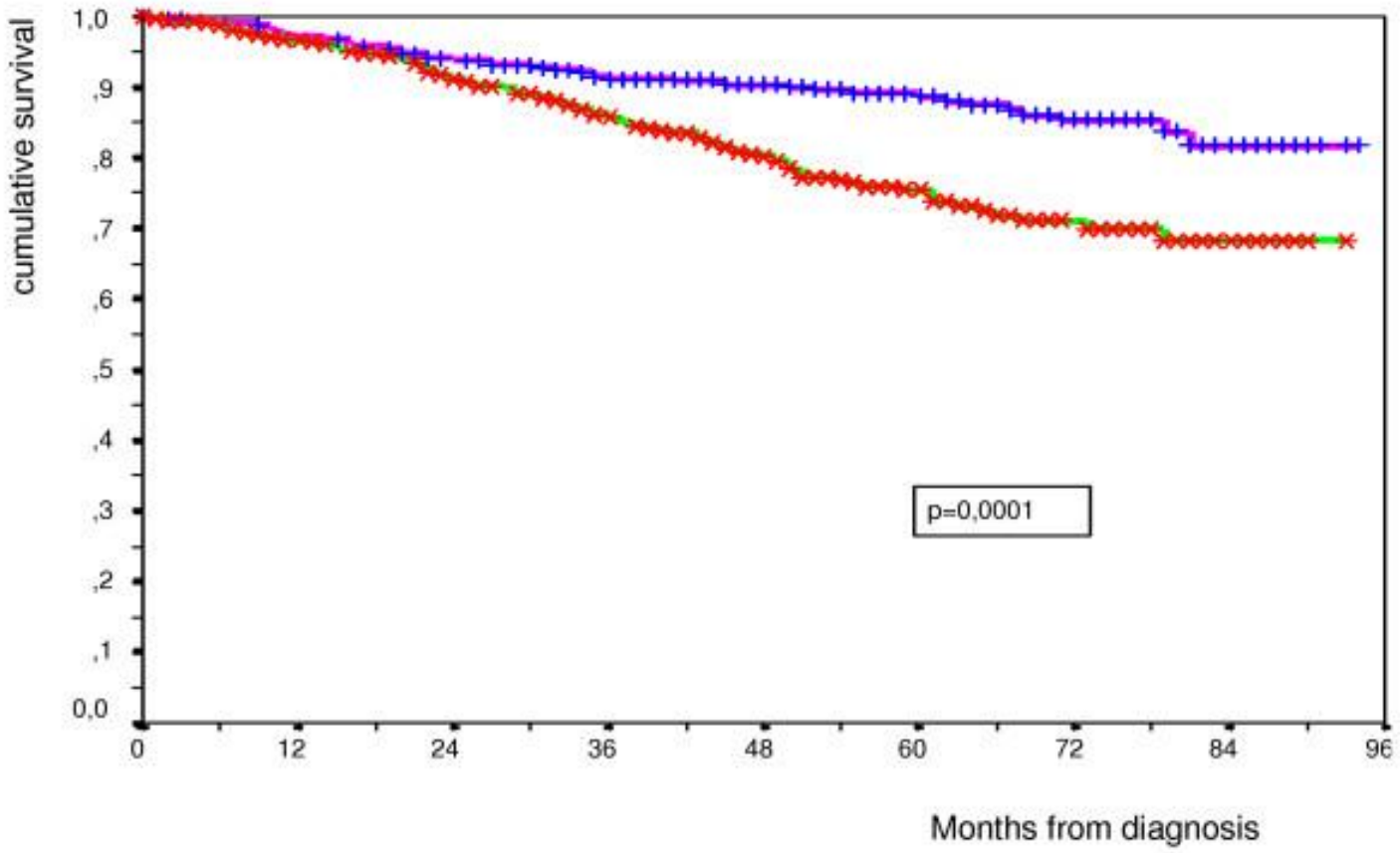


OS and RFS of 443 pts with BC, detected at screening

between '96 and 2001

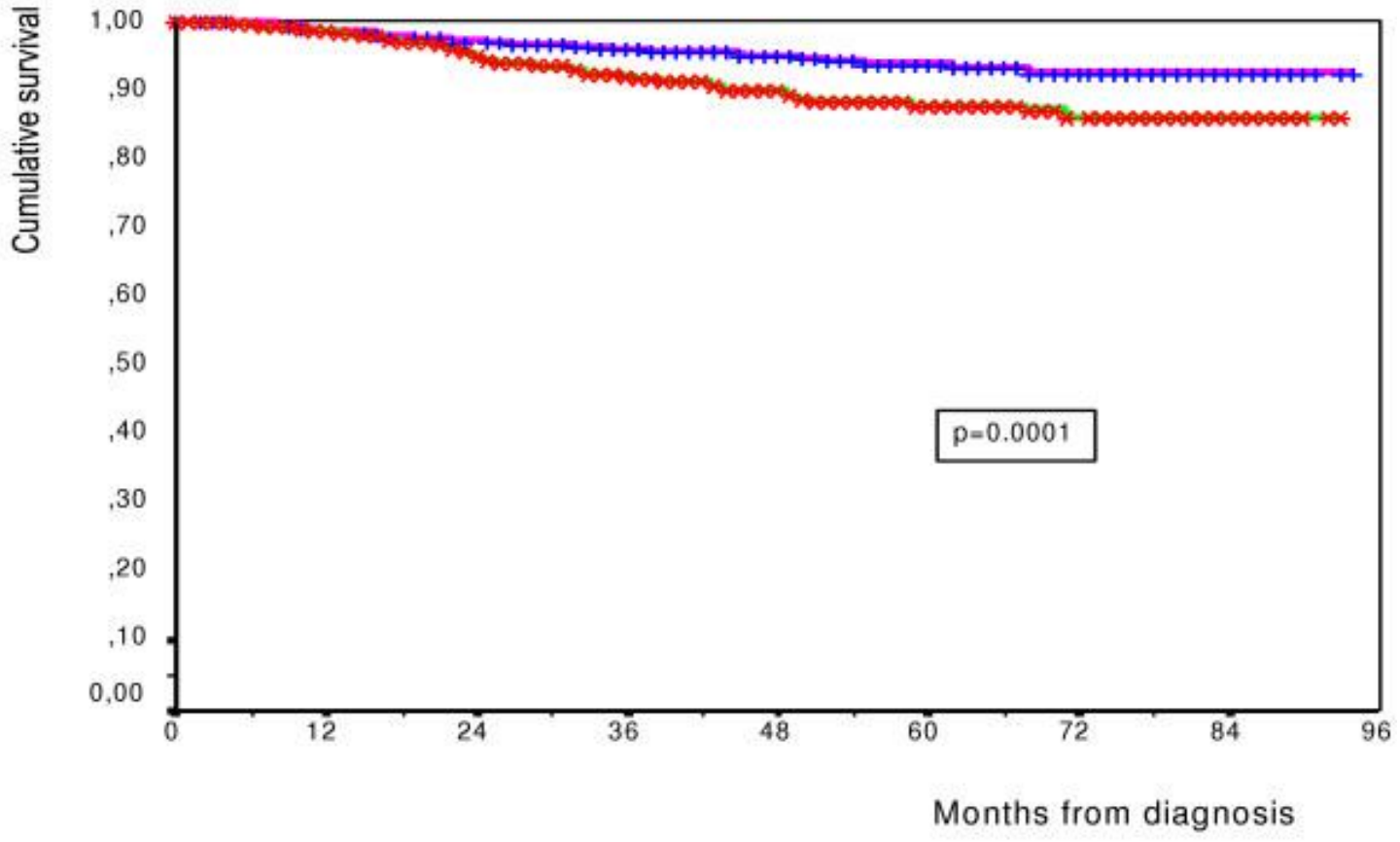


5-year event-free survival



Cortesi L. et al., BMC Cancer 2006

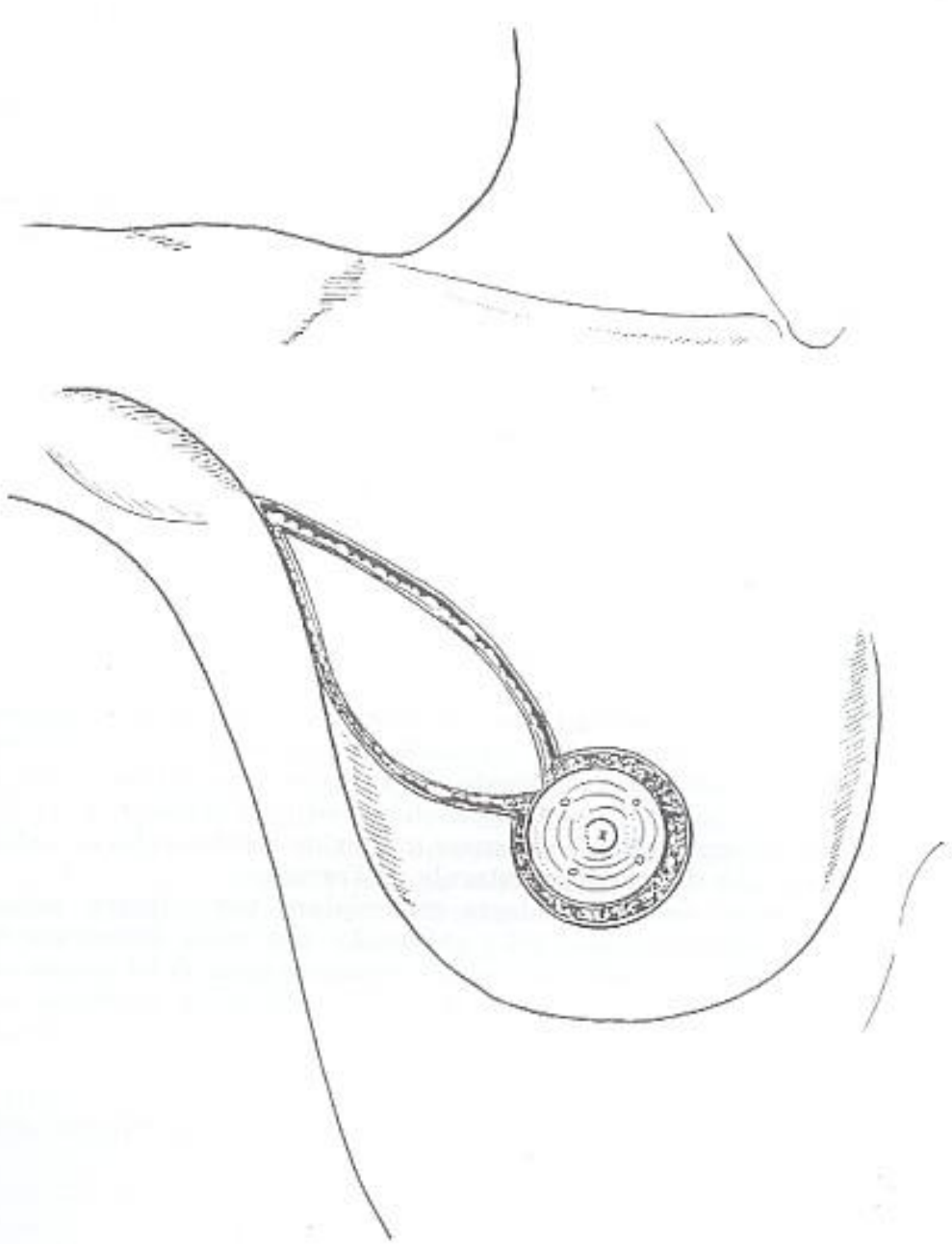
5-year OS

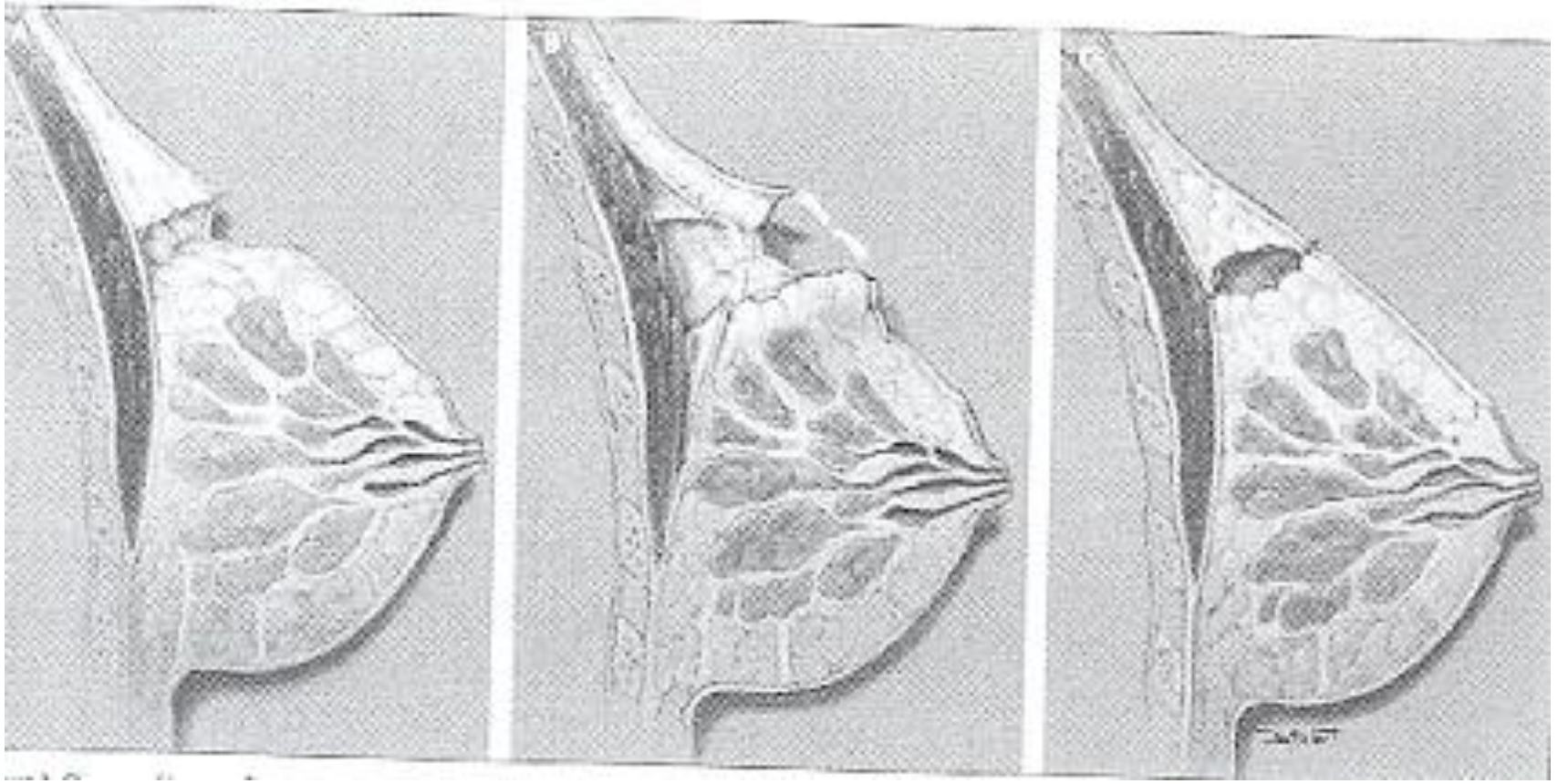


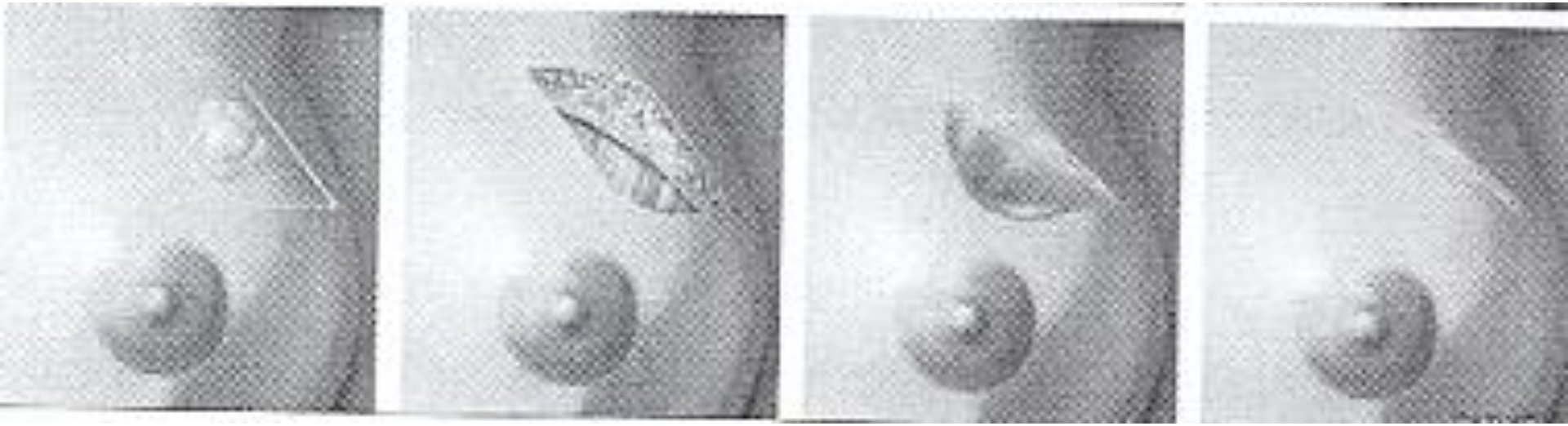
Cortesi L. et al., BMC Cancer 2006

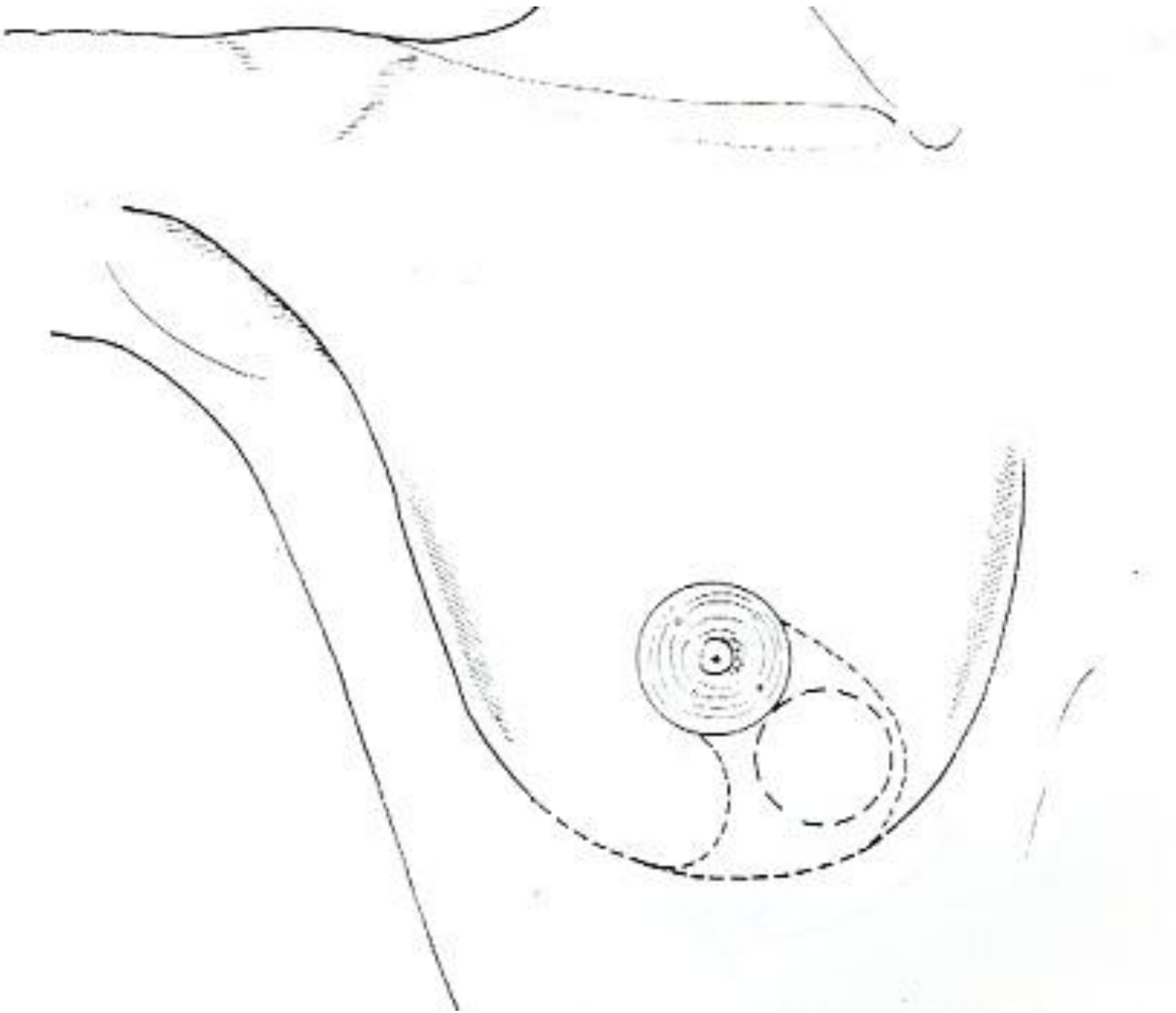
Aspettative della Paziente

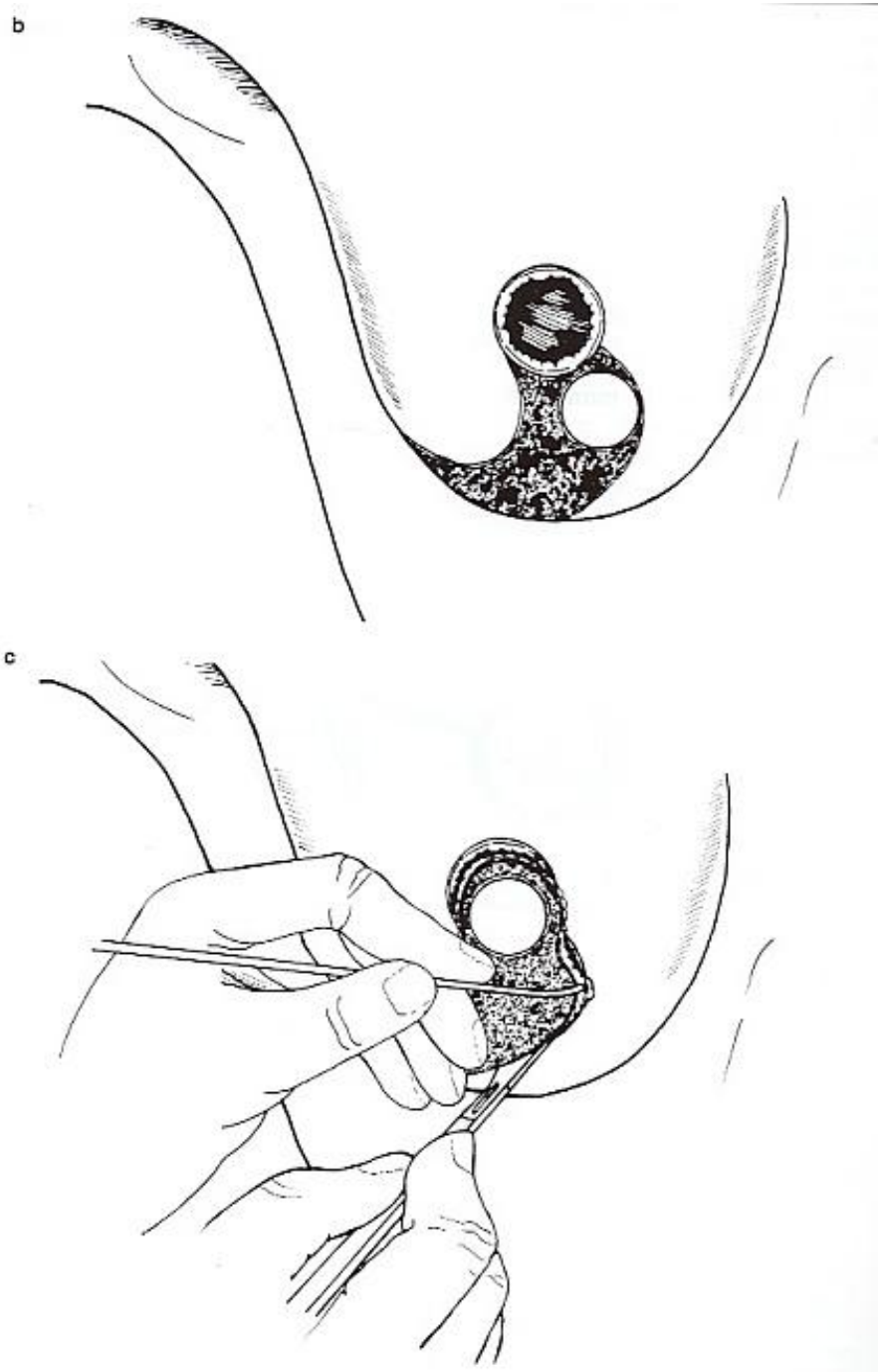
- **Guarigione**
- **Recupero del proprio ruolo famigliare e sociale**
- **Ritorno all’attività lavorativa**
- **Recupero della propria identità psico-fisica**







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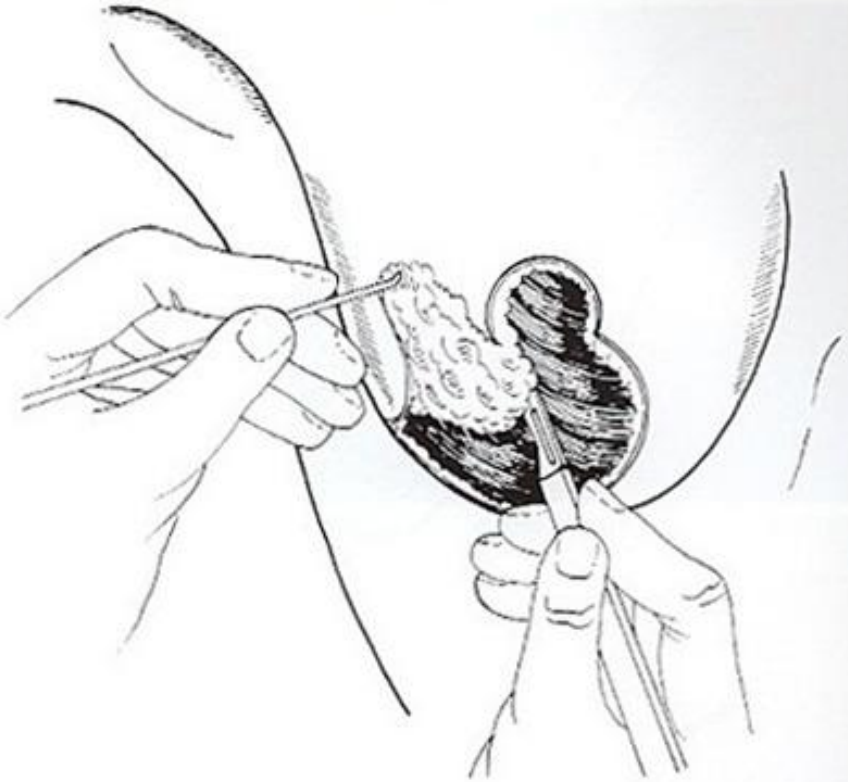

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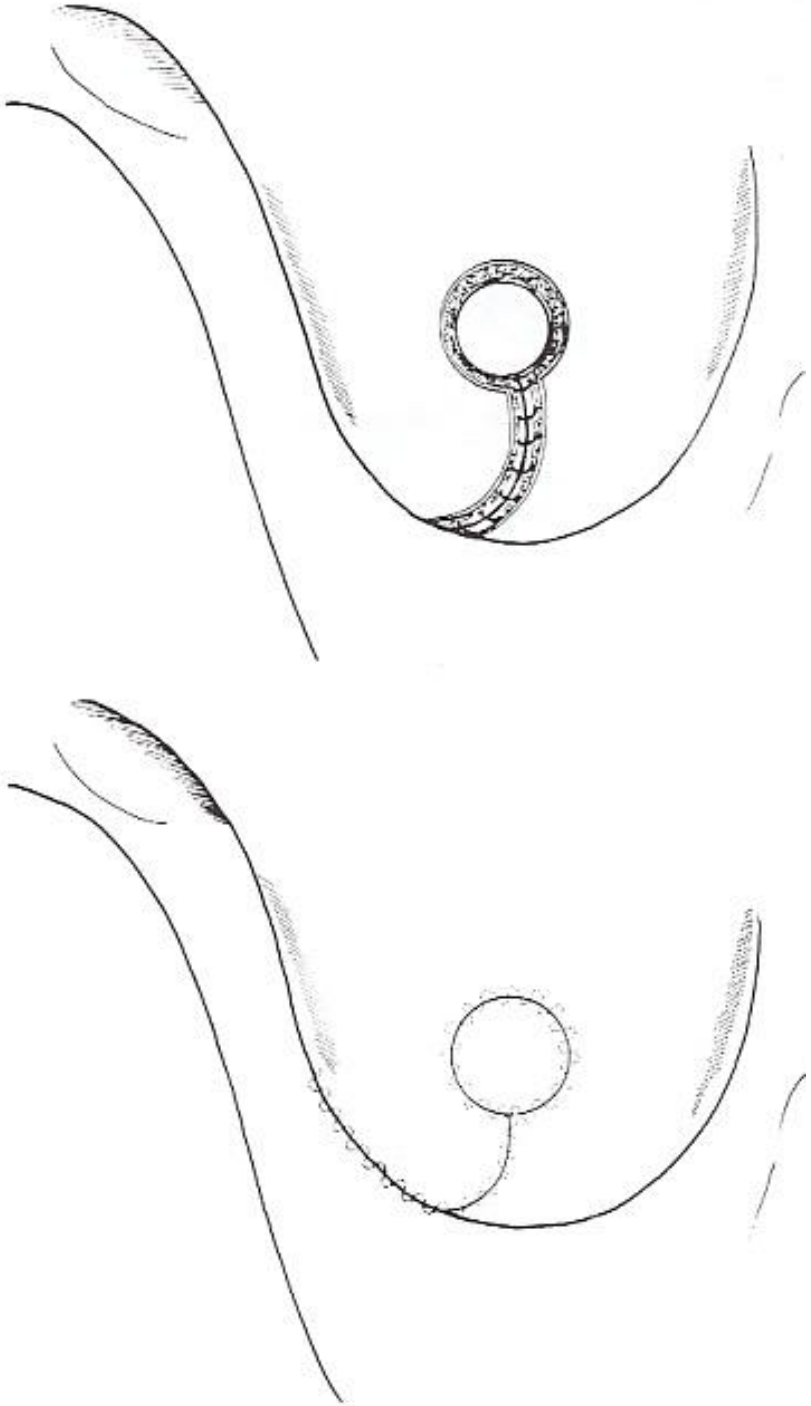

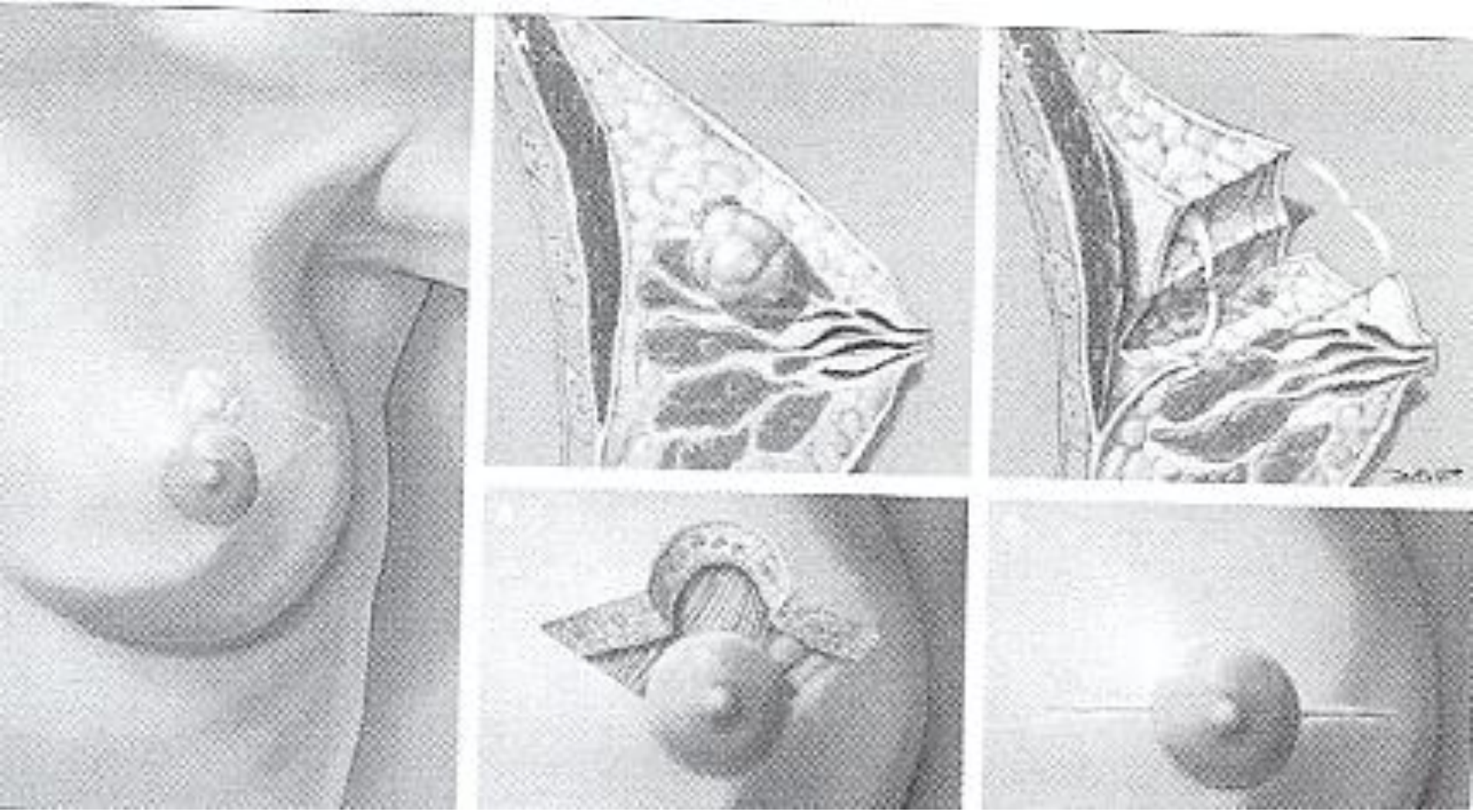

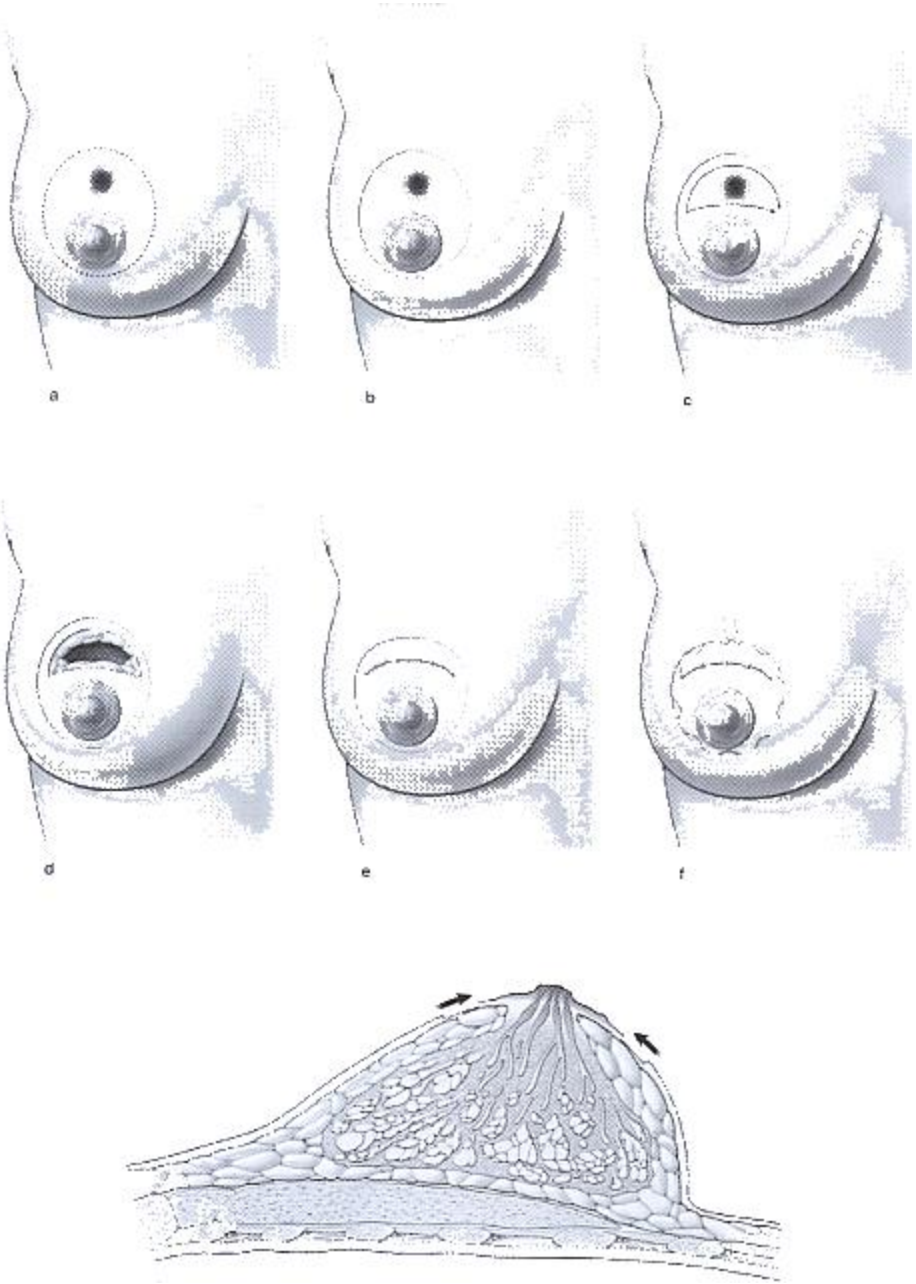
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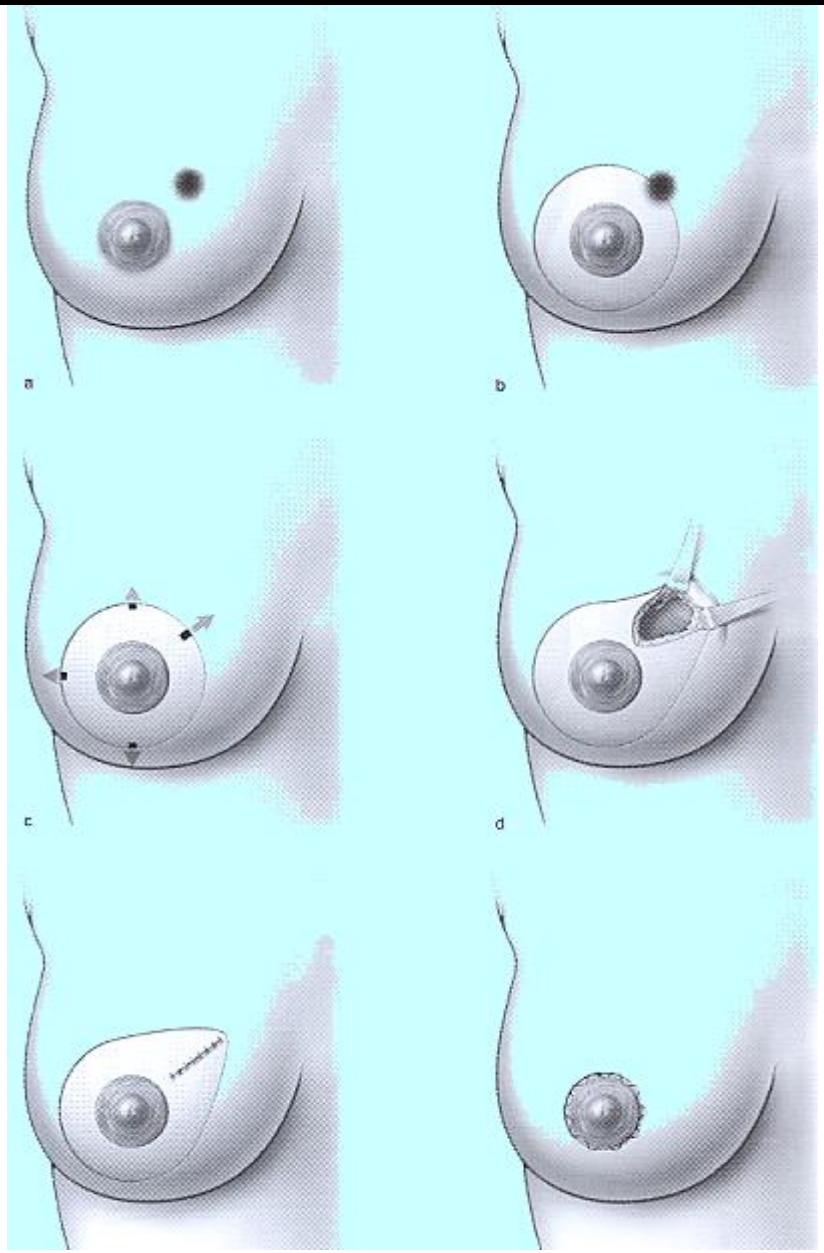
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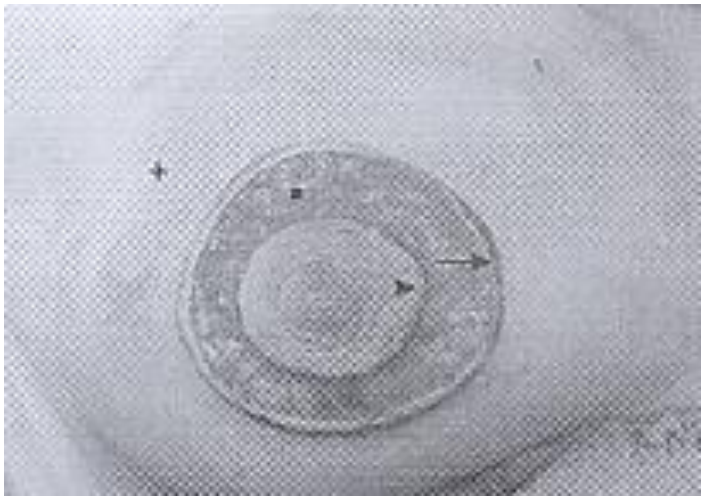

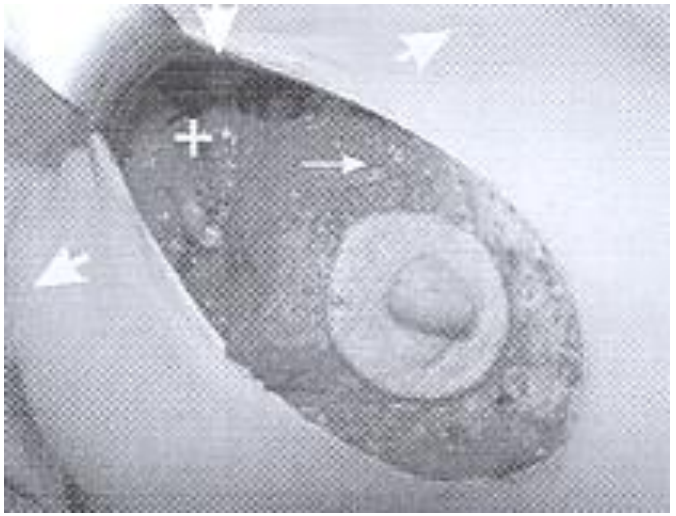

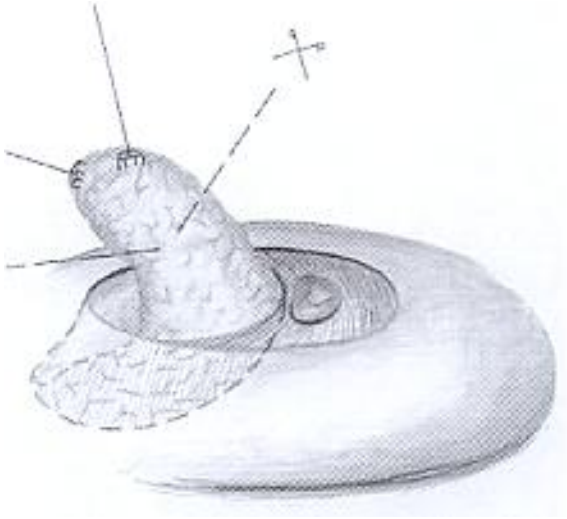

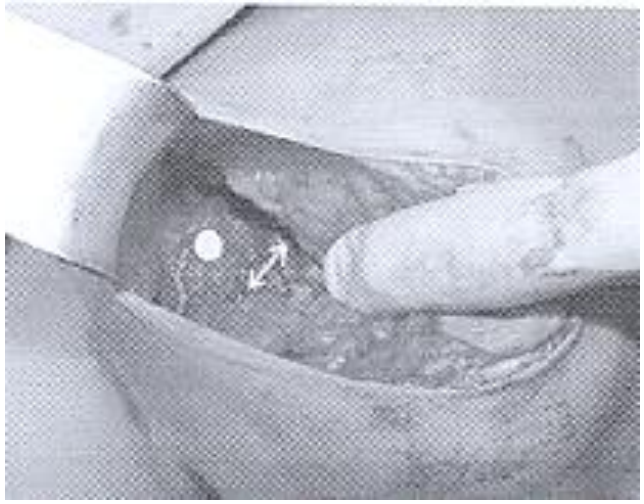

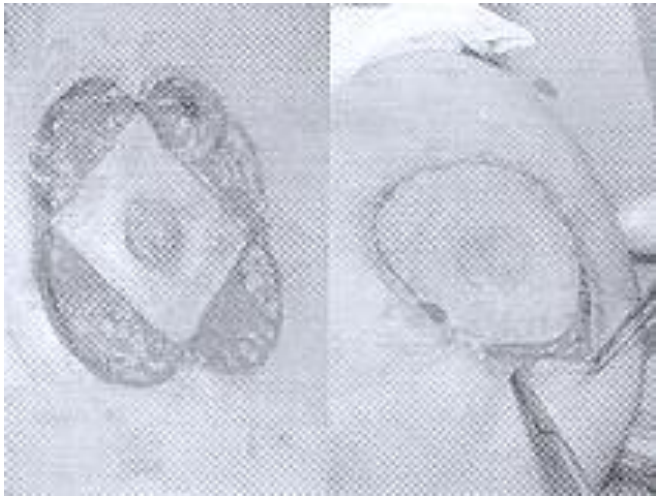

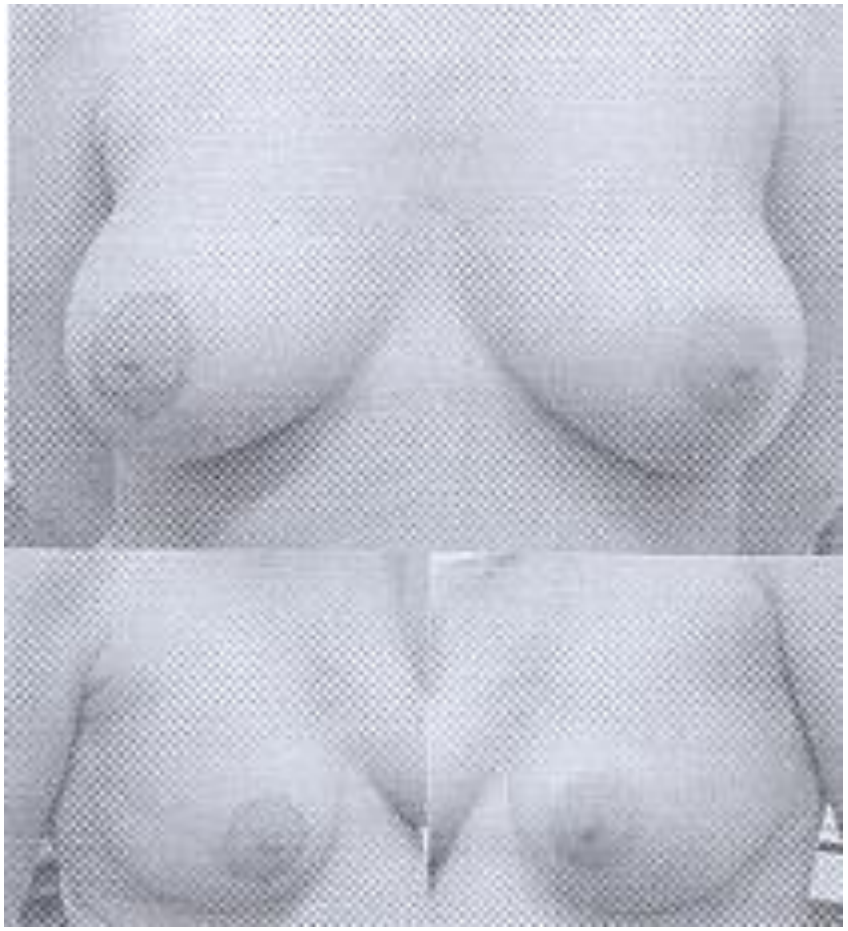


TU


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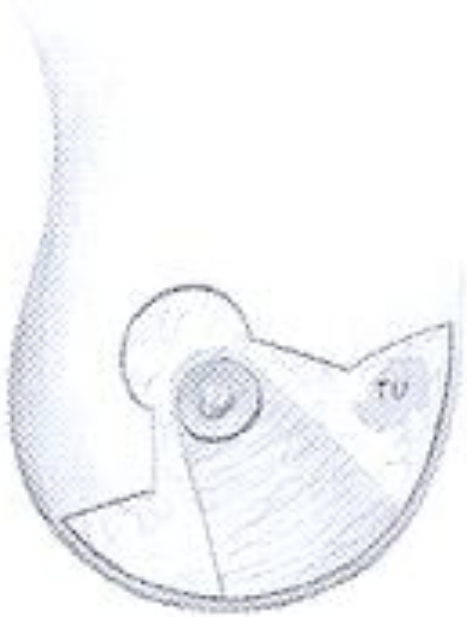
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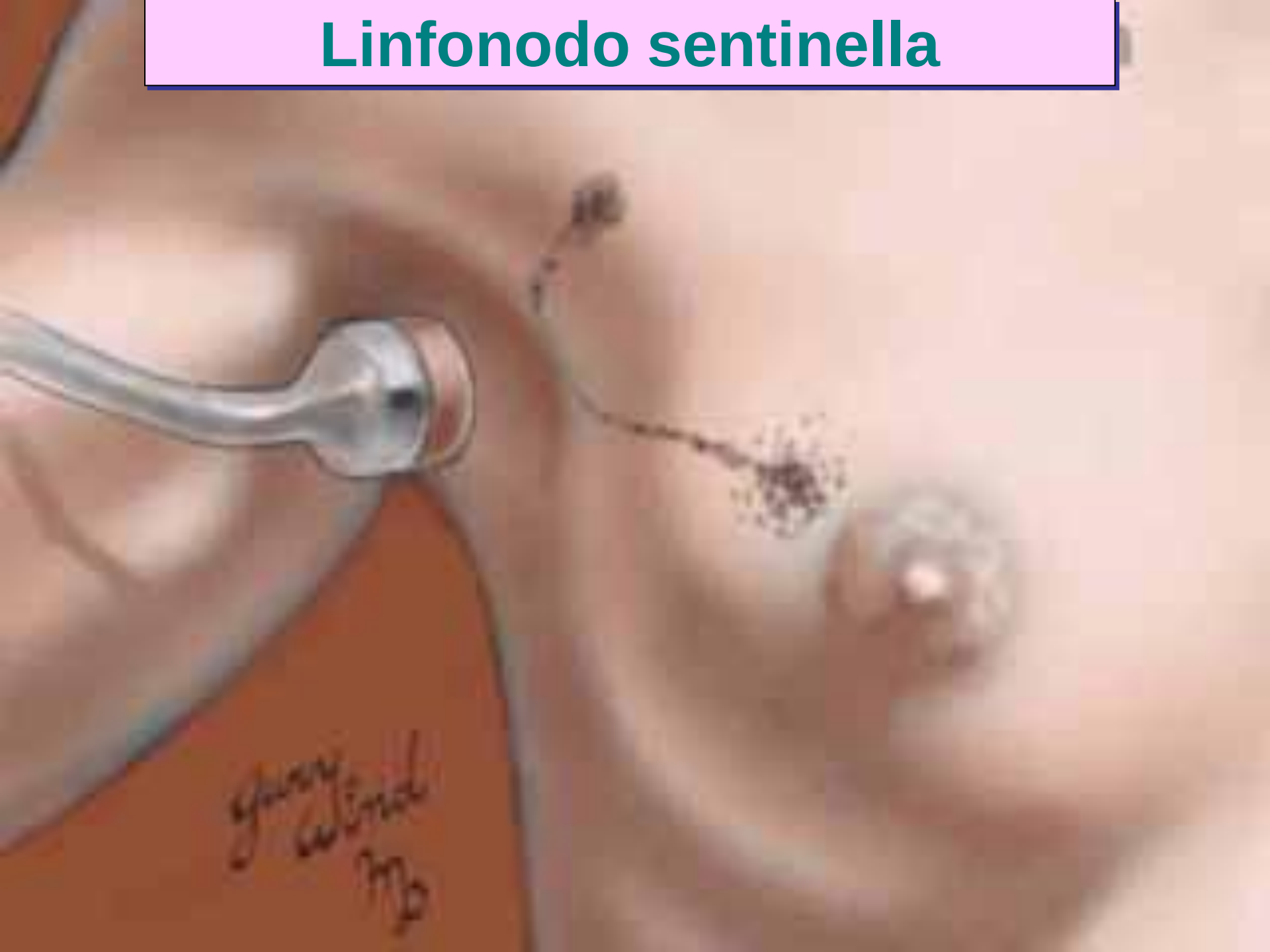
Linfonodo sentinella

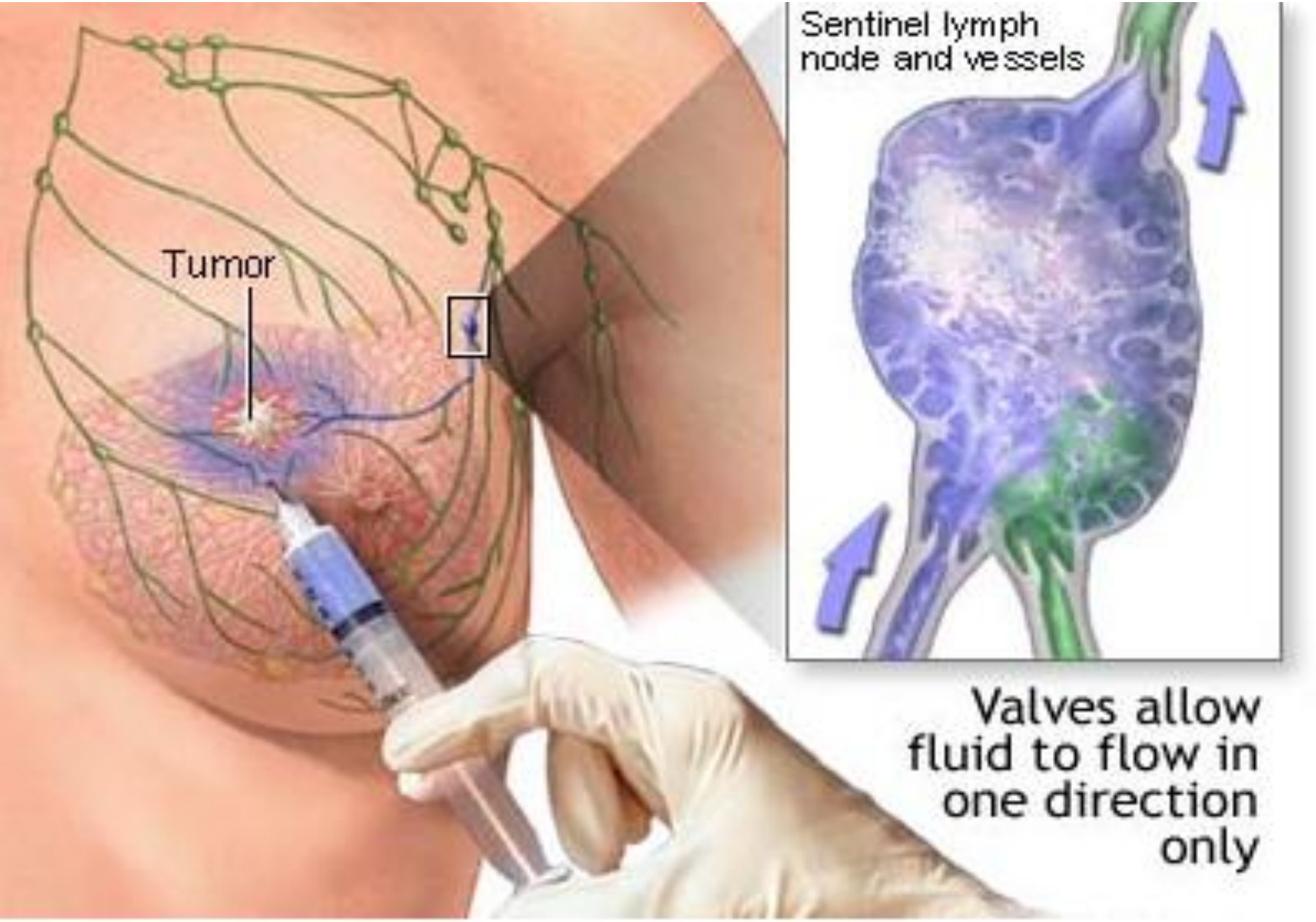


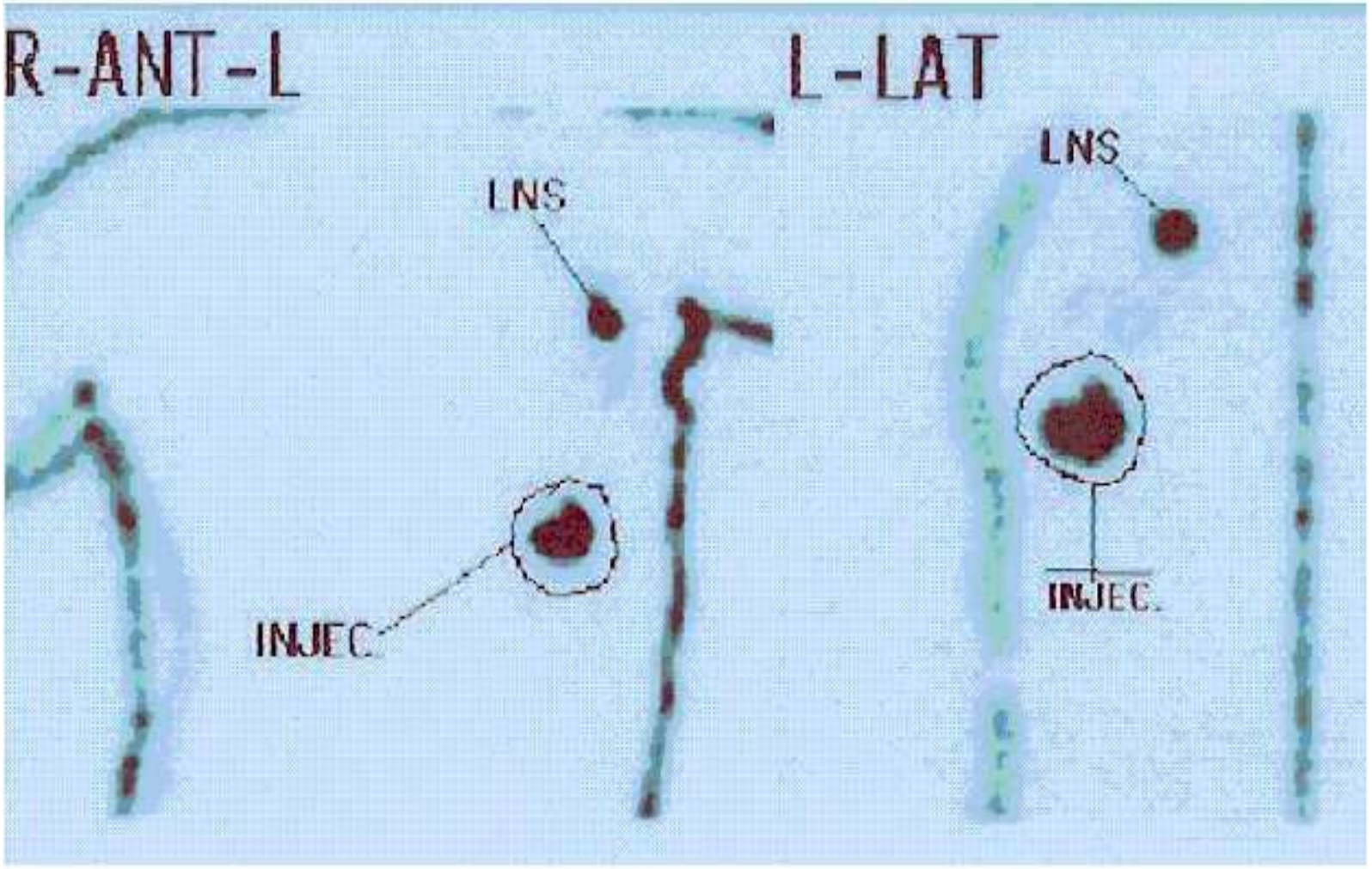
Stato Dei Linfonodi Ascellari

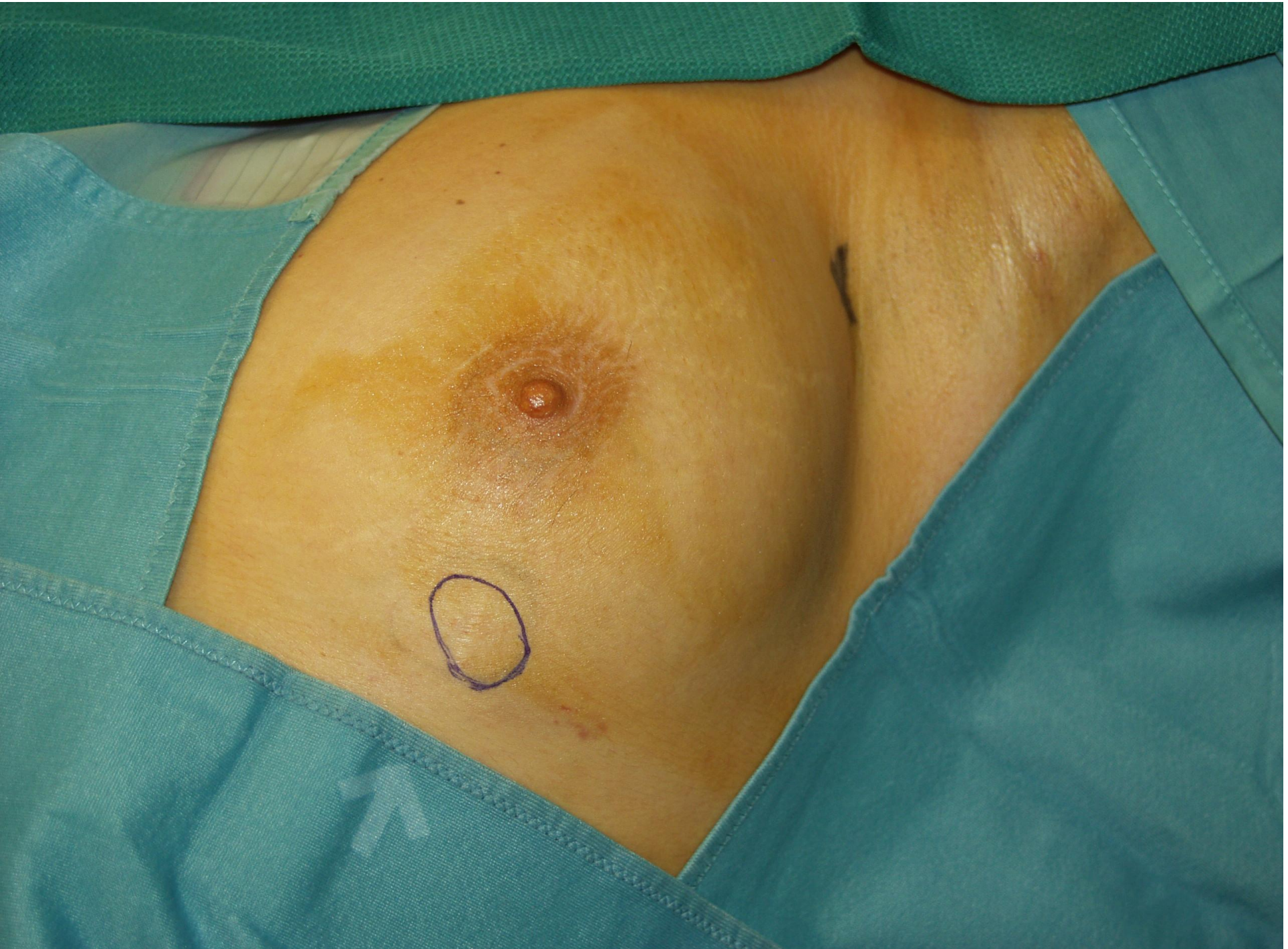
- **Staging accurato**
- **Scelta della terapia adiuvante ottimale**
- **Eccellente controllo locale della malattia**

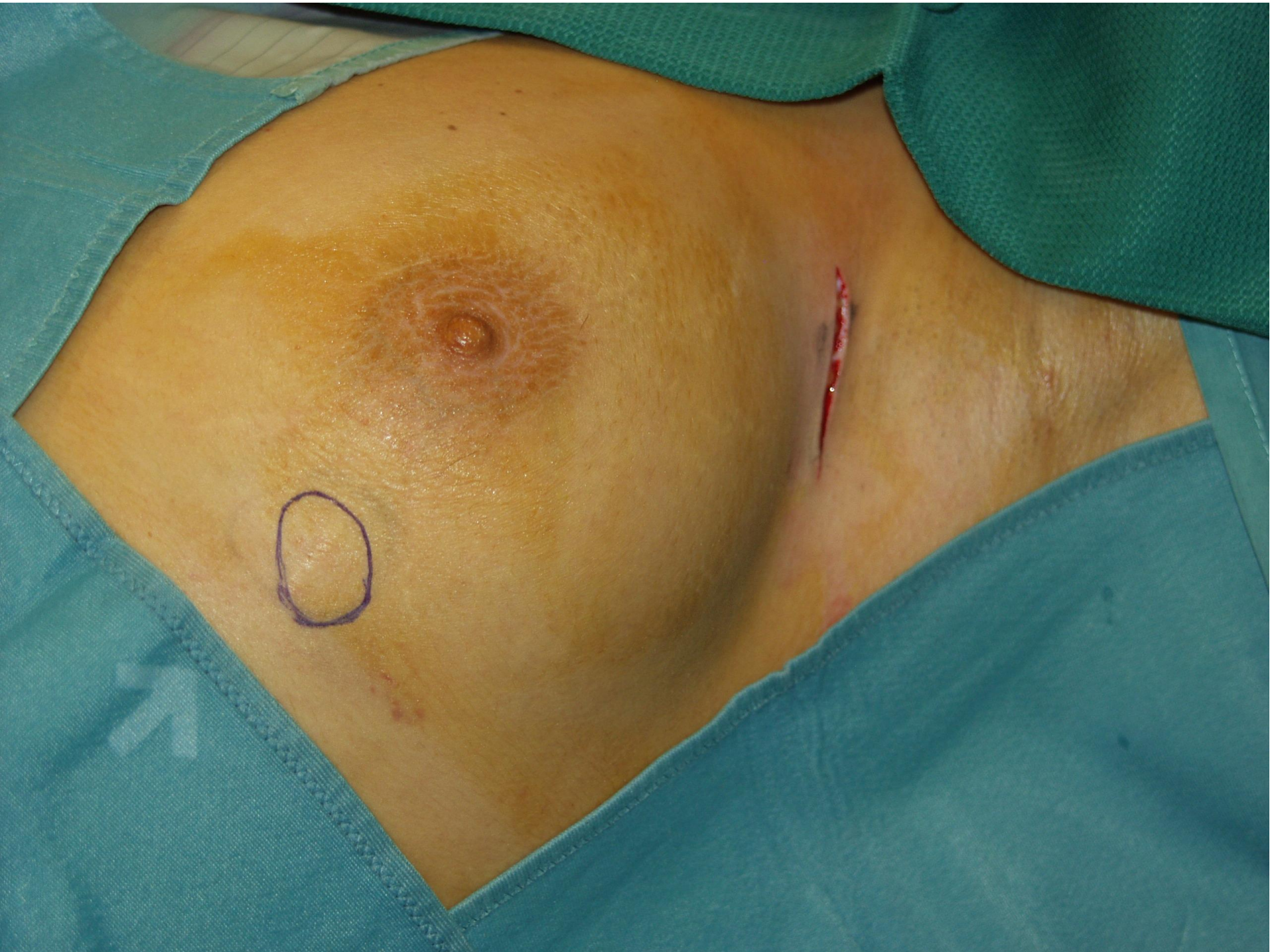
Morbidità Secondaria a Dissezione Ascellare

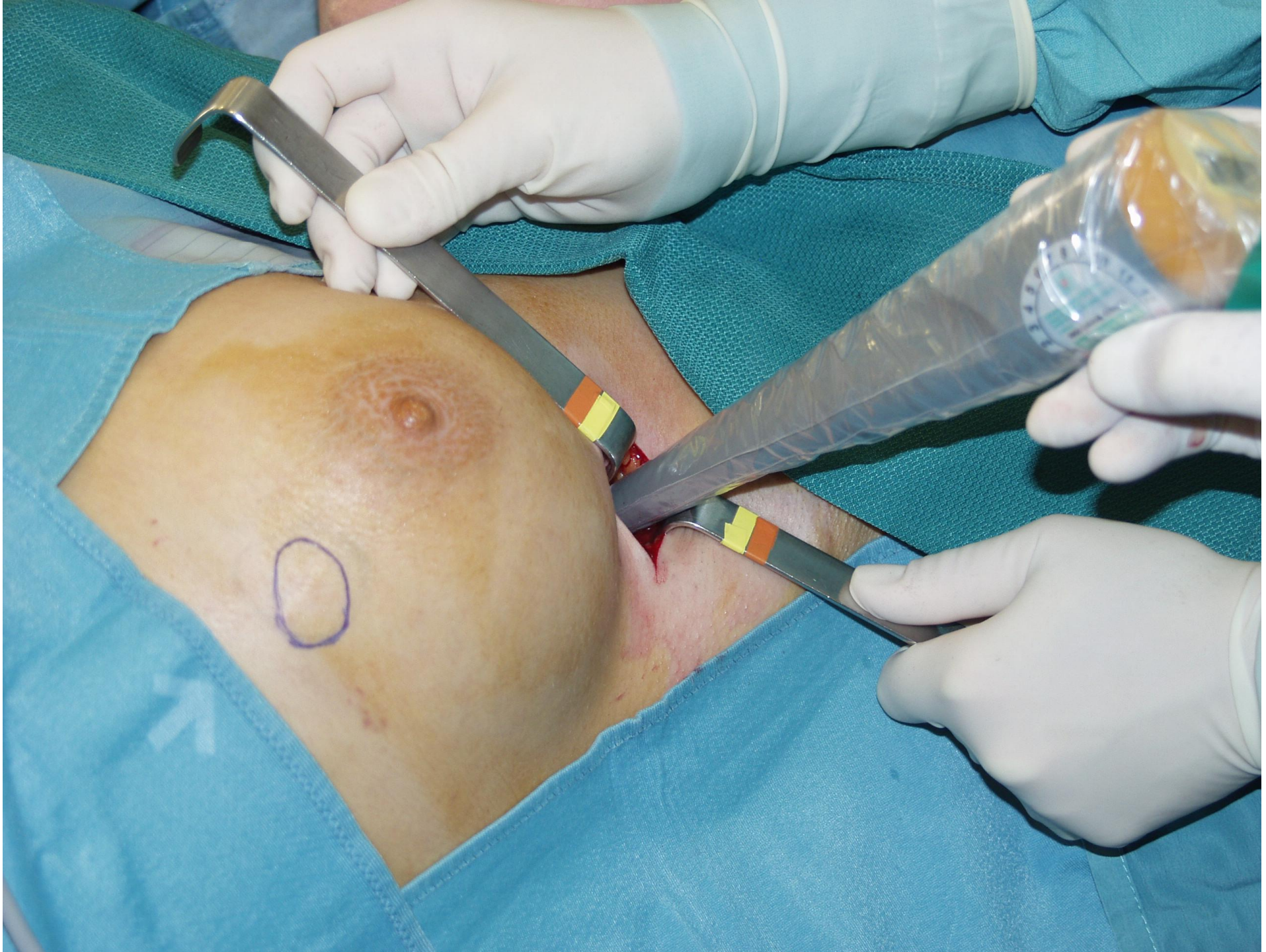
- Aumentato rischio di infezioni
- Ridotta motilità
- Disagio
- Linfedema

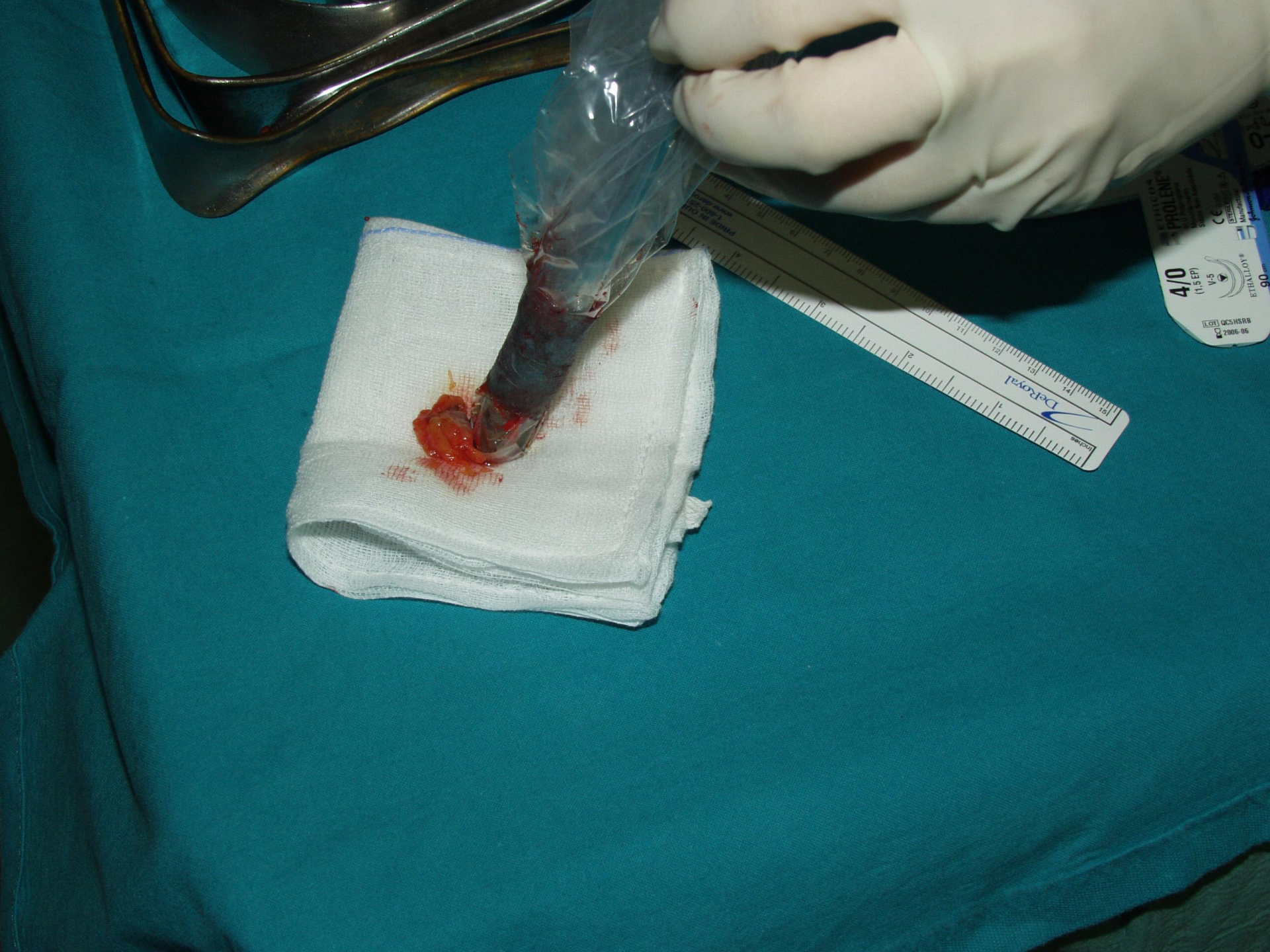

Tumor
Sentinel lymph node and vessels
Valves allow fluid to flow in one direction only


R-ANT-L
L-LAT
LNS
INJEC
LNS
INJEC





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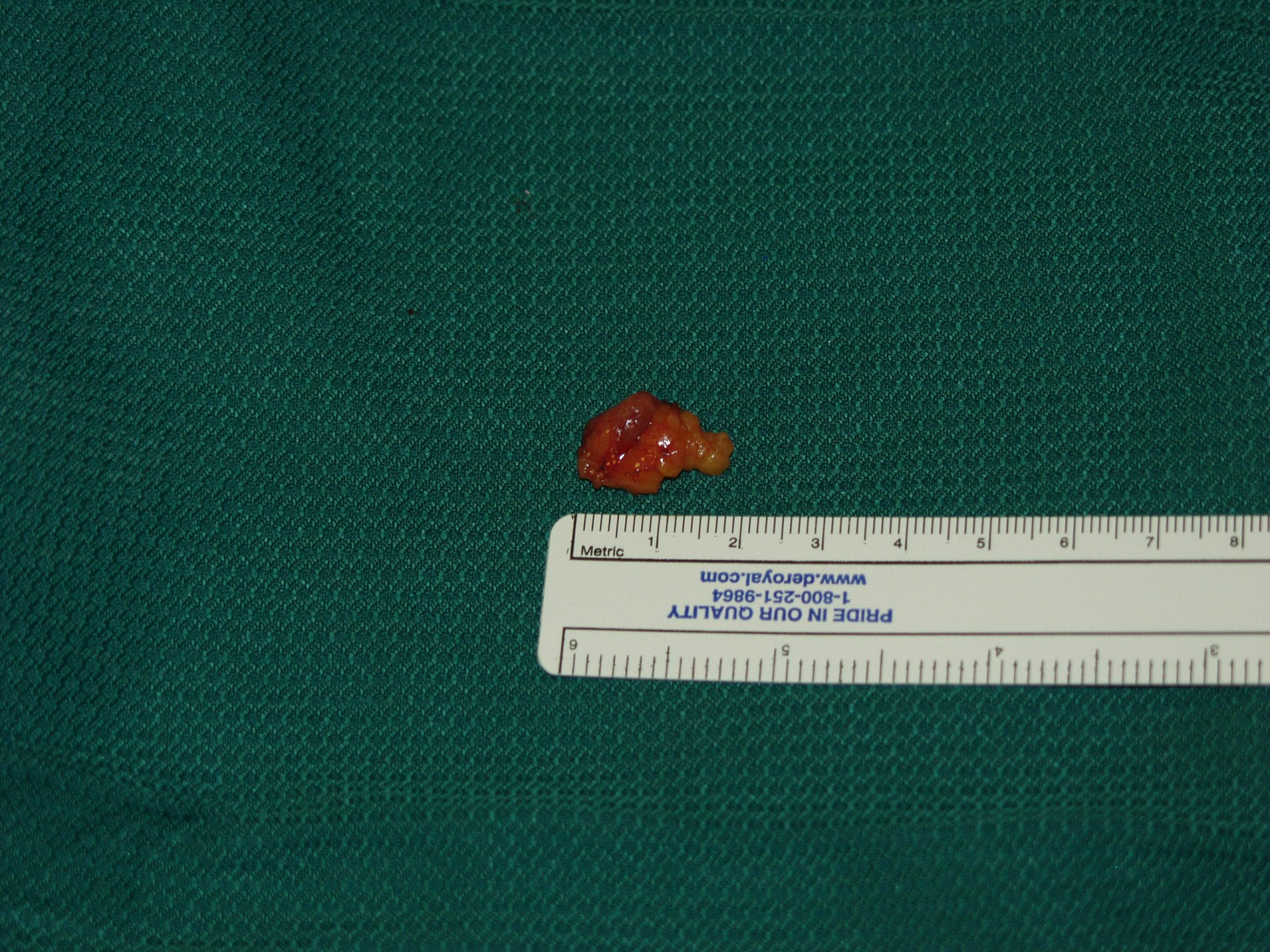
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Vantaggi Del Linfonodo Sentinella

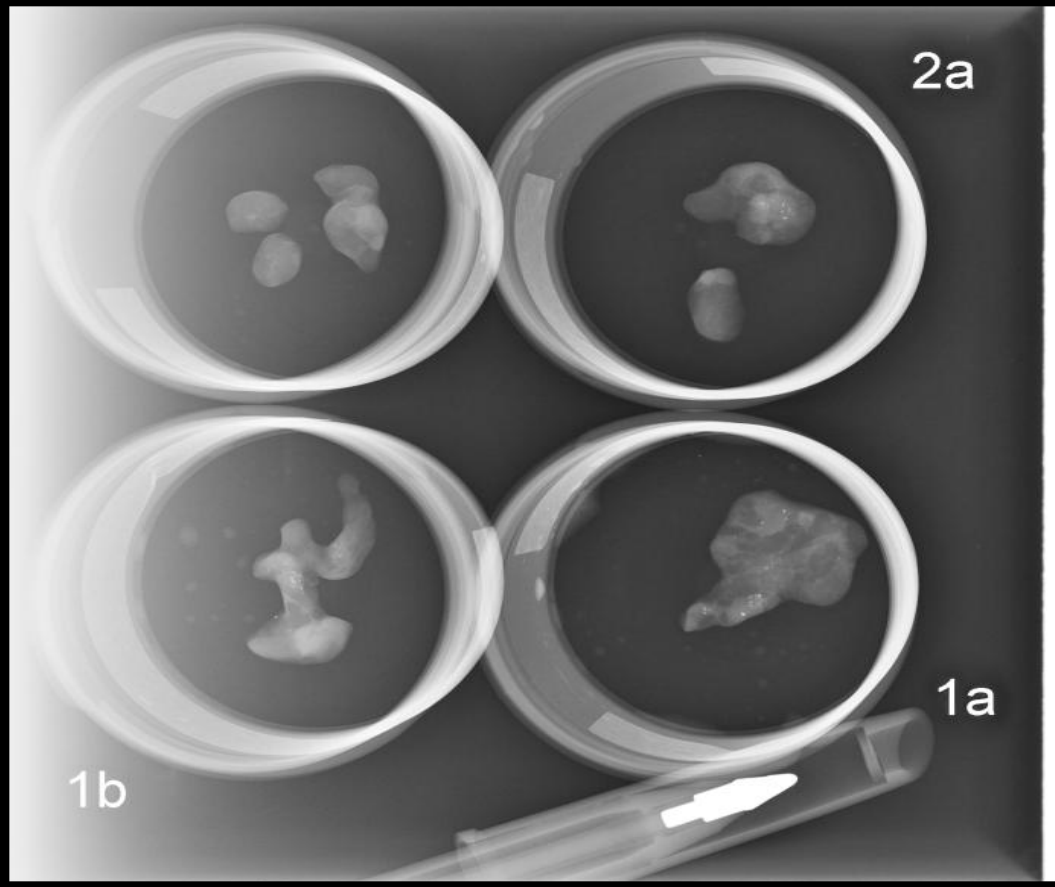
- **Minor dolore**
- **Minor sensazione di pesantezza all’arto**
- **Minori parestesie**
- **Migliore mobilità dell’arto**
- **Minor incidenza di edema del braccio**
- **Miglior risultato estetico**

ESL

Approcci diagnostici

***Mammografia*→biopsia delle microcalcificazioni mediante Mammotome (Vacuum assisted biopsies)**

***MRI*: enhancement contrastografico. Utile per la valutazione dell'estensione della lesione e per la valutazione della multicentricità**


2a
1a
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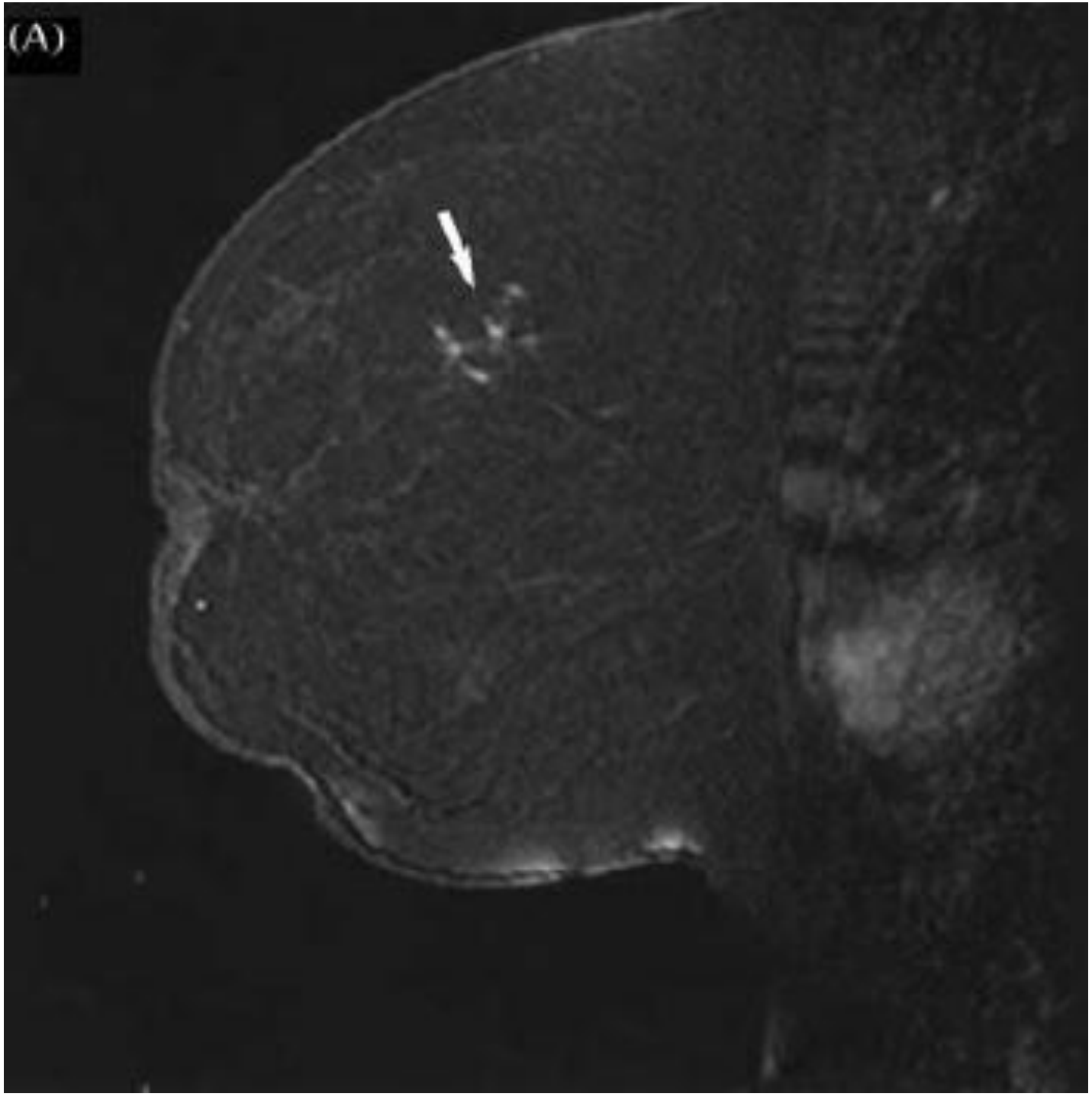
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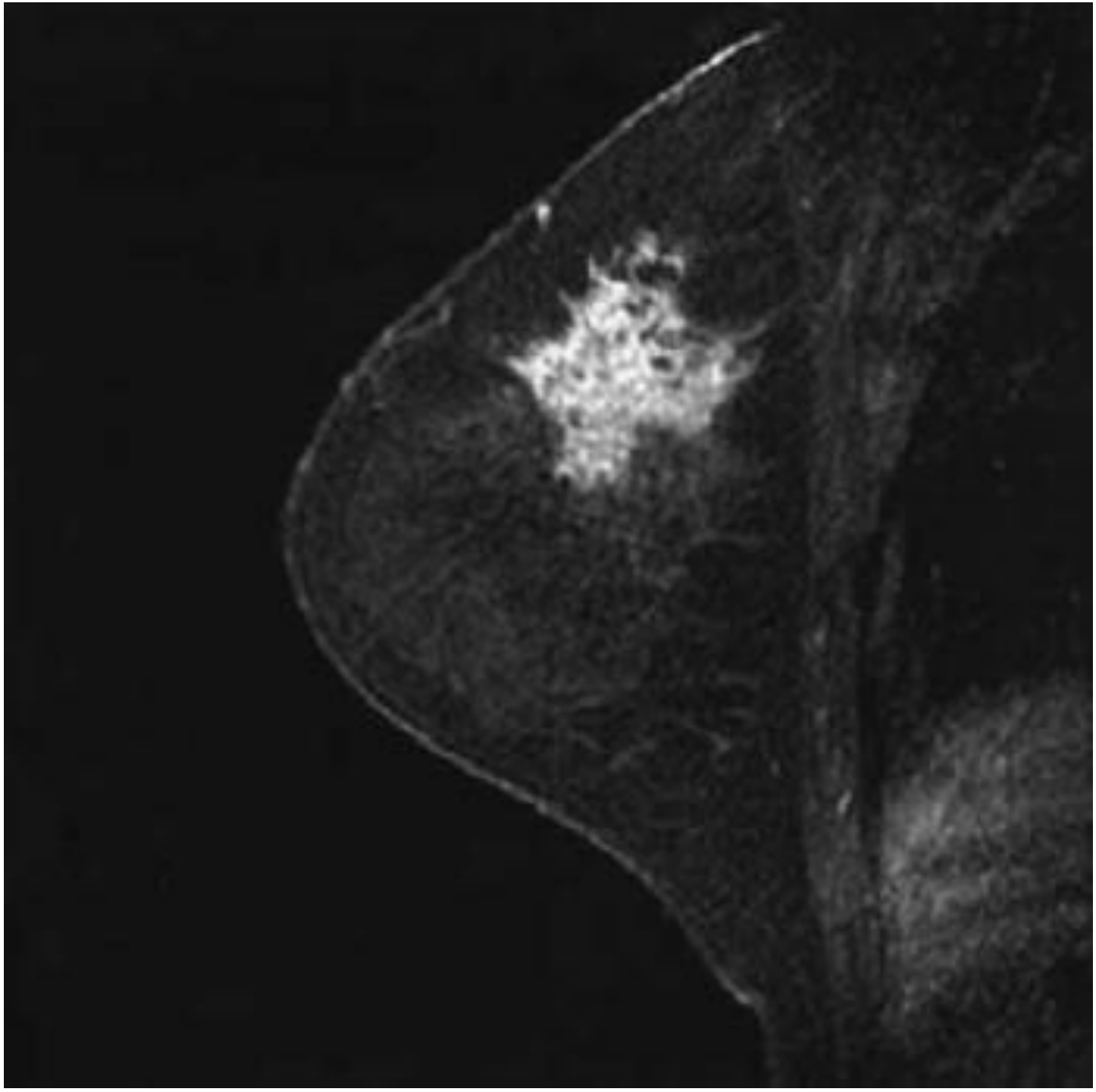

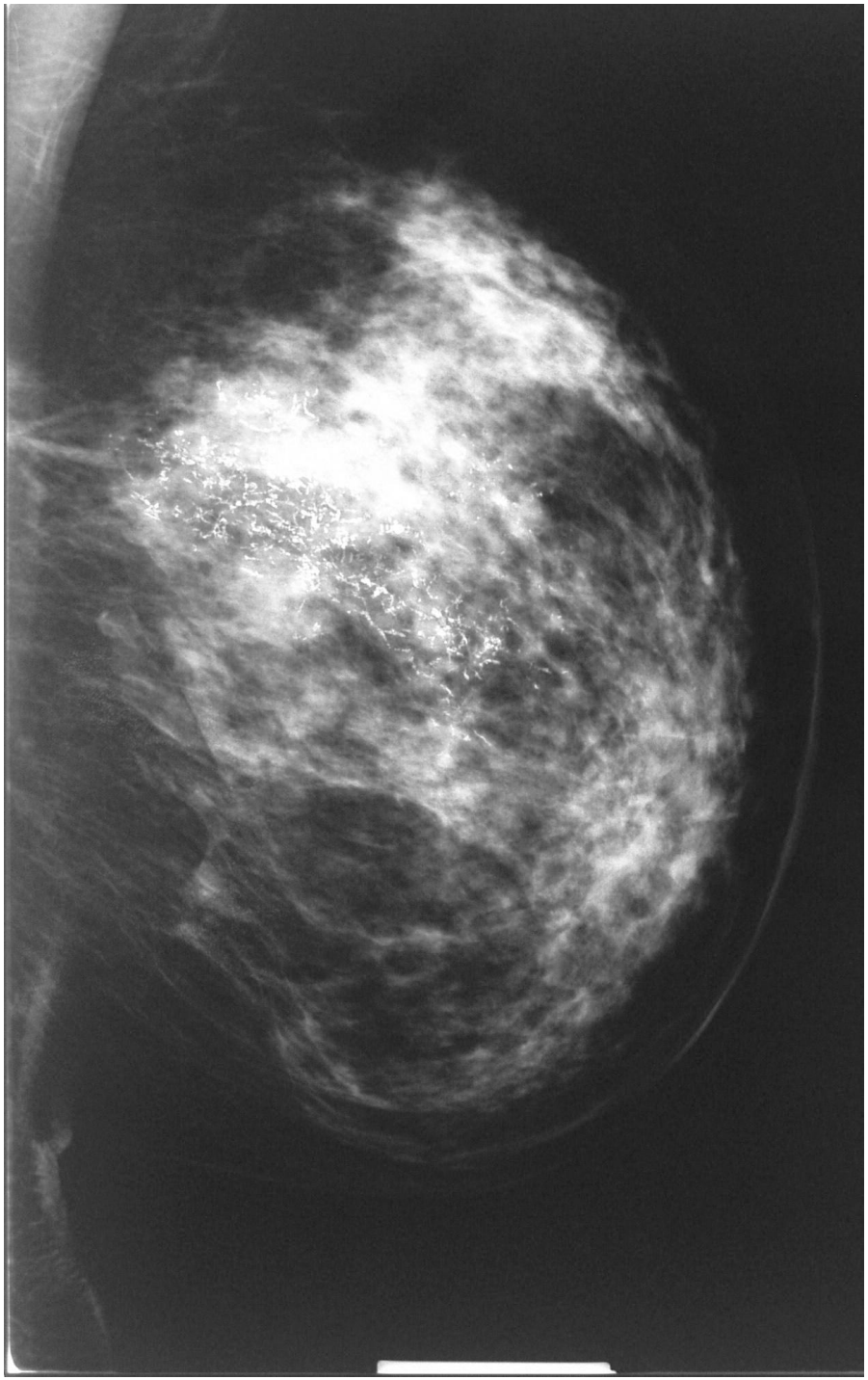

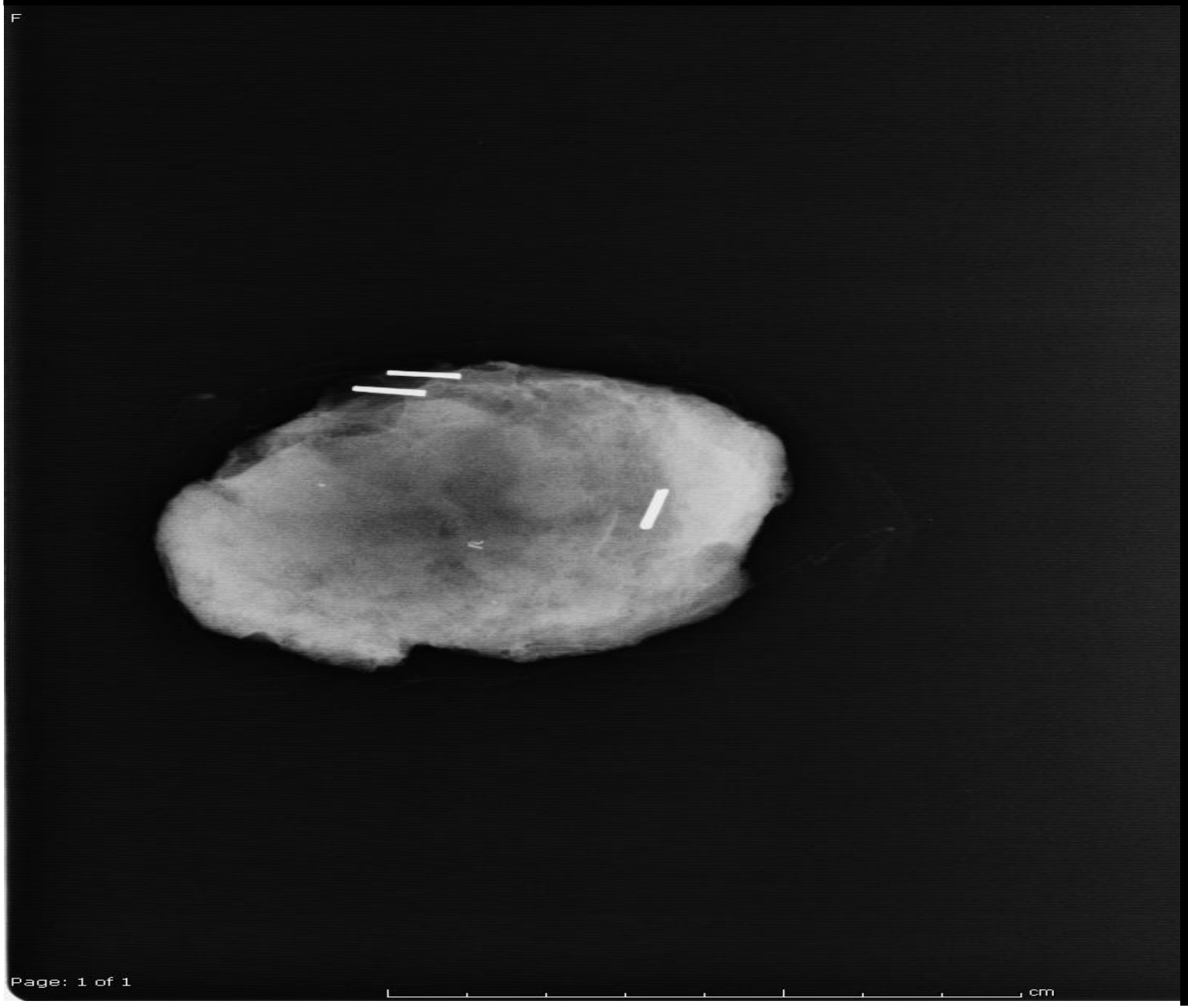
F
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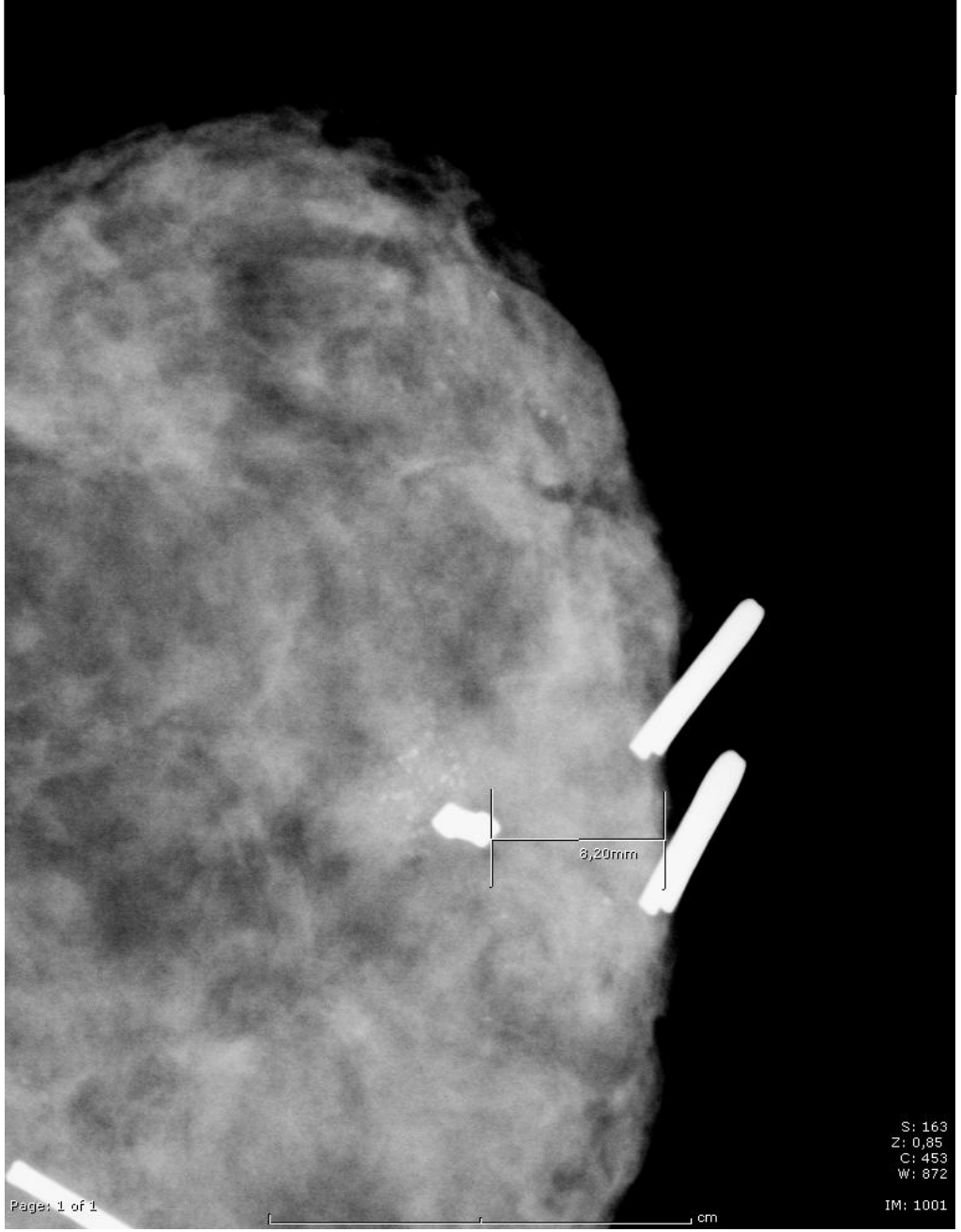
cm


8,20mm
S: 163
Z: 0,85
C: 453
W: 872
IM: 1001
Page: 1 of 1
cm

Marcatura Preoperatoria della Lesione

- **Marcatura con filo metallico**
- **Marcatura con carbone**
- **Posizionamento di clip metallica magnetica**
- **ROLL**

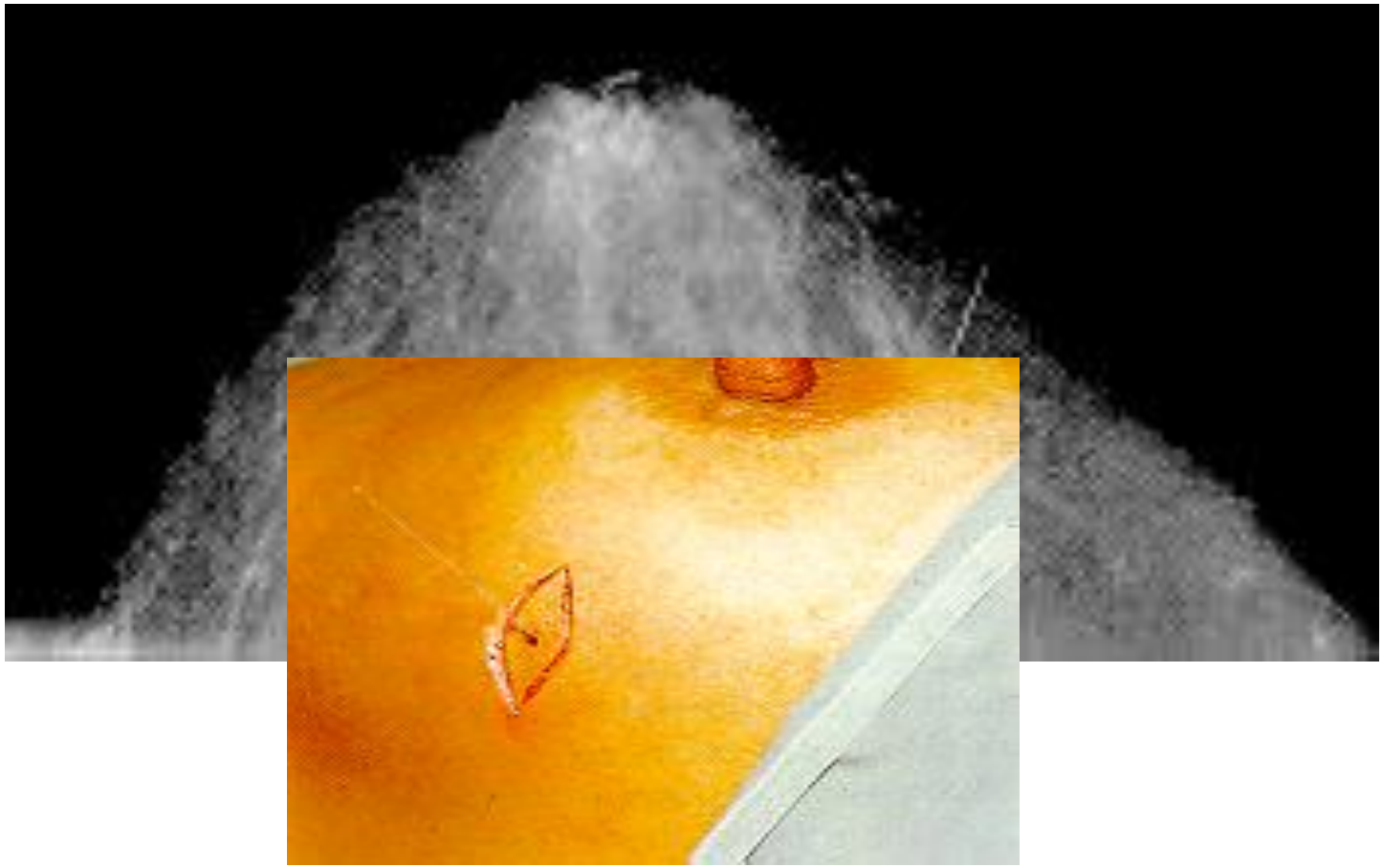
TRACCIA DI CARBONE

- **INCISIONE CUTANEA OBBLIGATA**
- **CHIRURGO ESPERTO**
- **POSSIBILI ALTERAZIONI DEL PEZZO OPERATORIO (ESAME ISTOLOGICO)**

FILO METALLICO CON UNCINO

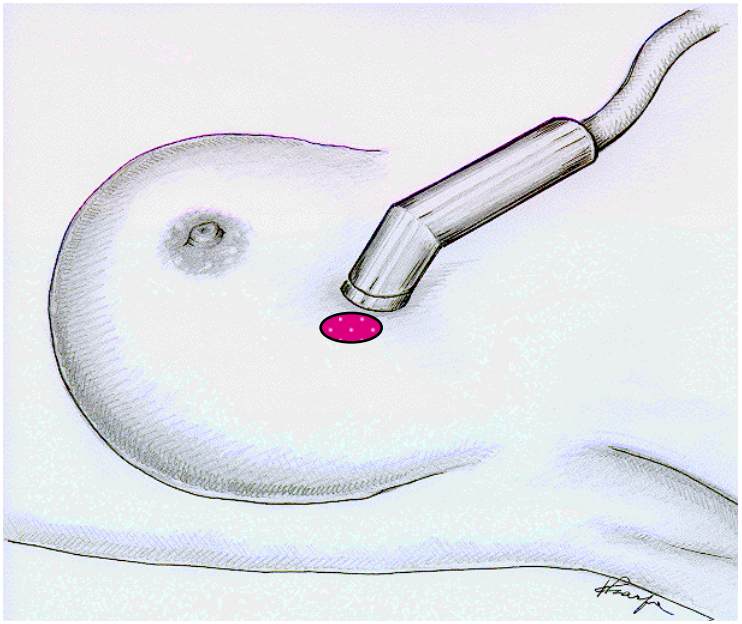
- POSIZIONAMENTO DIFFICOLTOSO IN MAMMELLE DENSE
- POSSIBILE DISLOCAZIONE IN MAMMELLE ADIPOSE
- INCISIONE CUTANEA OBBLIGATA

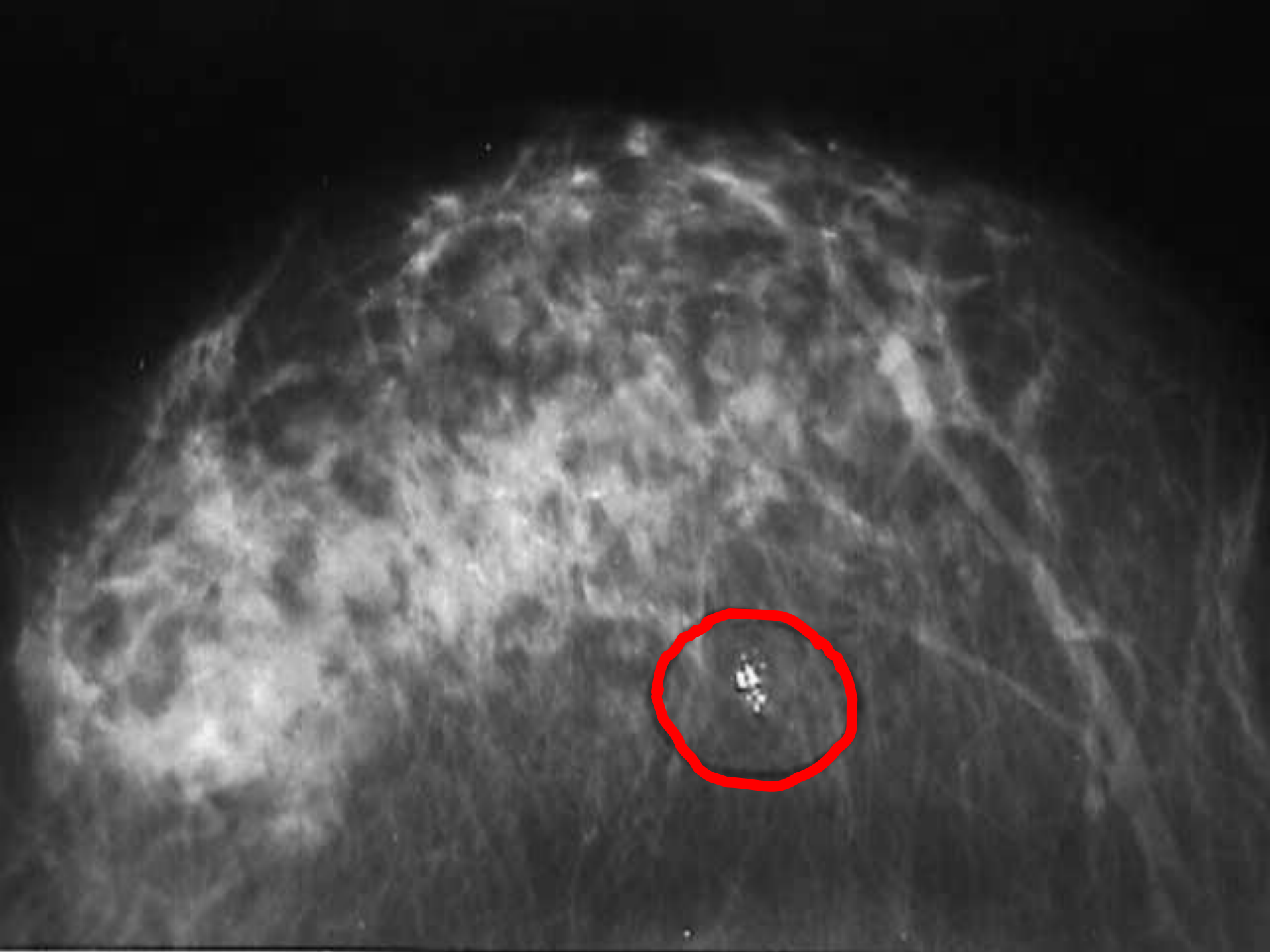
Centratura con ago uncinato

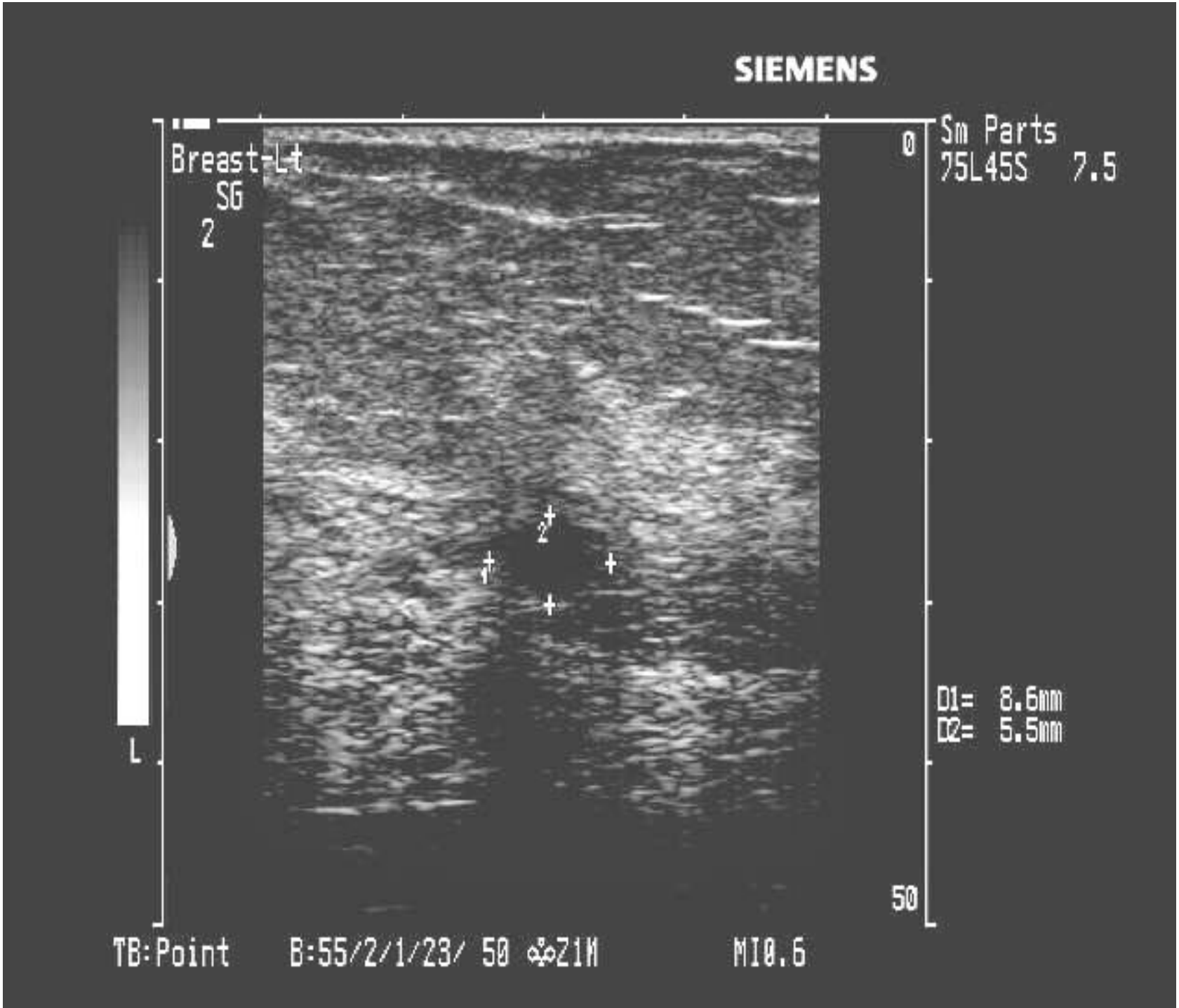


R.O.L.L.

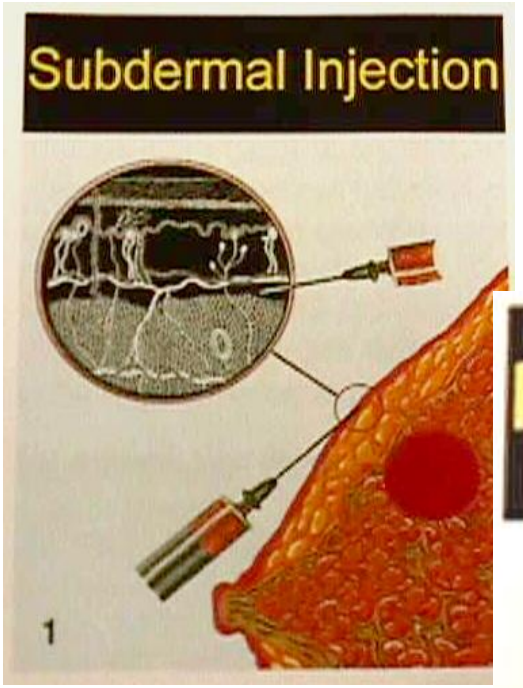
Radioguided
Occult
Lesion
Localization

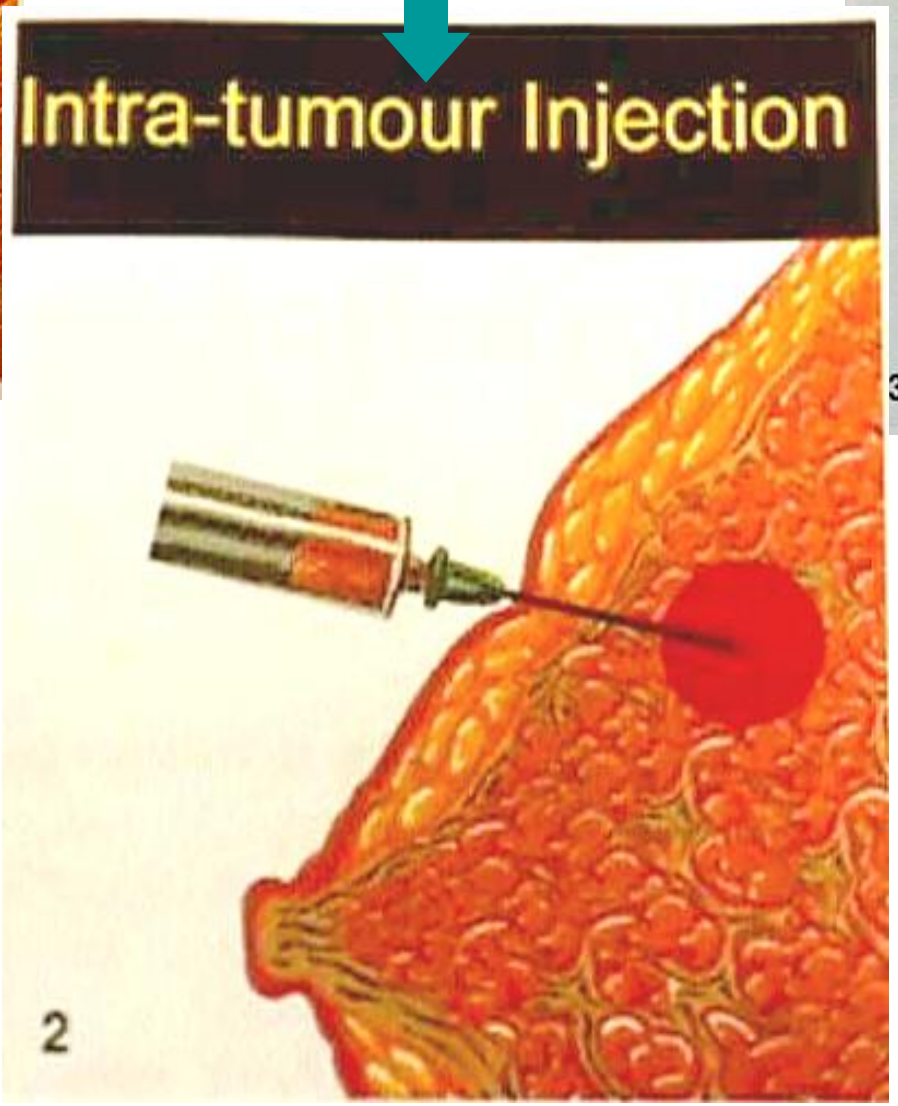


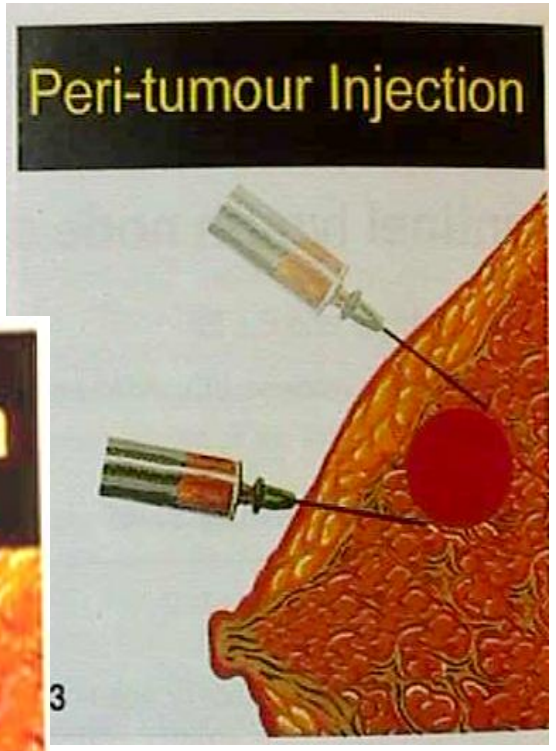



SIEMENS
Breast-Lt
SG
2
Sm Parts
75L45S 7.5
0
D1= 8.6mm
D2= 5.5mm
50
L
TB:Point
B:55/2/1/23/ 50 ZIM
MI0.6

ROLL



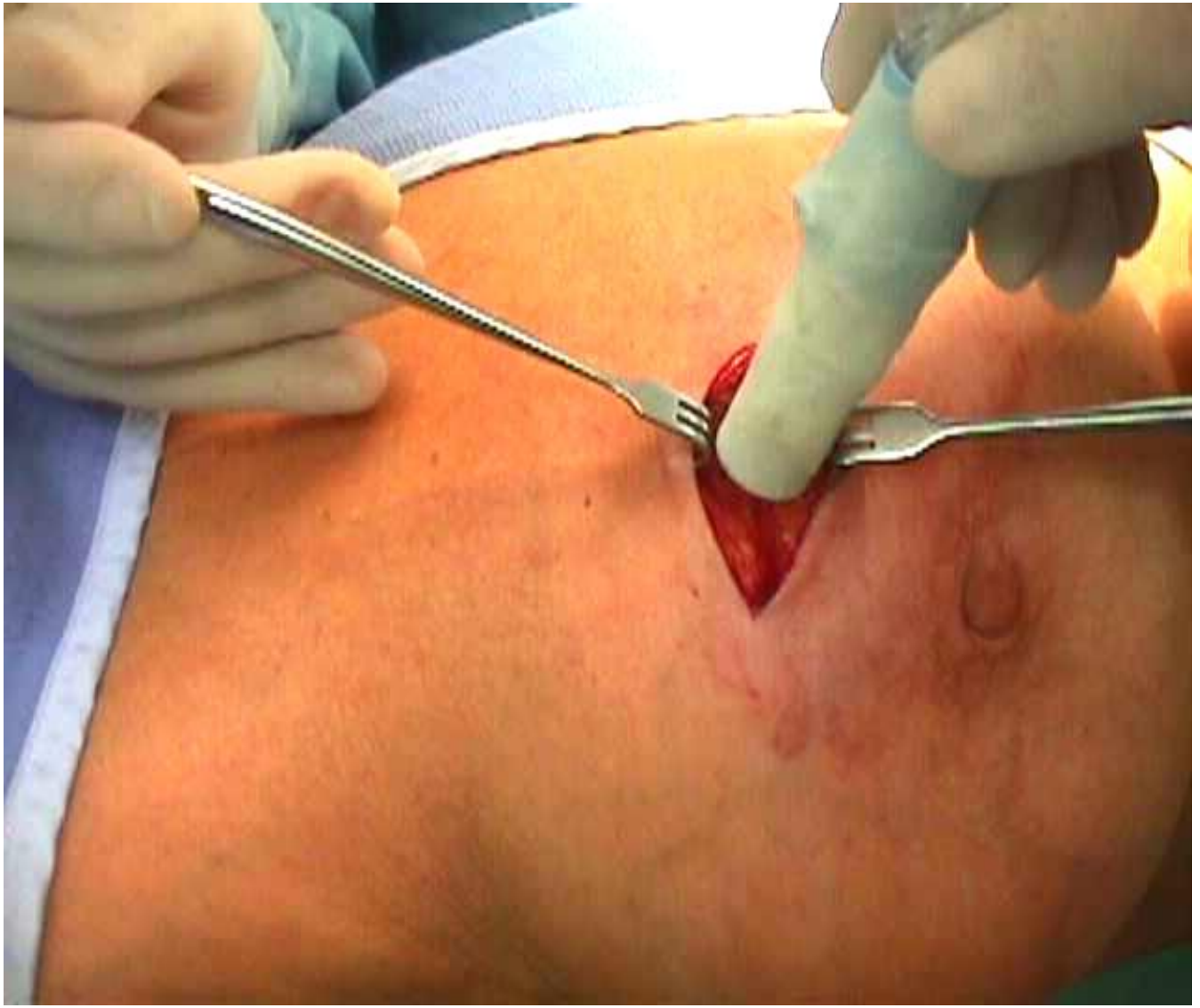




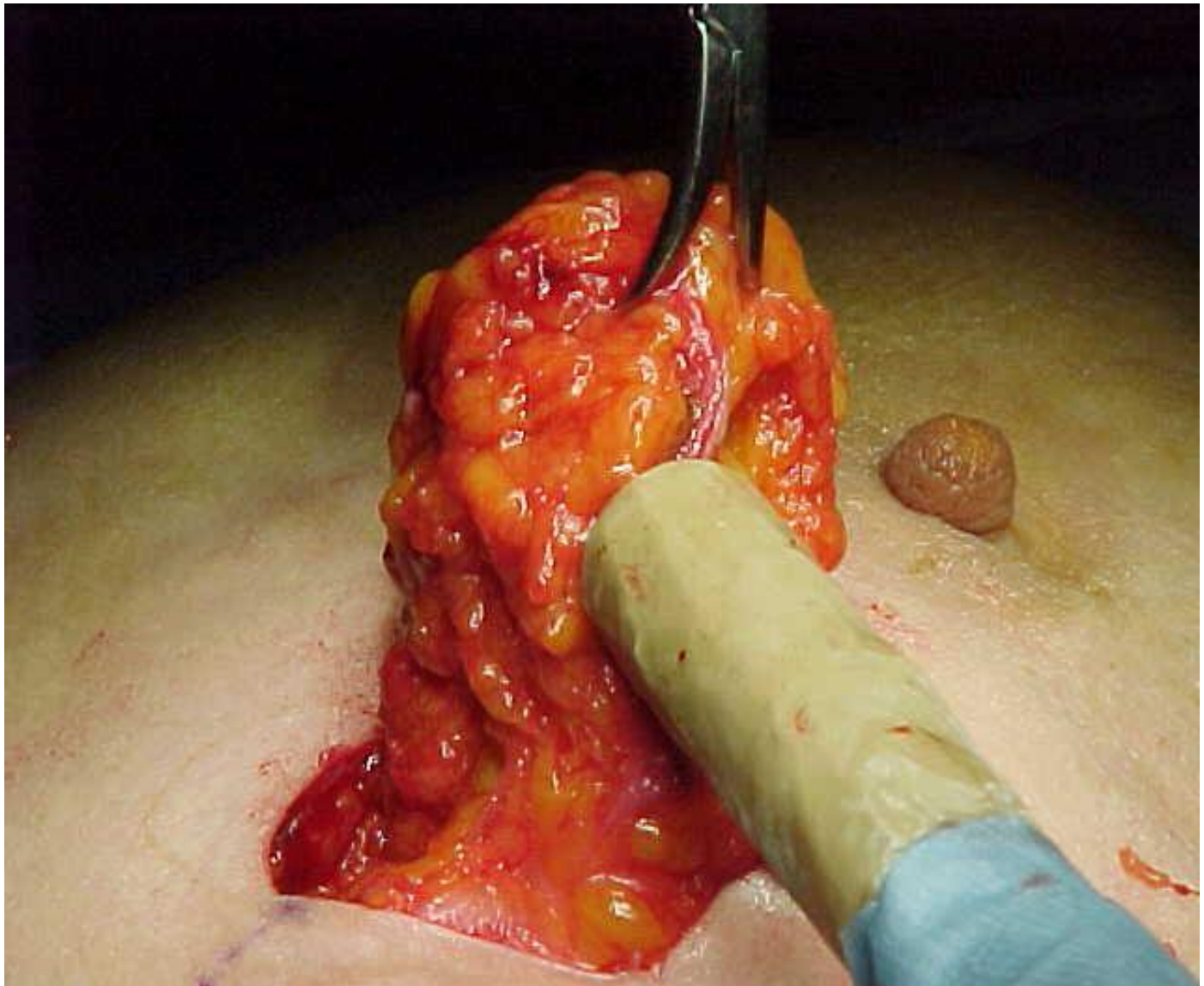
Sentinel Node

Sentinel Node

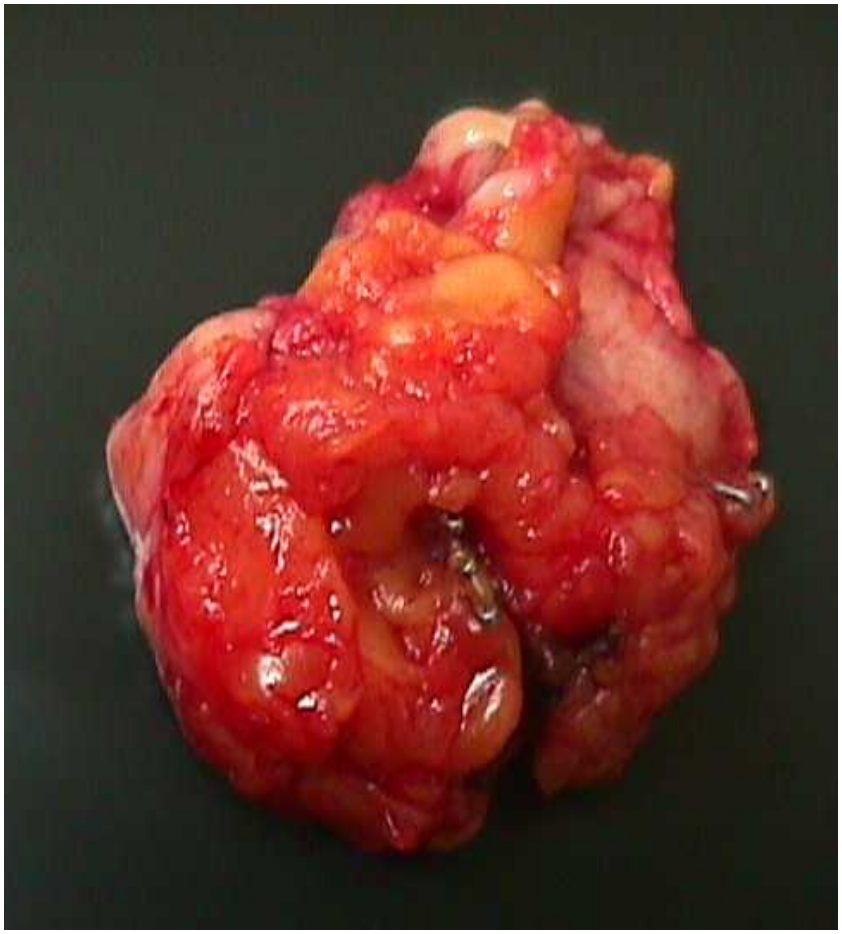
Localizzazione intraoperatoria

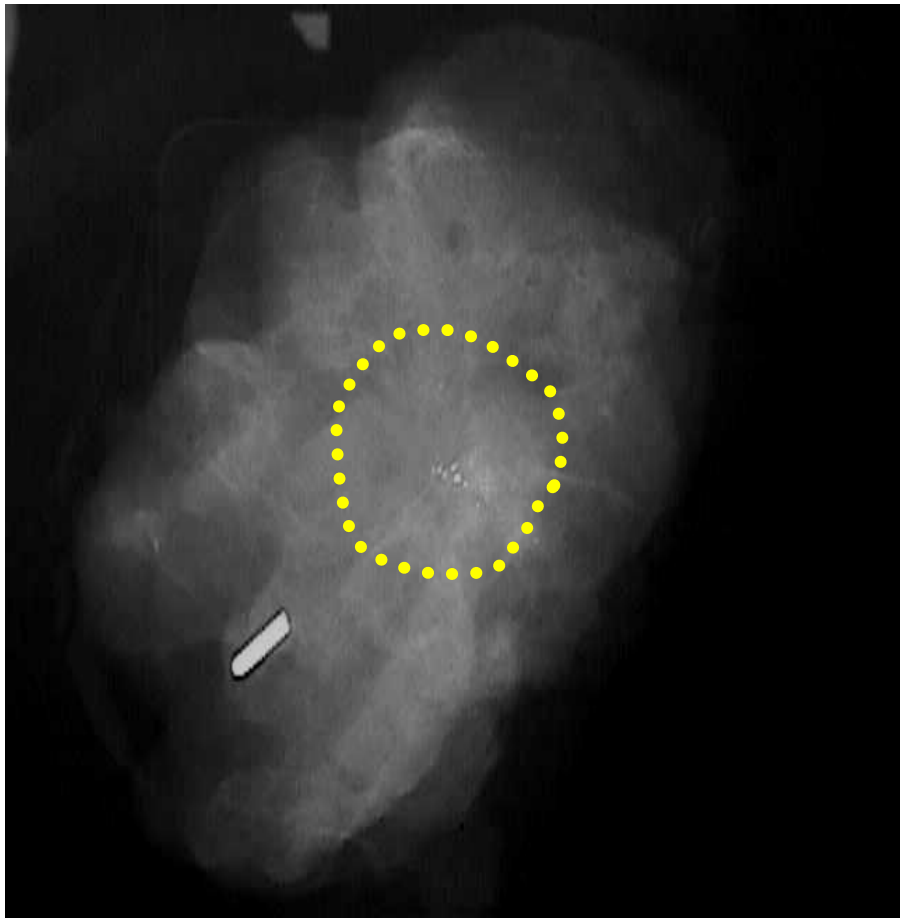


Verifica prima dell'asportazione della lesione



La radiografia mostra il cluster di microcalcificazioni al centro del pezzo operatorio con ampio margine di sicurezza.





OBIETTIVI DELLA CHEMIO-TERAPIA NEOADIUVANETE

- **Trattamento delle lesioni occulte**
- **Riduzione della massa tumorale**
- **Consentire una chirurgia conservativa**

RAZIONALE DELLA CTN

- **Sterilizzazione delle micrometastasi**
- **Possibile contaminazione intra-operatoria**
- **Possibile stimolazione della crescita di micrometastasi occulte**
- **Percentuale più alta di chirurgia conservativa**
- **Valutazione in vivo della sensibilità-resitenza ai farmaci impiegati**

INDICAZIONI ALLA CTN

- **Recettori estro-progestinici negativi**
- **Coinvolgimento linfonodi ascellari**
- **Età giovanile, stato premenopausale**
- **Dimensioni del tumore**
- **Alto grado**
- **Alta percentuale di proliferazione**

RISULTATI PERSONALI

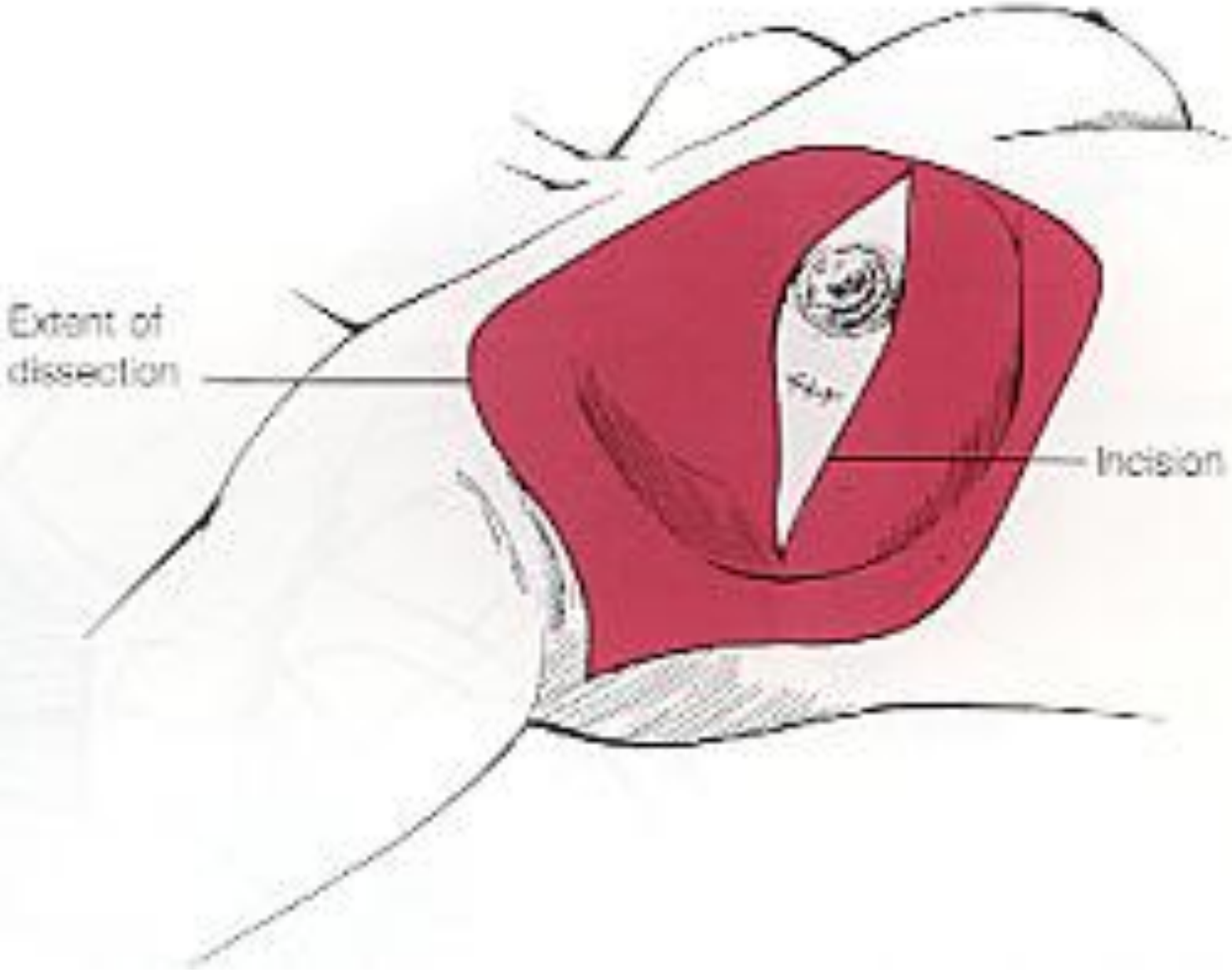
- **52% di interventi conservativi dopo CTN**
- **12.5% sottoposte a ricostruzione protesica**

Indicazioni Alla Mastectomia

- Tumore di grandi dimensioni
- Mastite carcinomatosa
- Tumore multicentrico
- Tumore ereditario (BRCA)
- Ghiandola piccola
- Scelta personale della paziente

Mastectomia

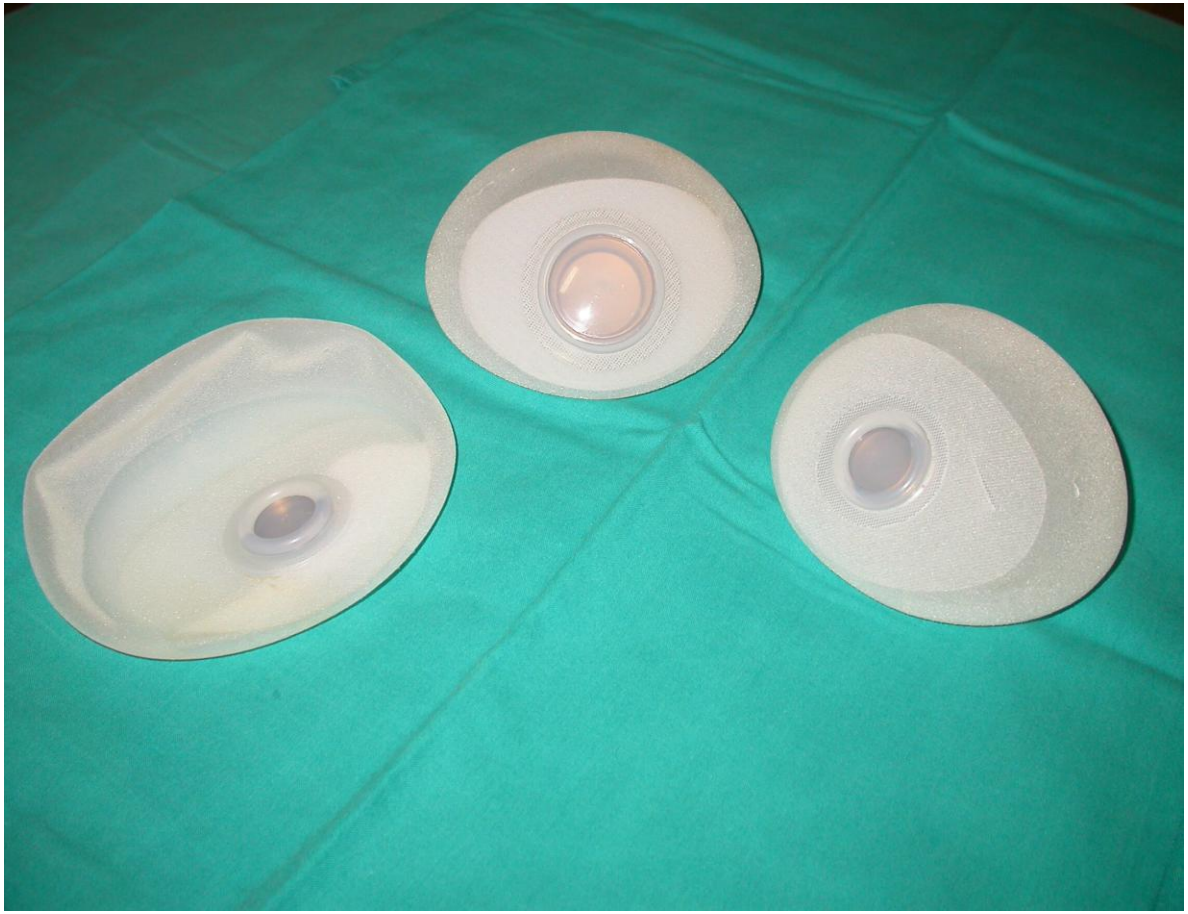
- Mastectomia sottocutanea
- Mastectomia con risparmio cutaneo
- Mastectomia “nipple sparing”
- Mastectomia totale
- Mastectomia totale secondo Halsted

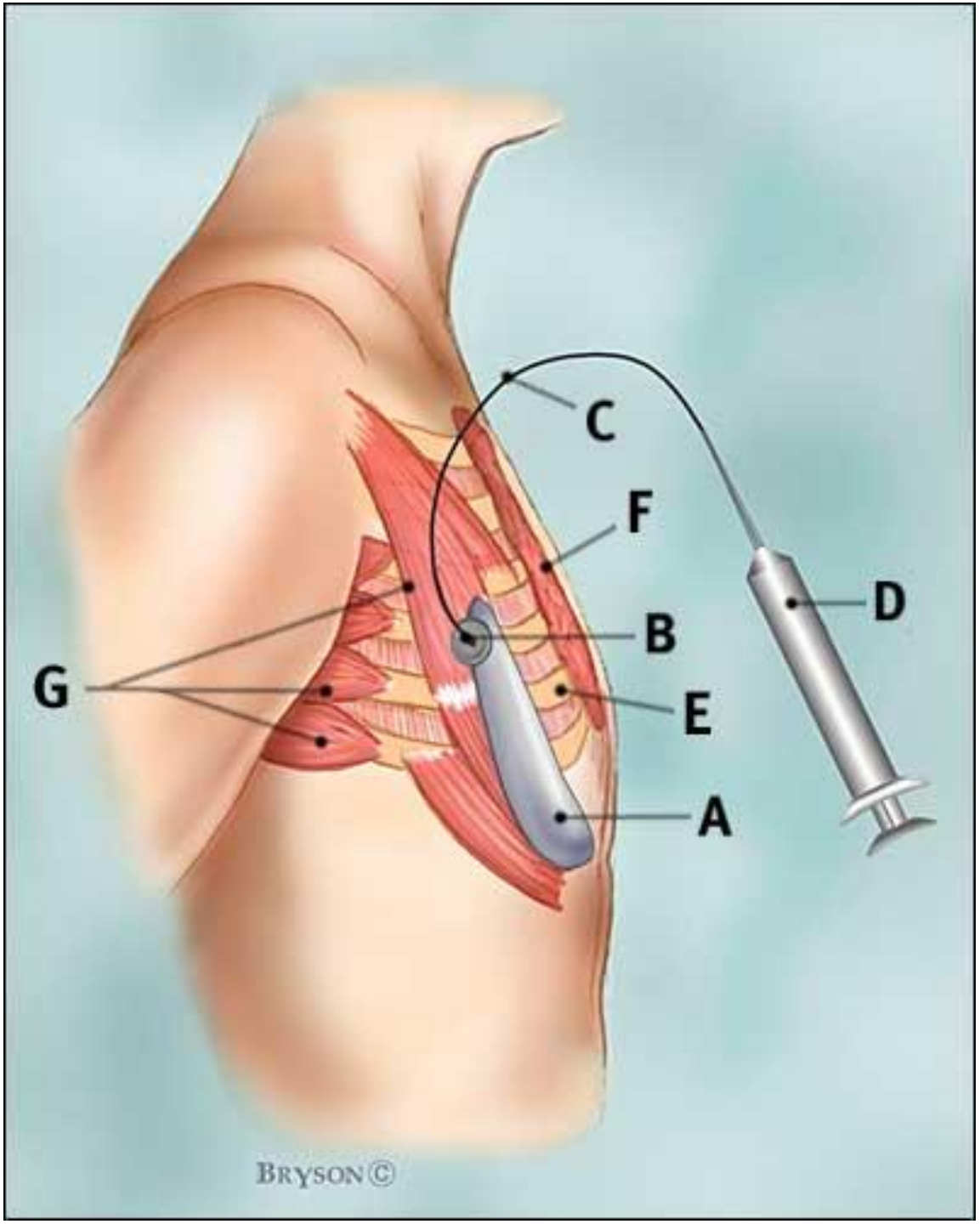

Extent of dissection
Incision

Chirurgia Ricostruttiva

- **Ricostruzione immediata**
- **Ricostruzione con lembo autologo**
- **Ricostruzione con protesi**

ESPANSORI

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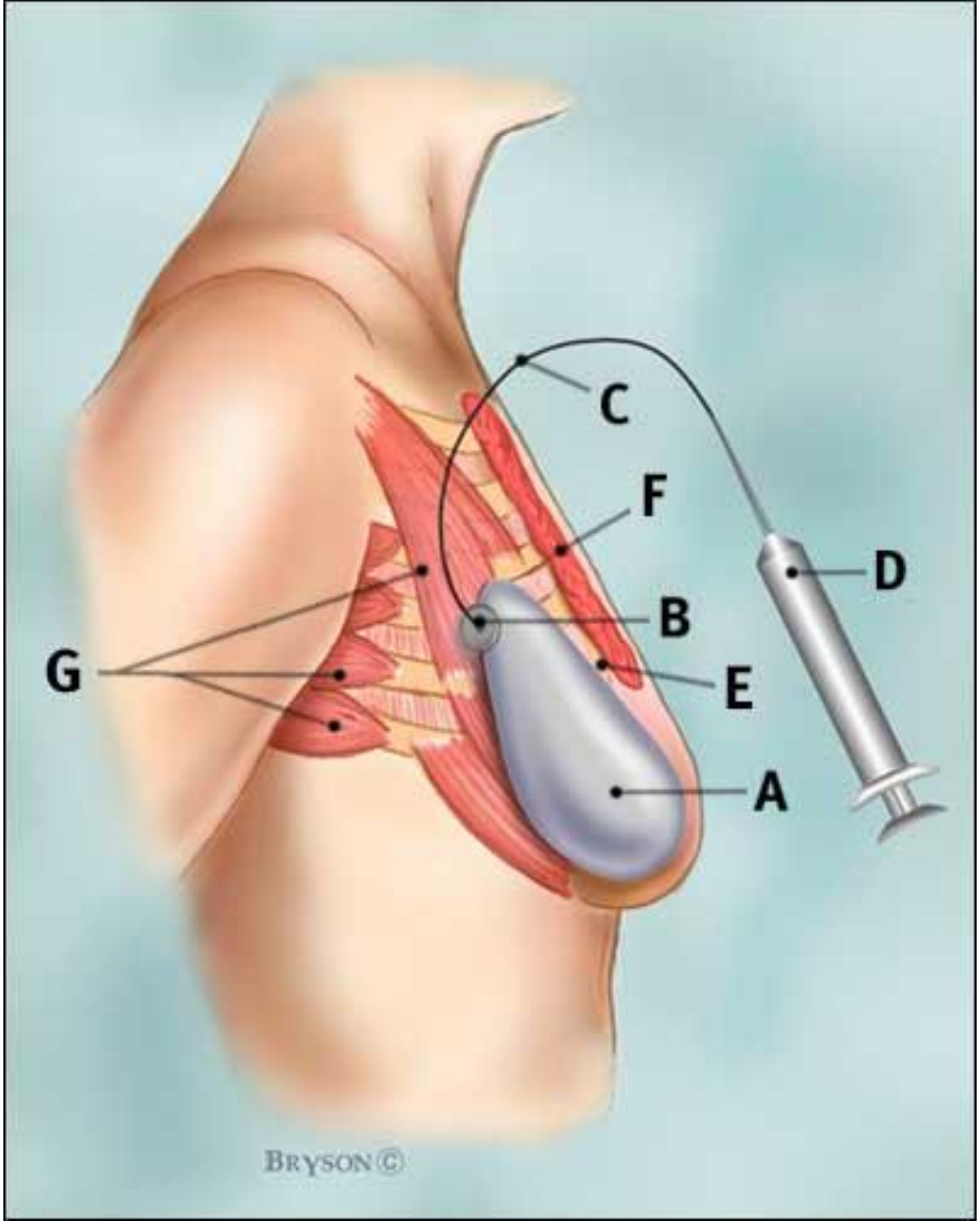
BRYSON©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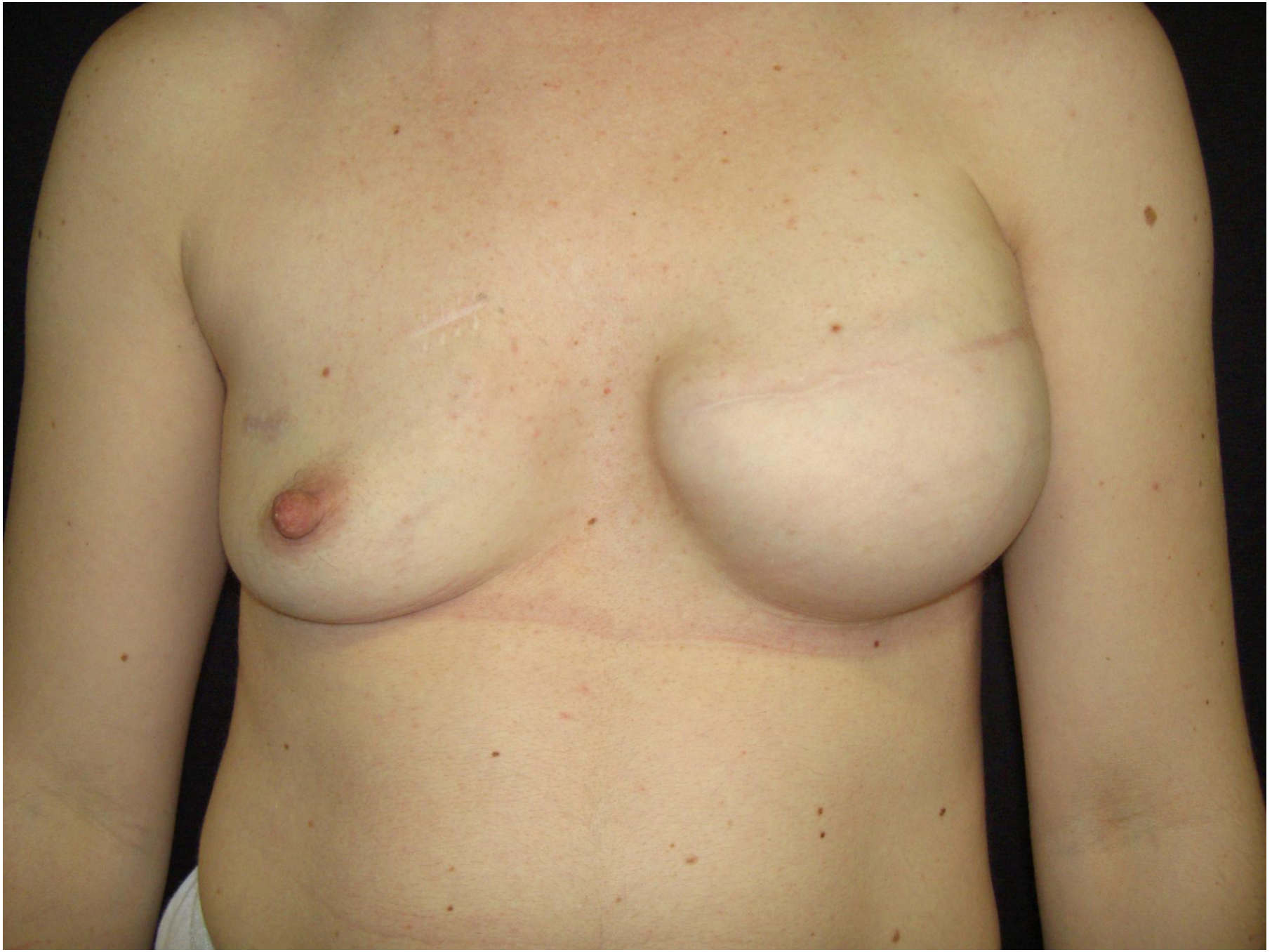
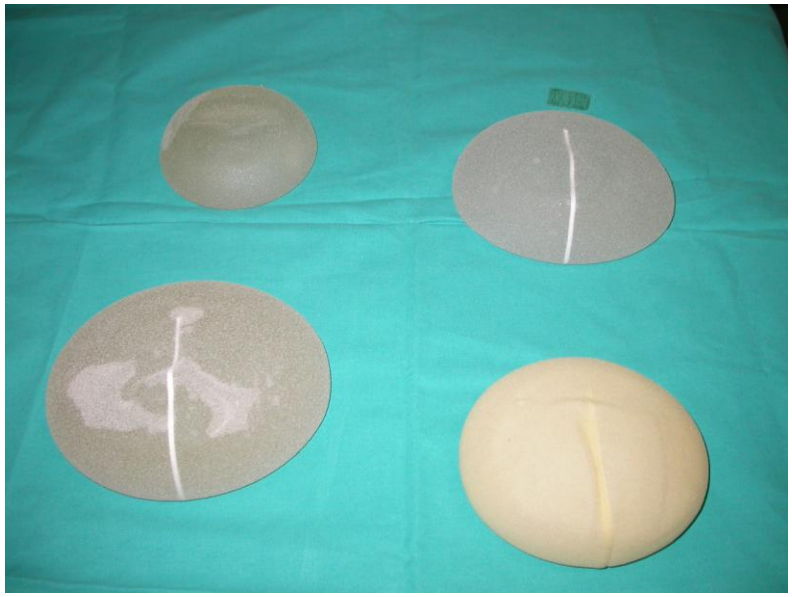
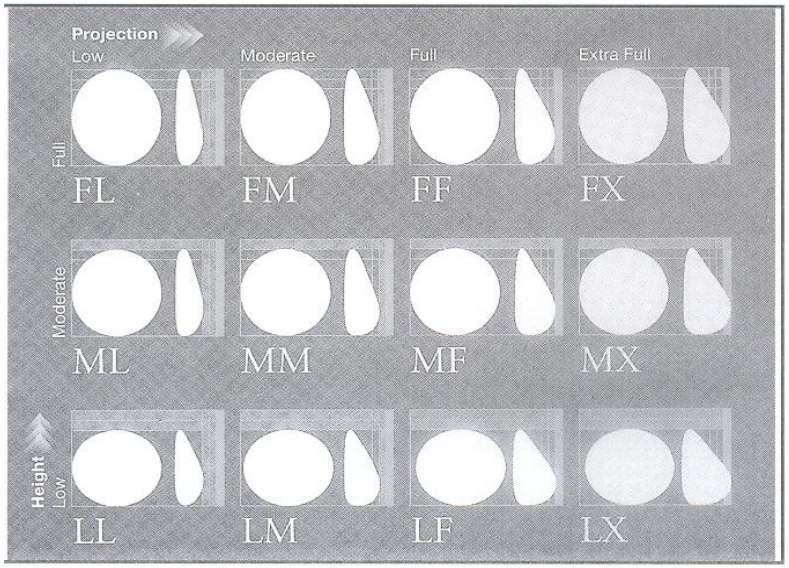
BRYSON ©

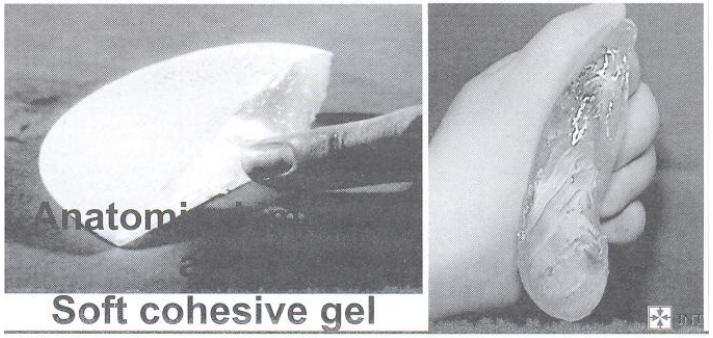


PROTESI

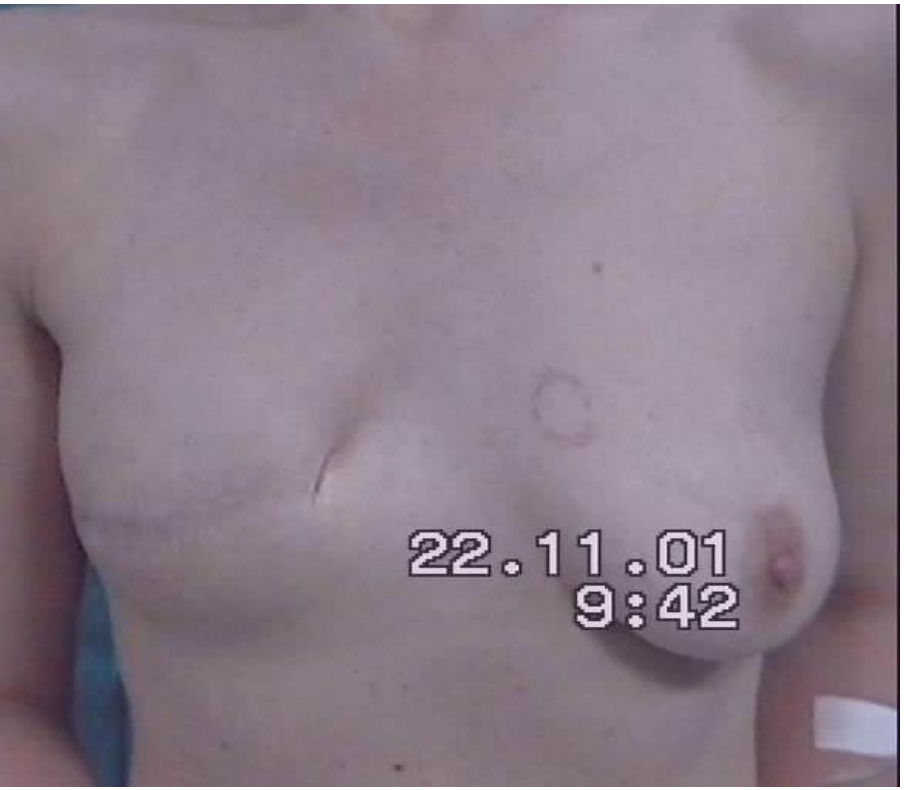


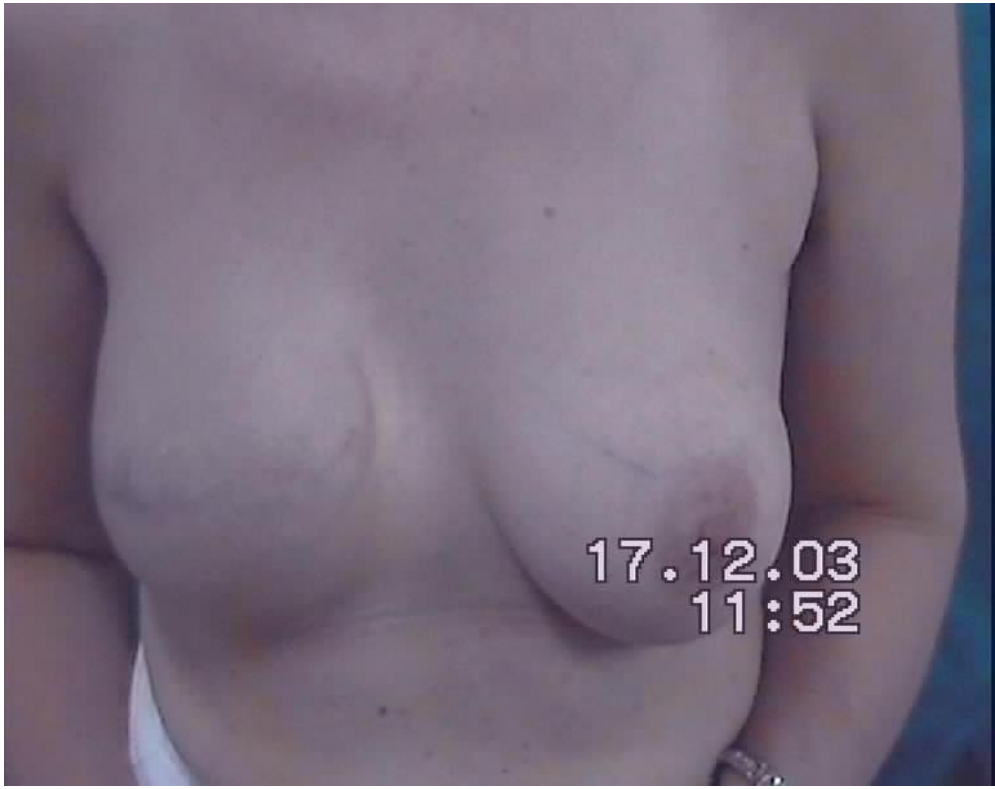


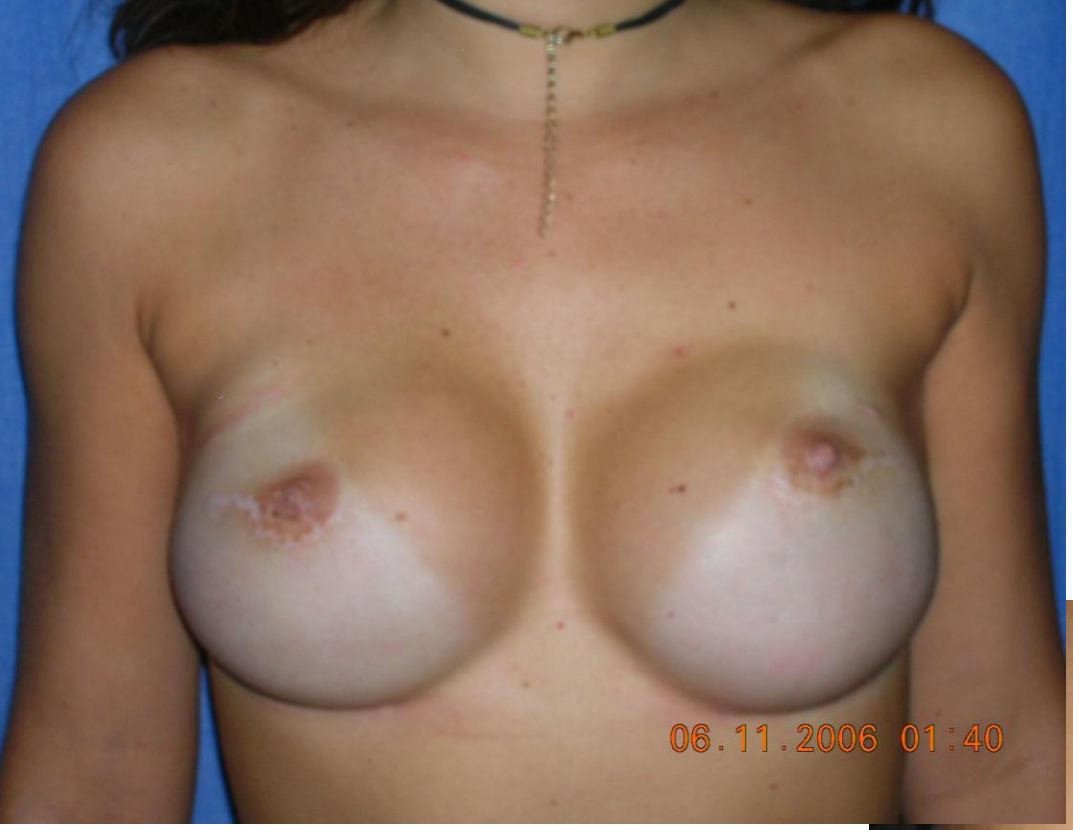
MORE NATURAL SHAPE
CONTROL OF VOLUME DISTRIBUTION
NO RIPPLING/WRINKLING
NO CHANGES IN SHAPE
NO DISPLACEMENT



RICOSTRUZIONE MAMMARIA CON ESPANSORI/PROTESI



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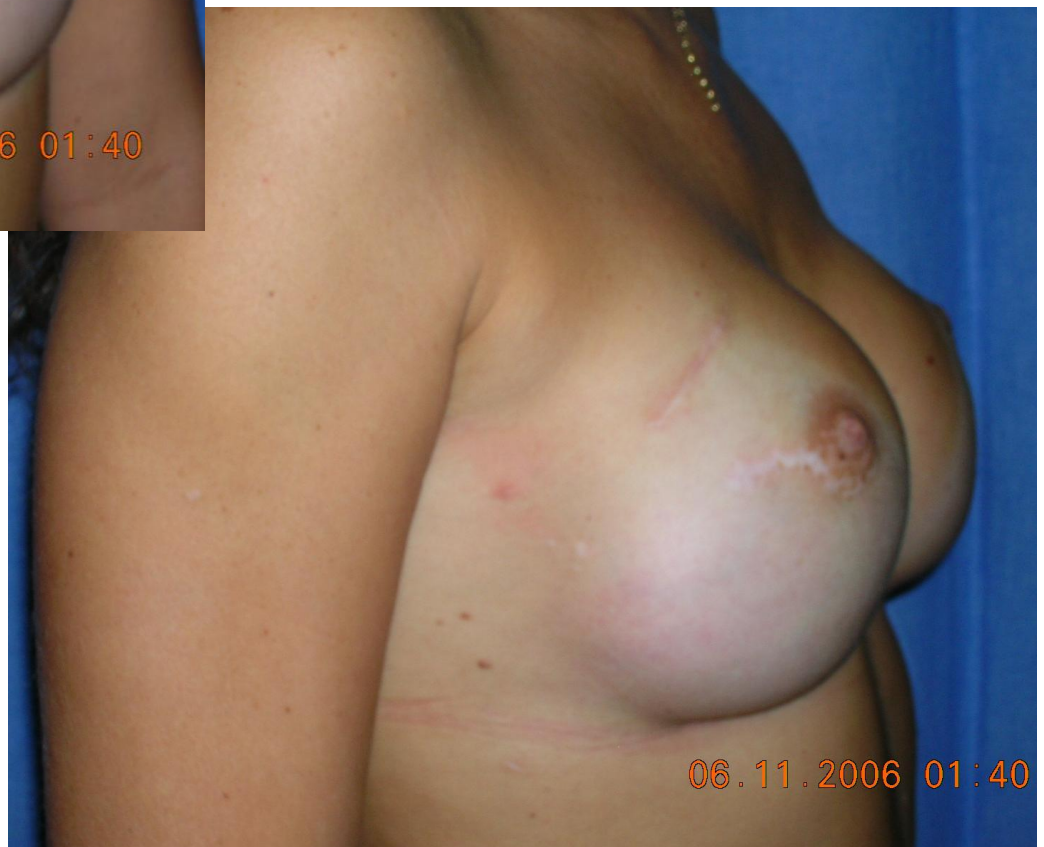
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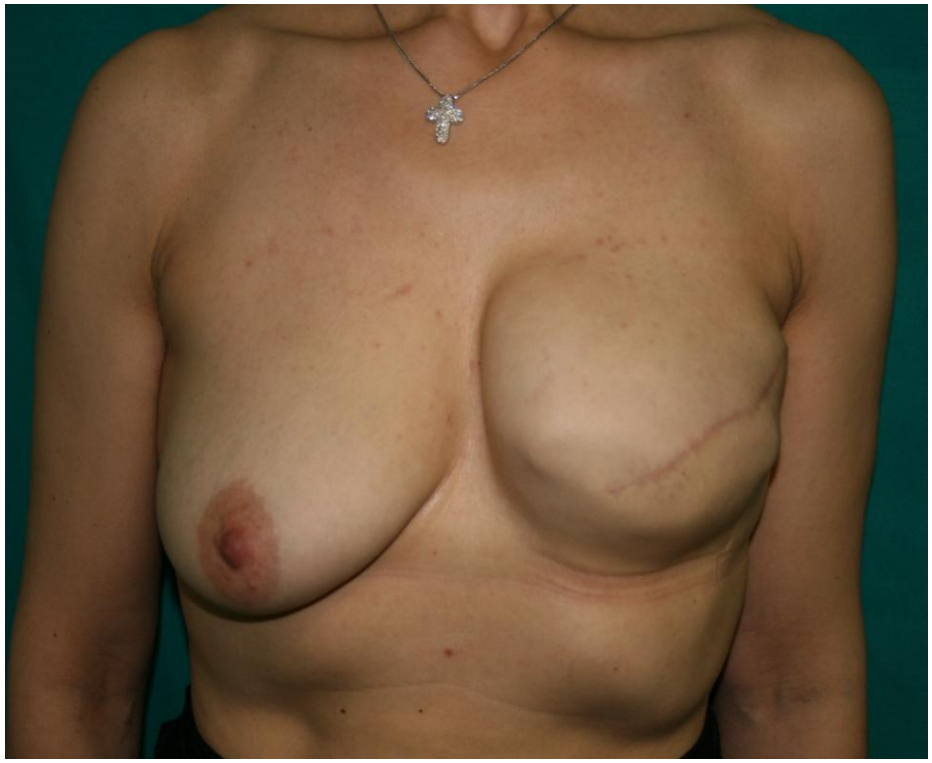
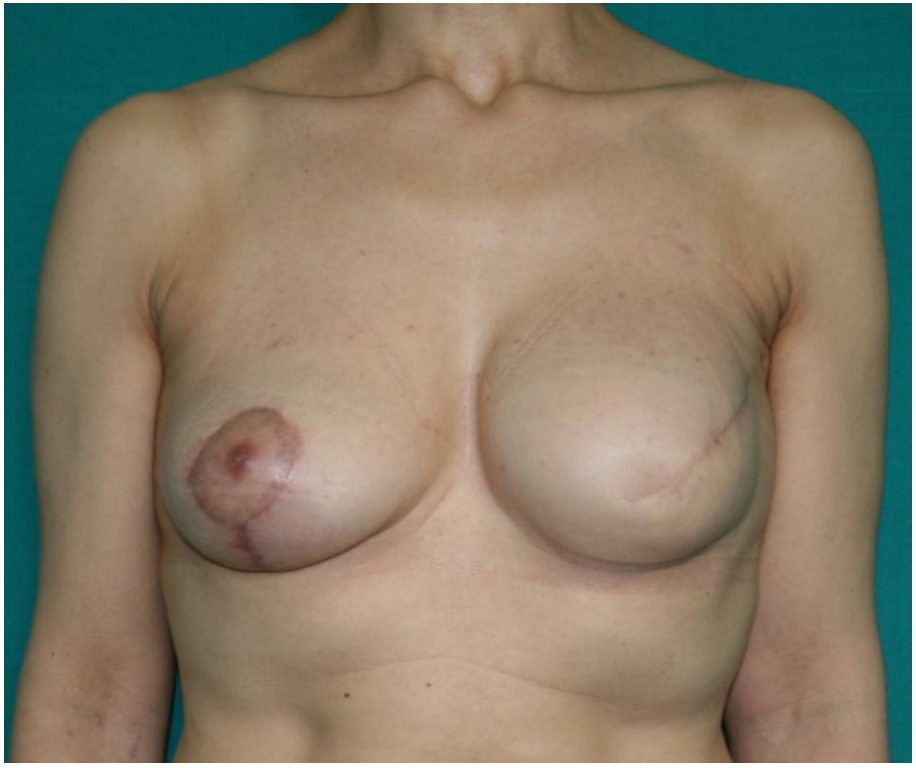
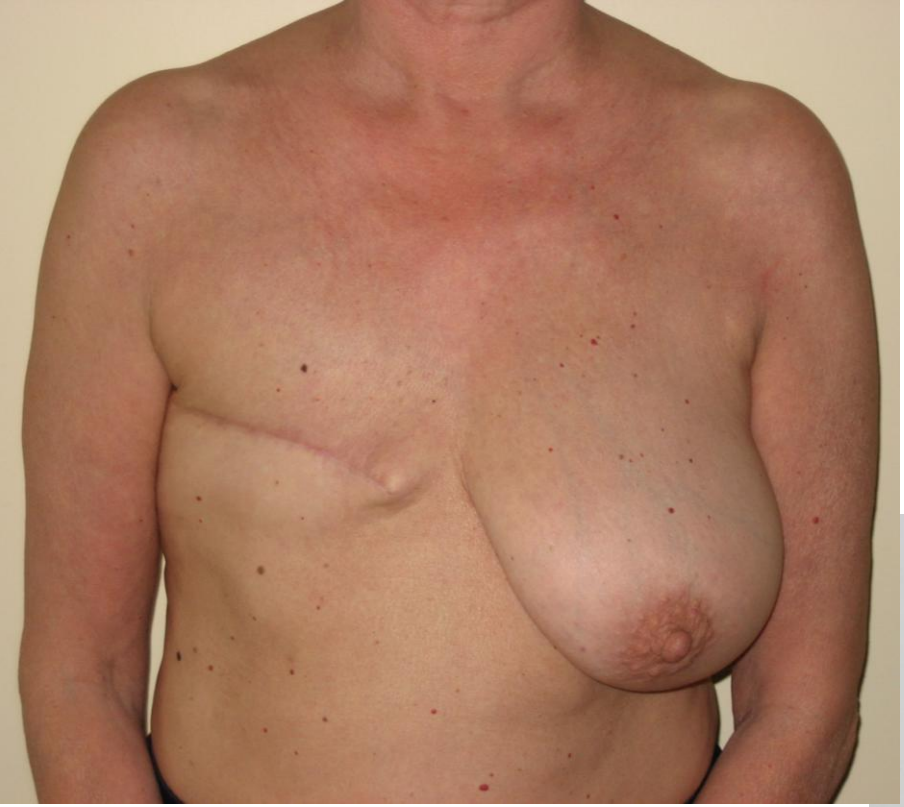
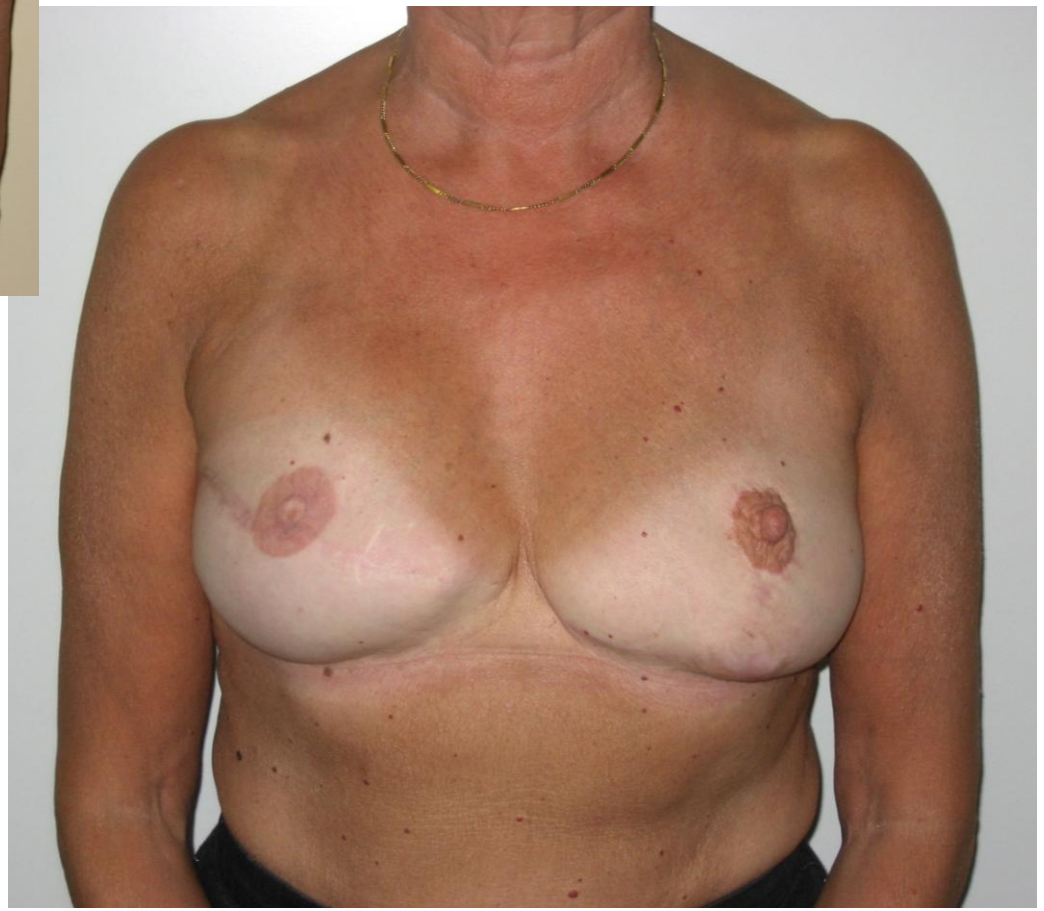




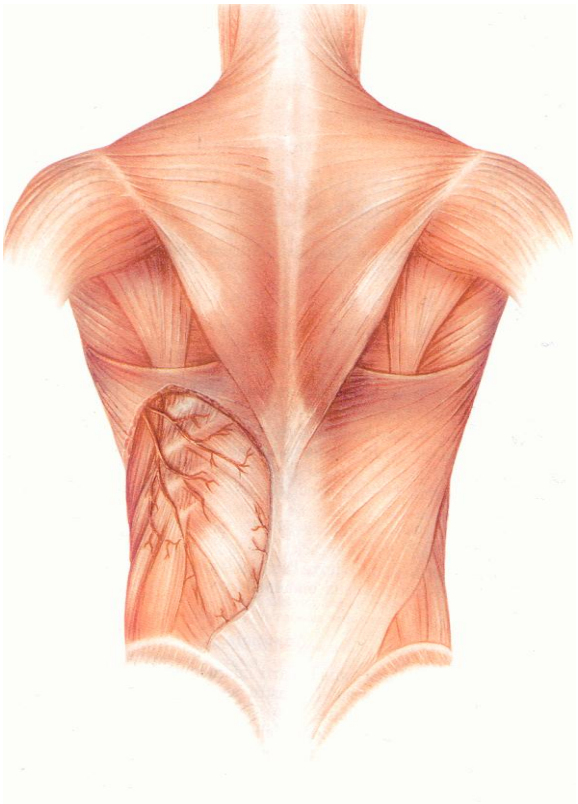


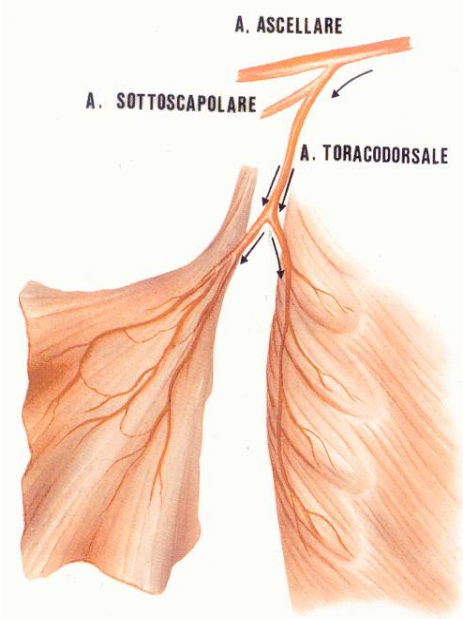


Ricostruzione Con Lembi

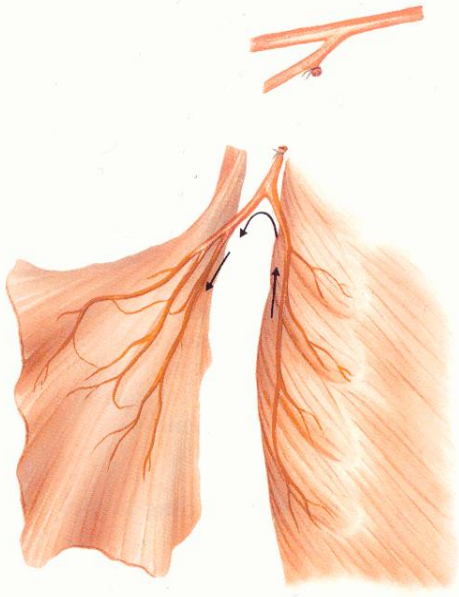
- Toraco-dorsale
- Gran-dorsale
- Retto dell'addome (tram flap)
- Lembo libero addominale (free tram flap)

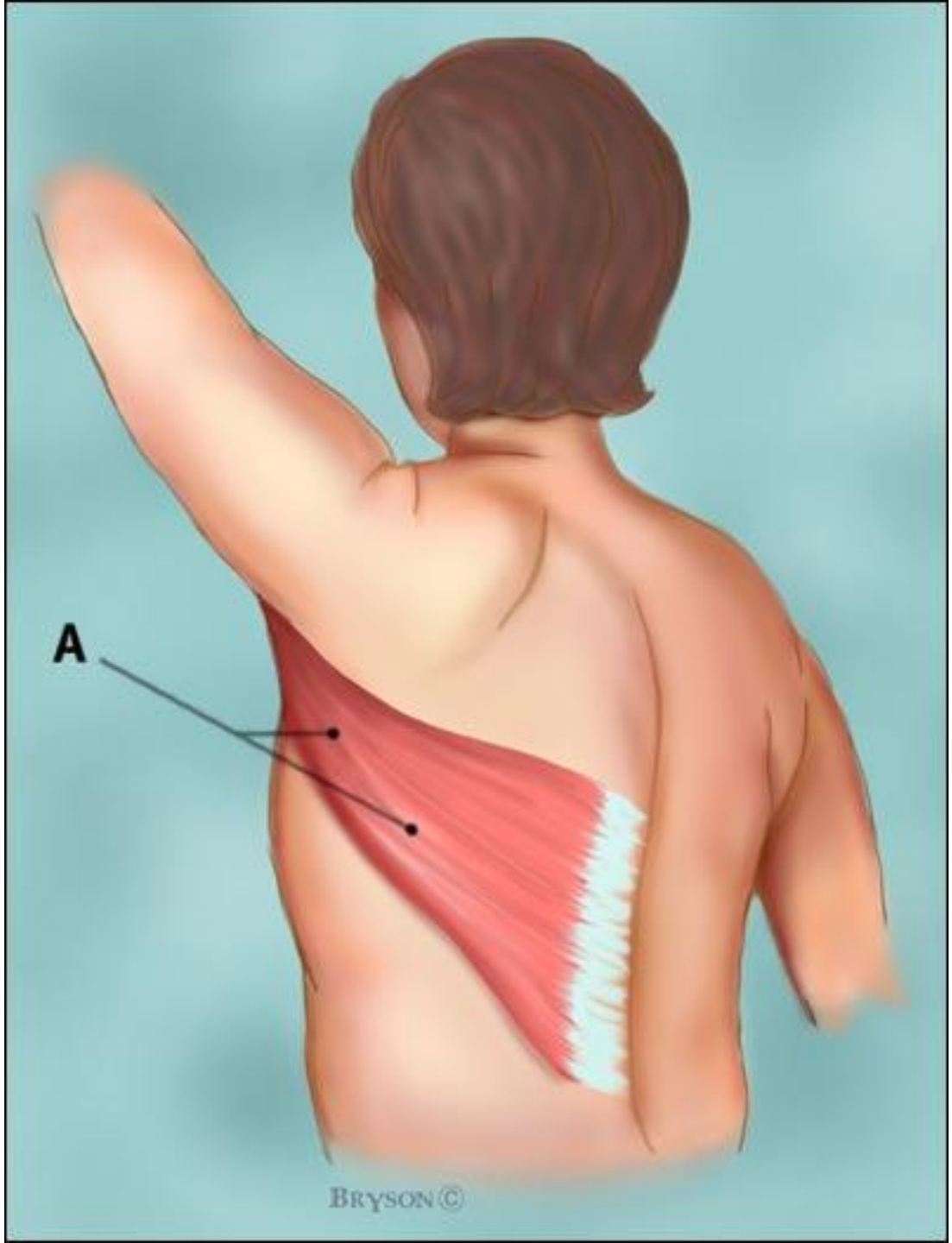
LEMBO MIOCUTANEO DI LATISSIMUS DORSI

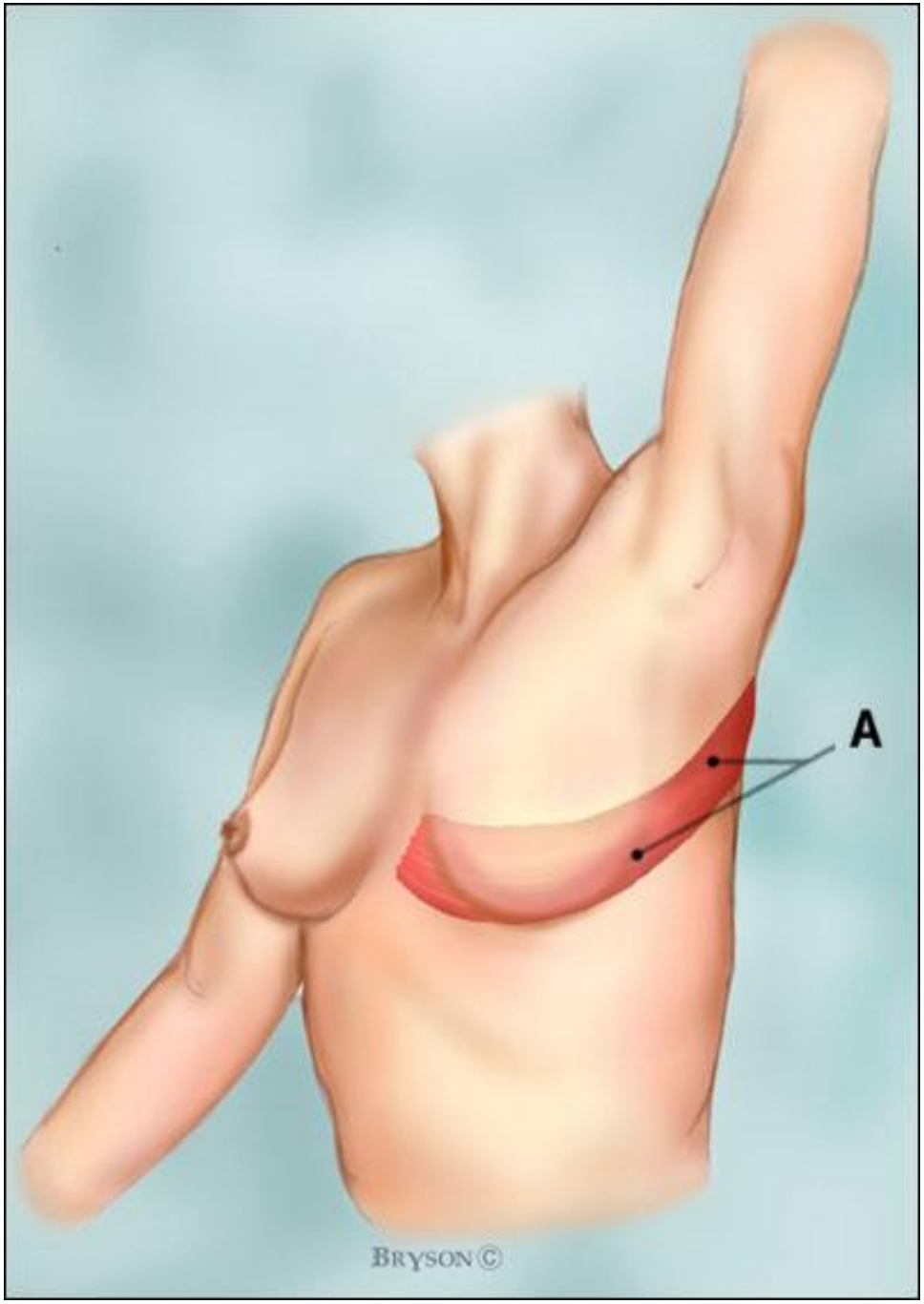




La vascolarizzazione del L.D. proviene dall'a. toraco-dorsale da cui deriva anche il ramo per il dentato.




A
BRYSON©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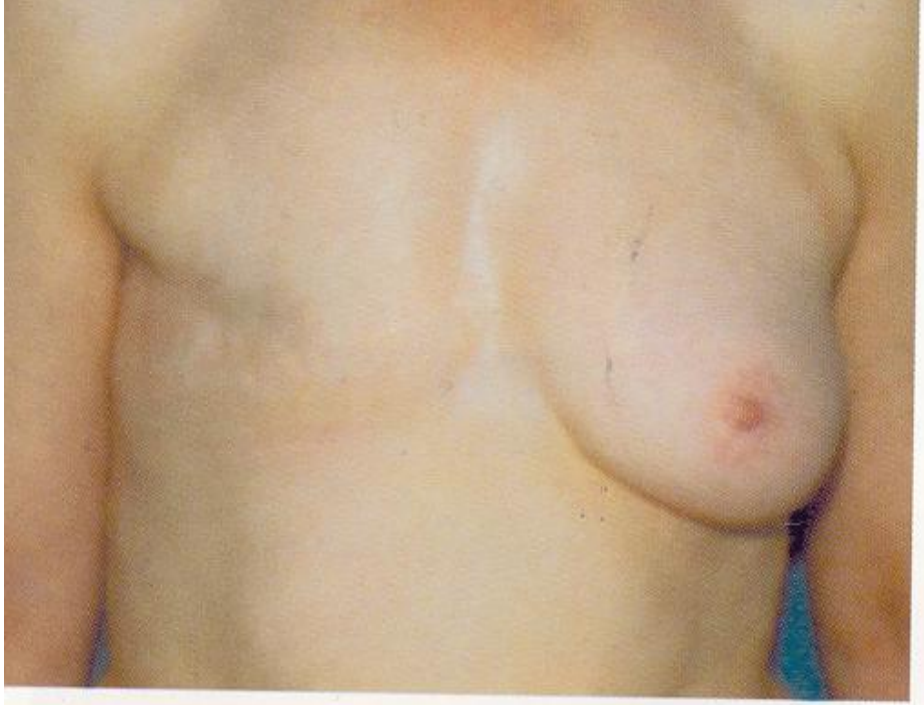
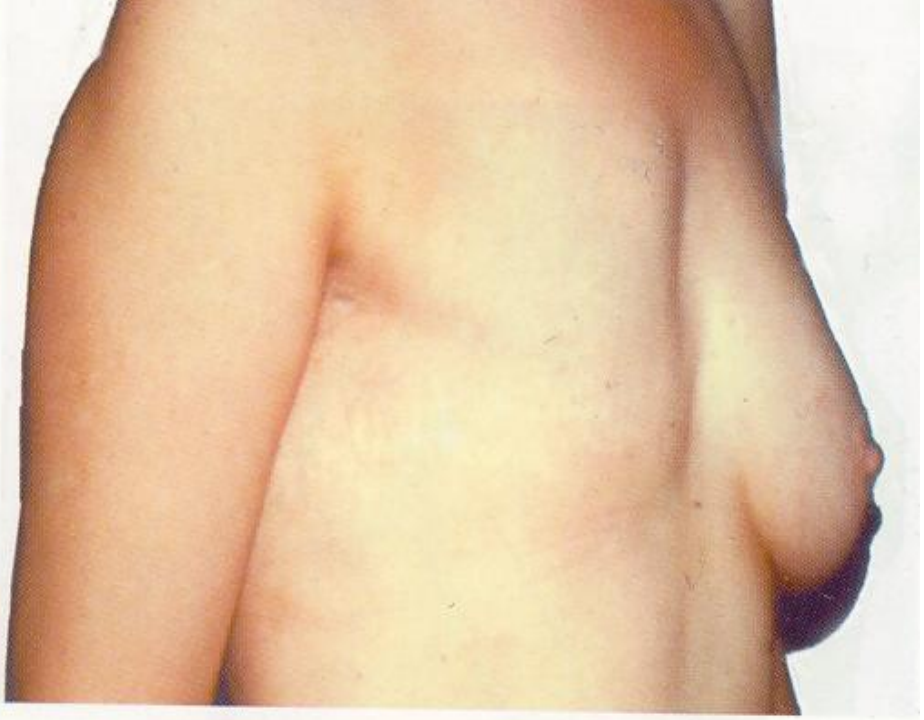
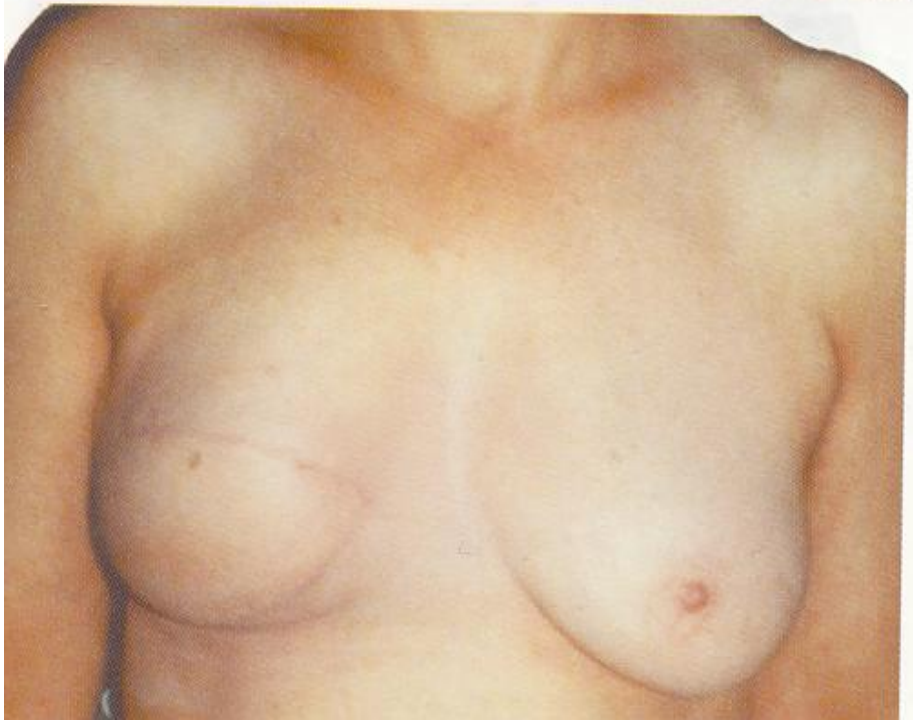
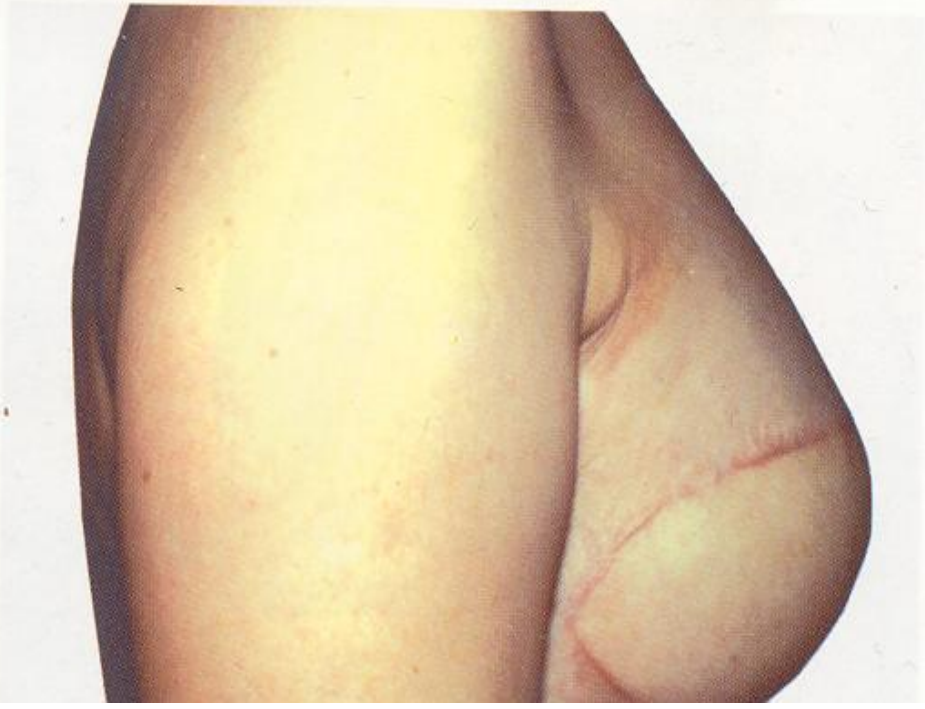
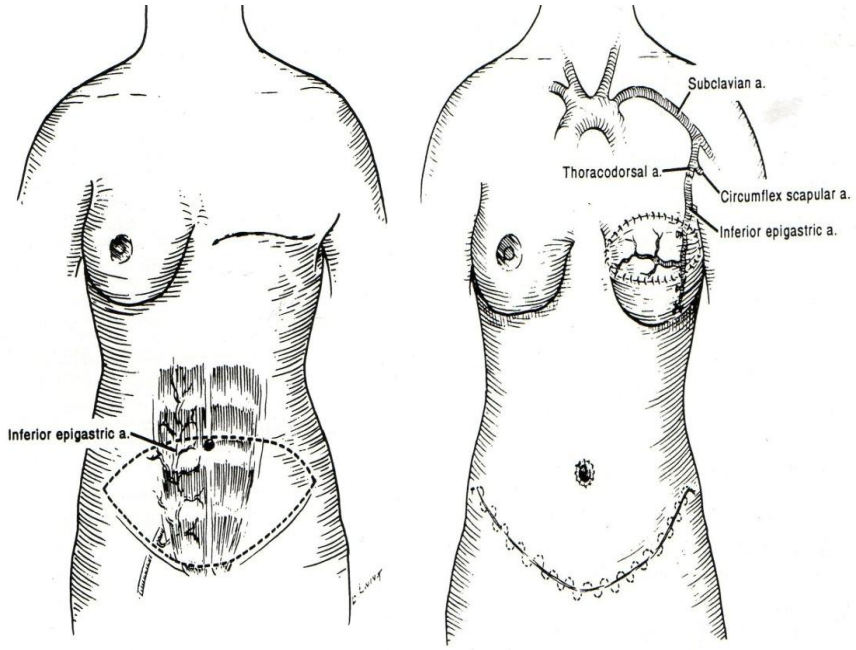
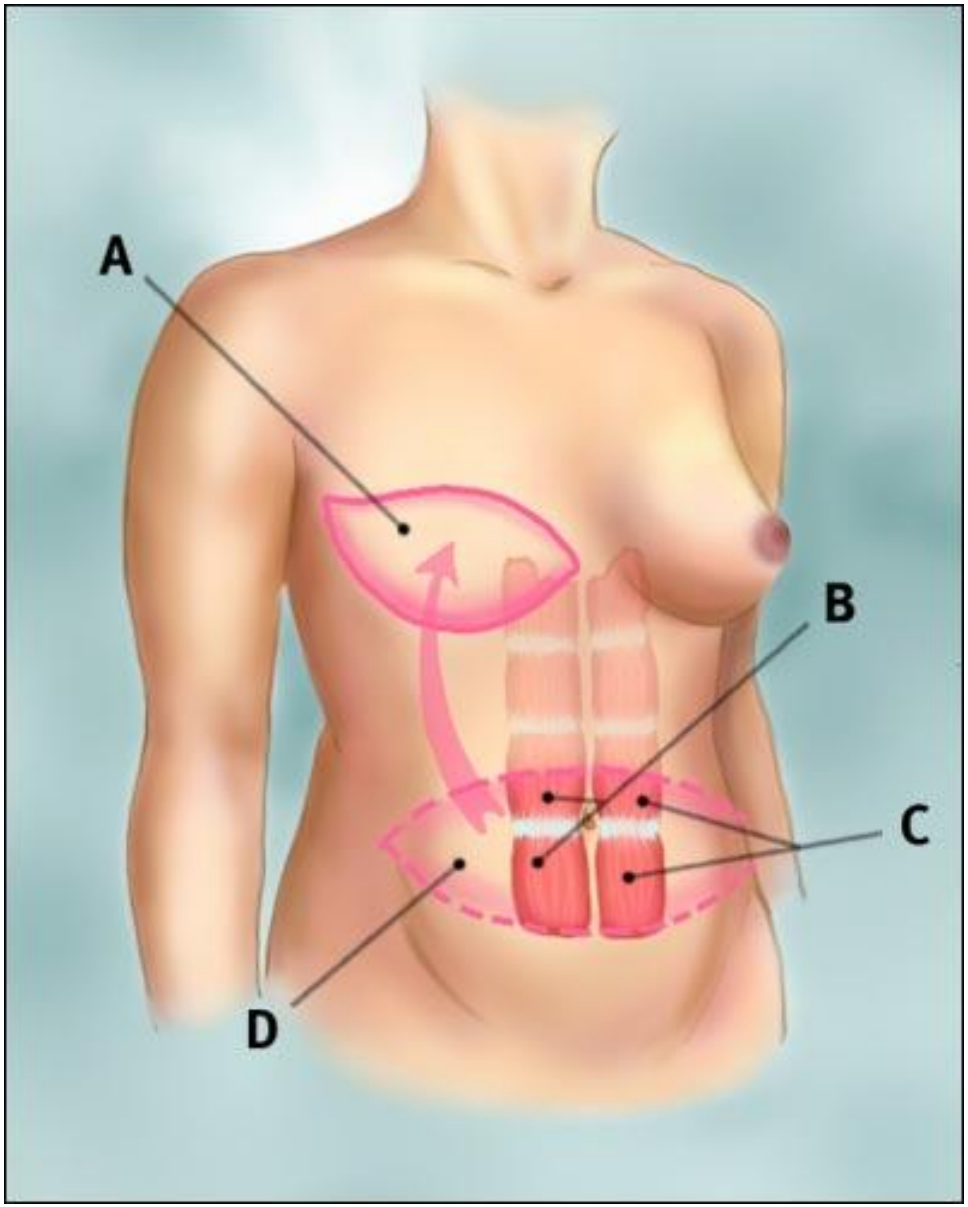
BRYSON©

ADDOME



- IDEALE SEDE DONATRICE
- TESSUTO ADIPOSO FACILMENTE MODELLABILE: NEOMAMMELLA NATURALE
- DERMOLIPECTOMIA ESTETICA (ADDOMINOPLASTICA)
- CICATRICE NASCONDIBILE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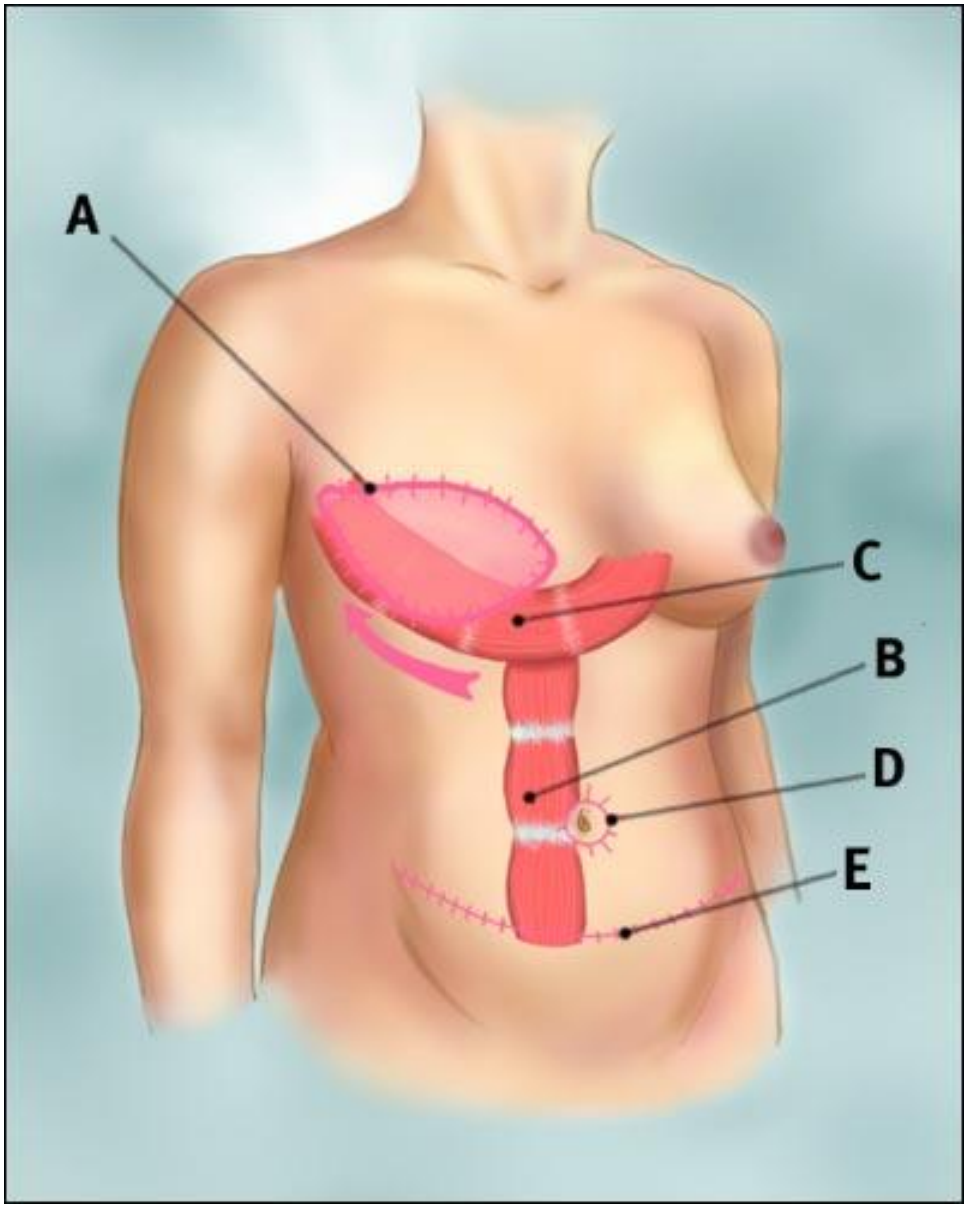
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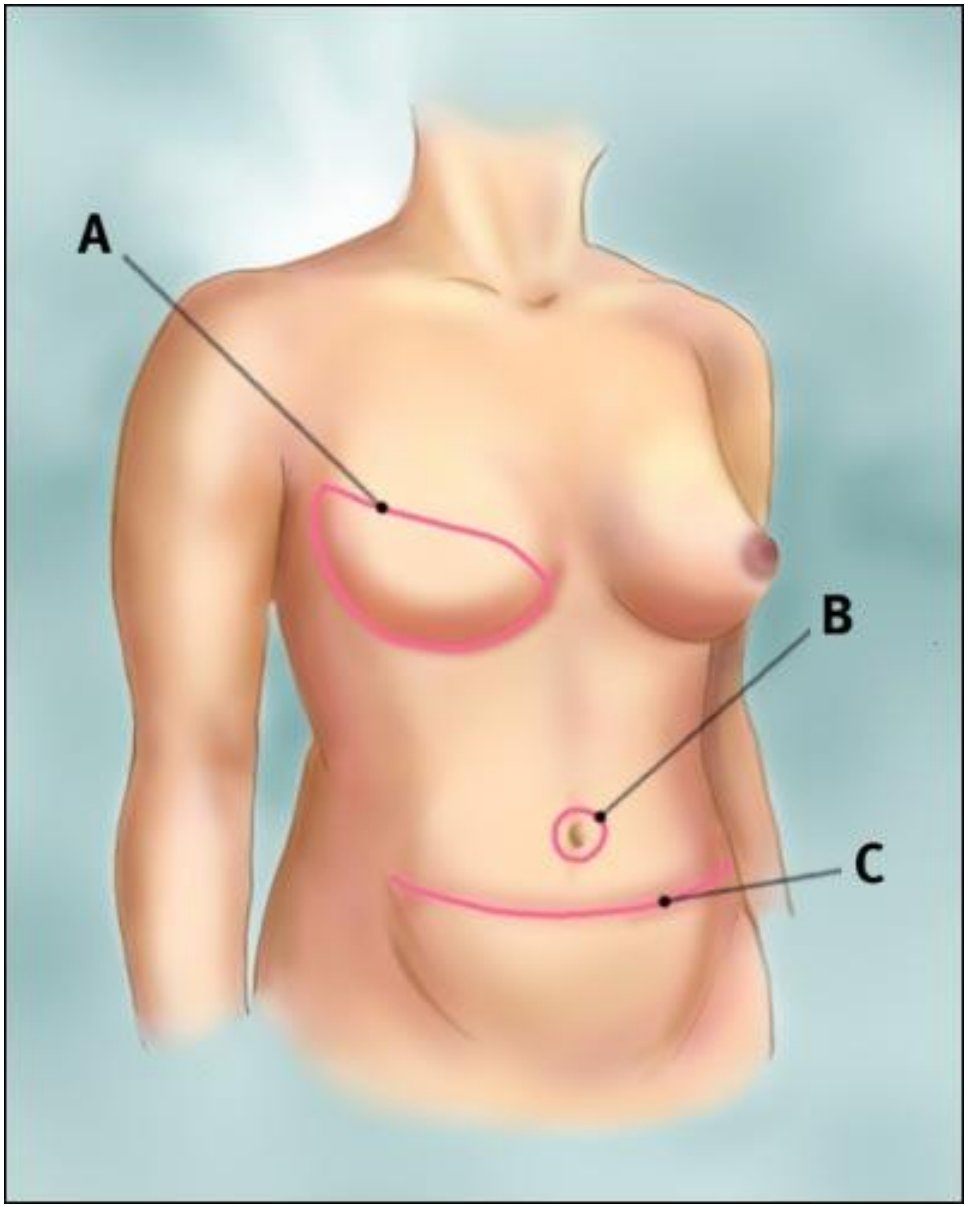
A
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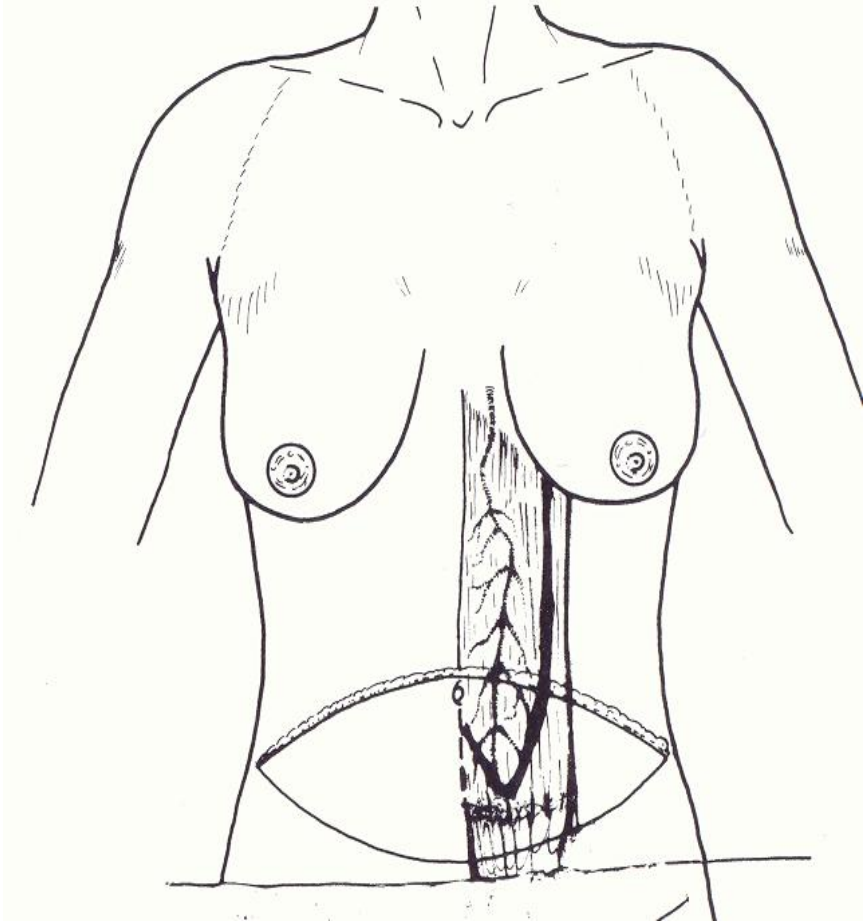
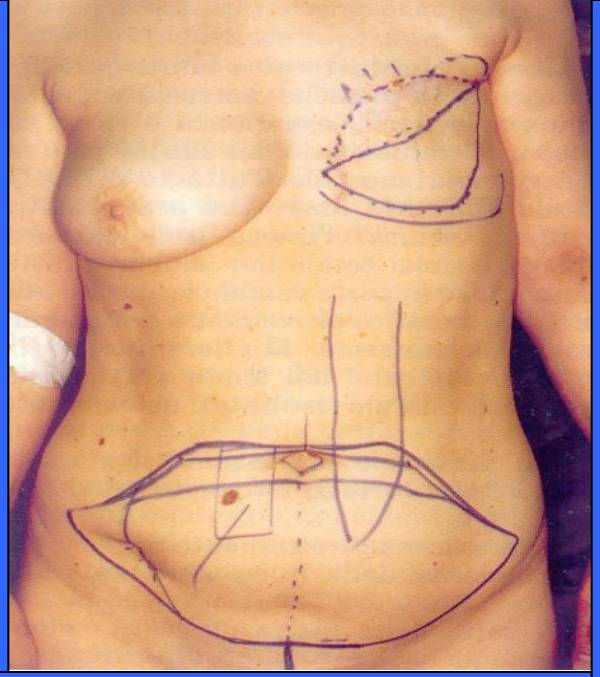
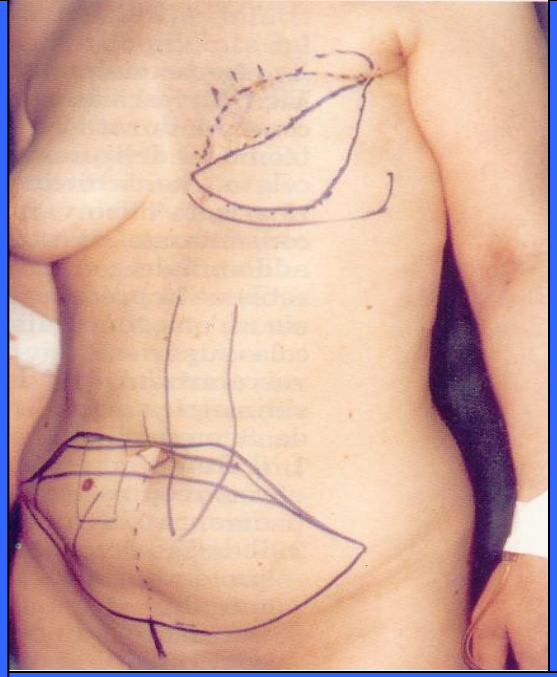
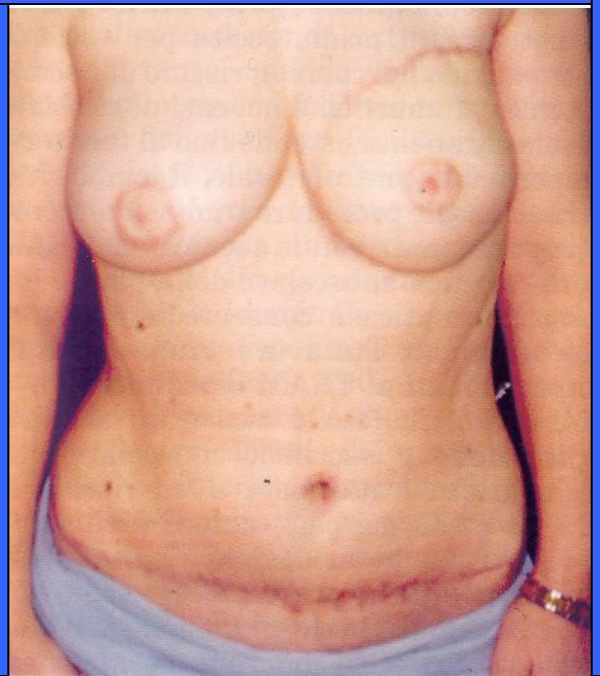
LEMBO DI RETTO DELL'ADDOME

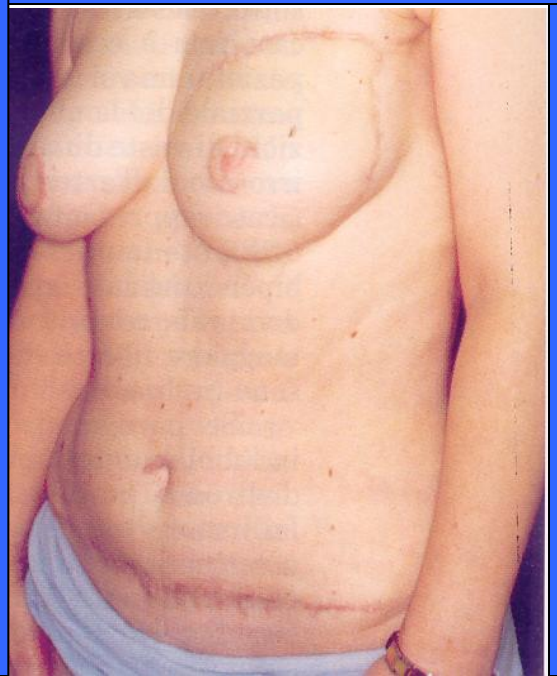
(TRAM flap)

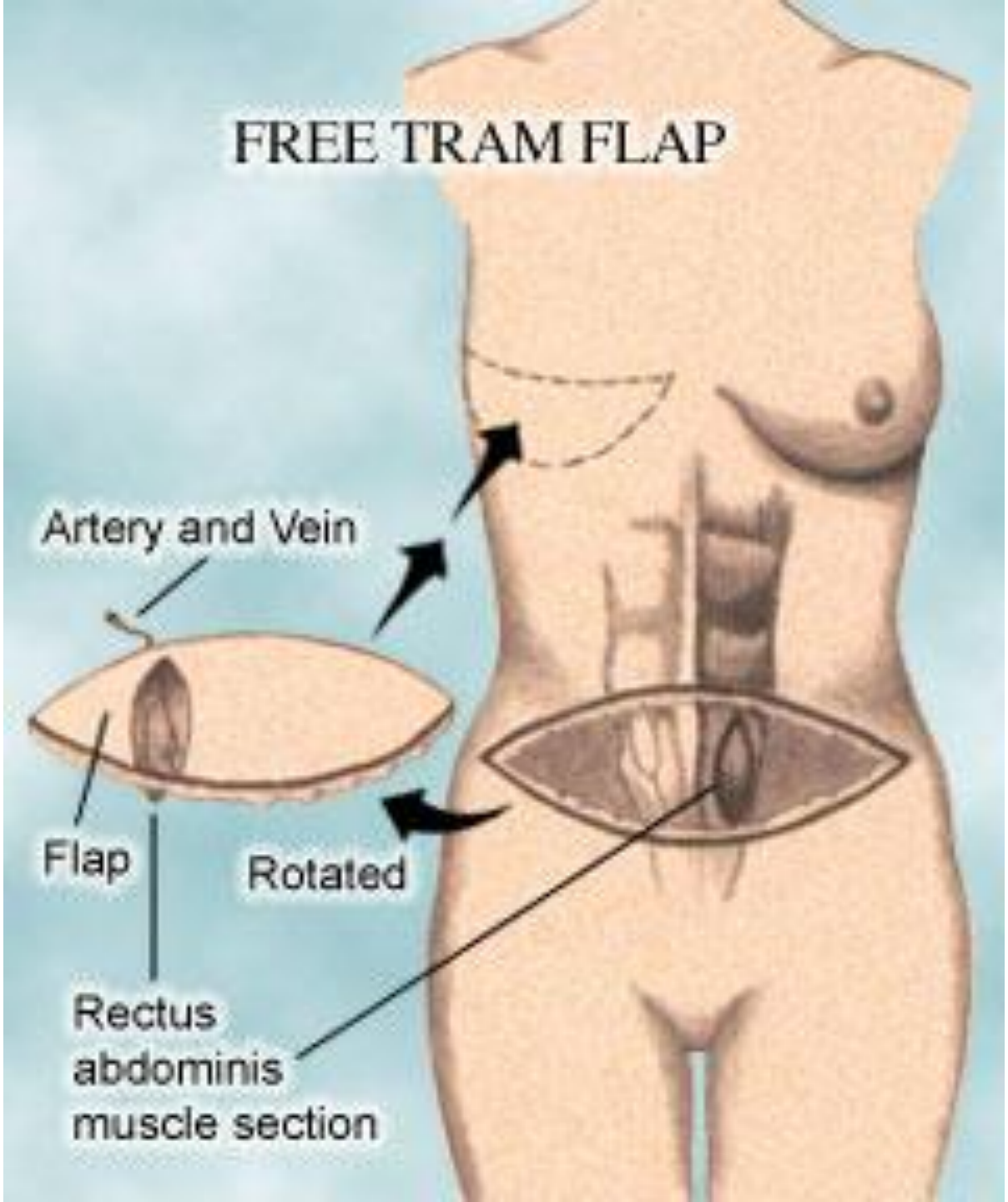




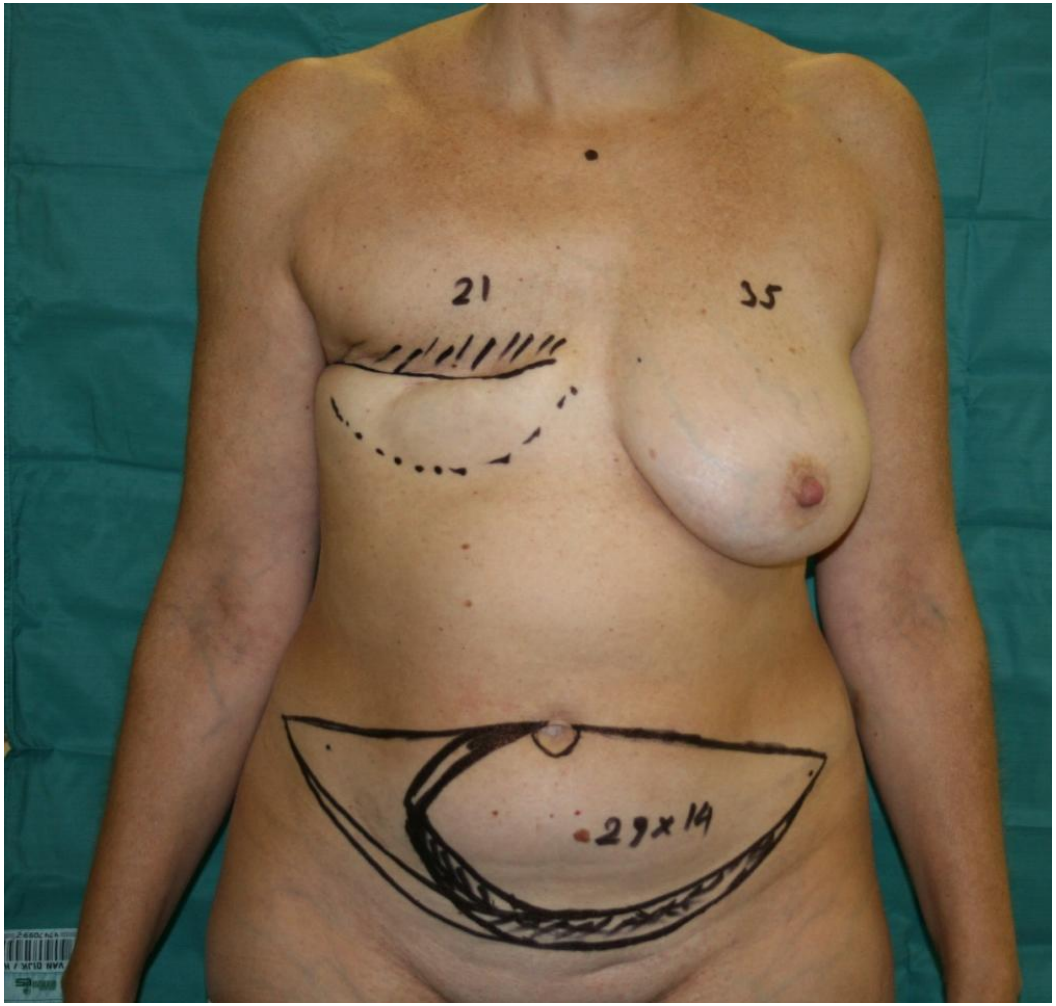




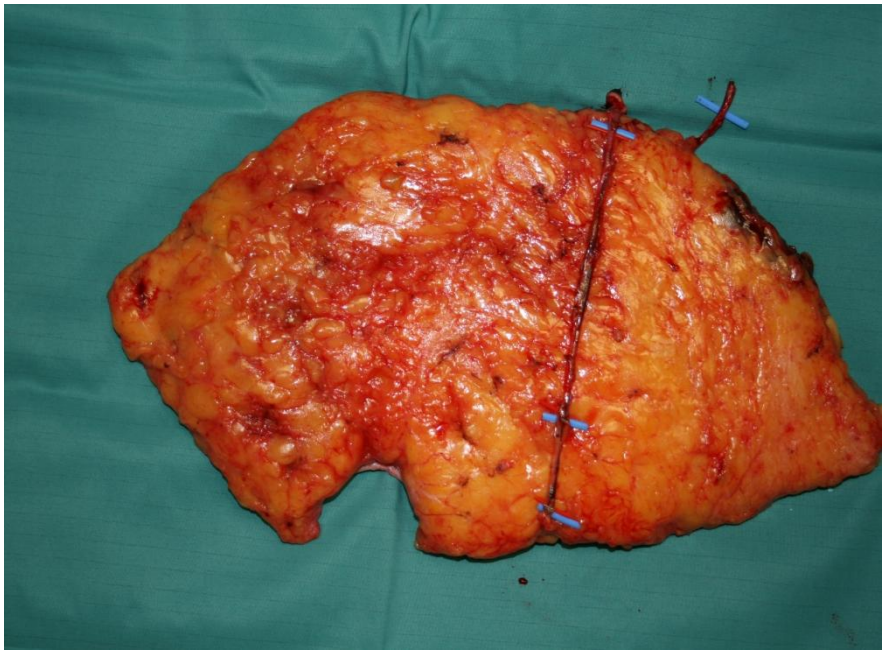


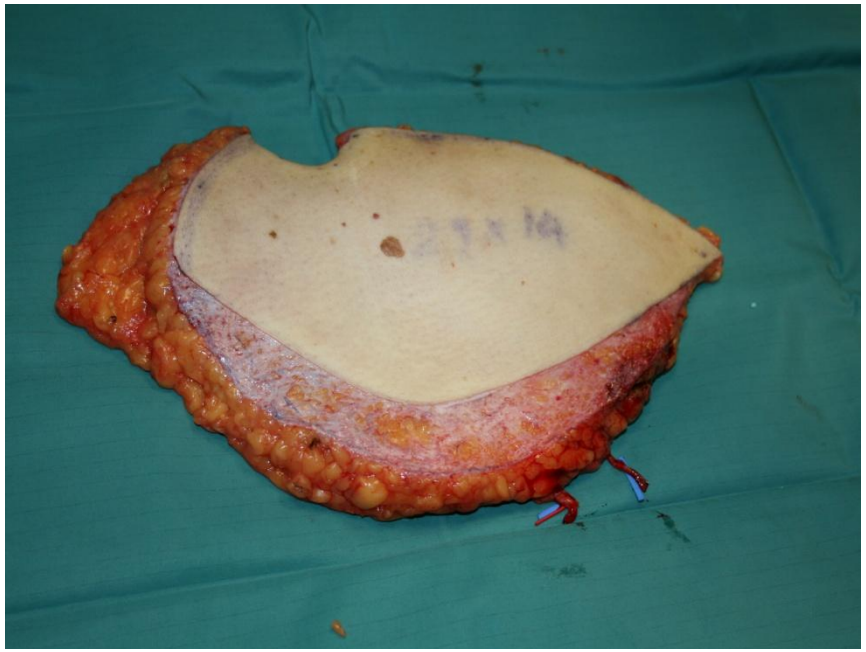

FREE TRAM FLAP
Artery and Vein
Flap
Rotated
Rectus
abdominis
muscle section

LEMBO DIEP

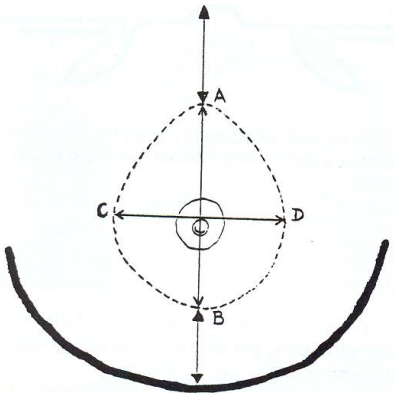


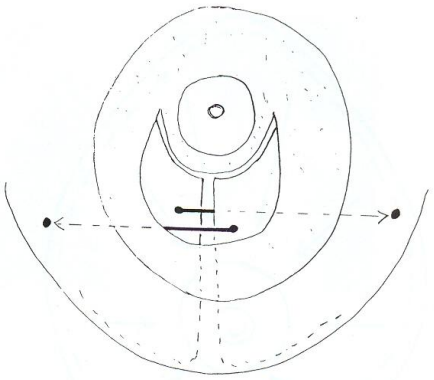
LEMBO DIEP

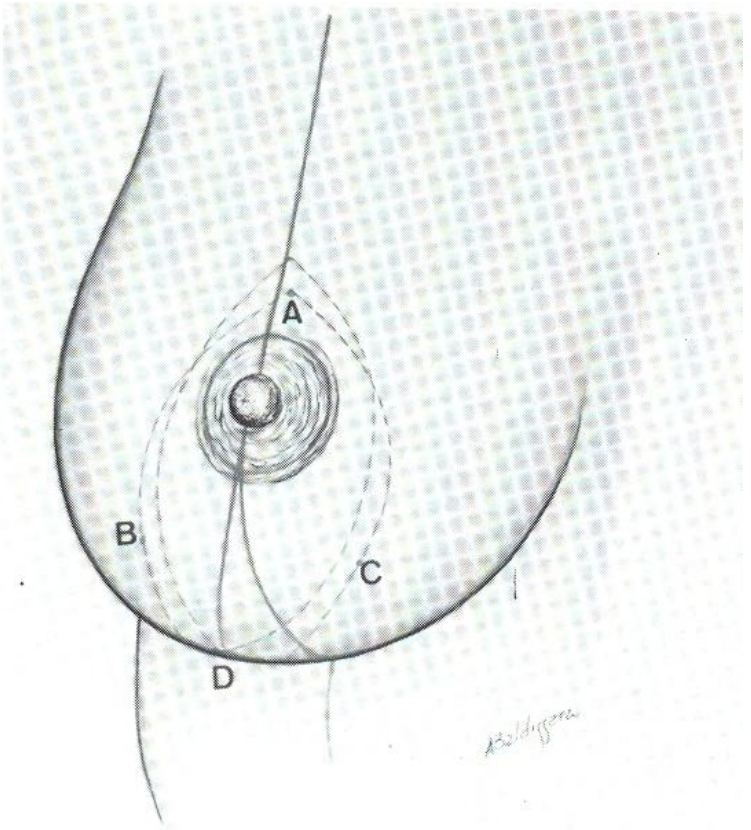


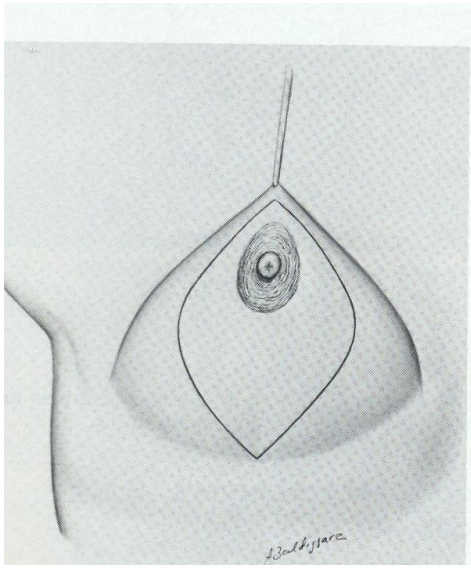


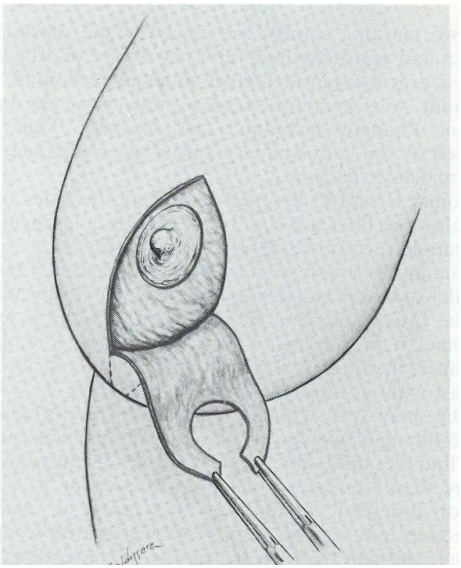
SIMMETRIZZAZIONE MEDIANTE MASTOPESSI



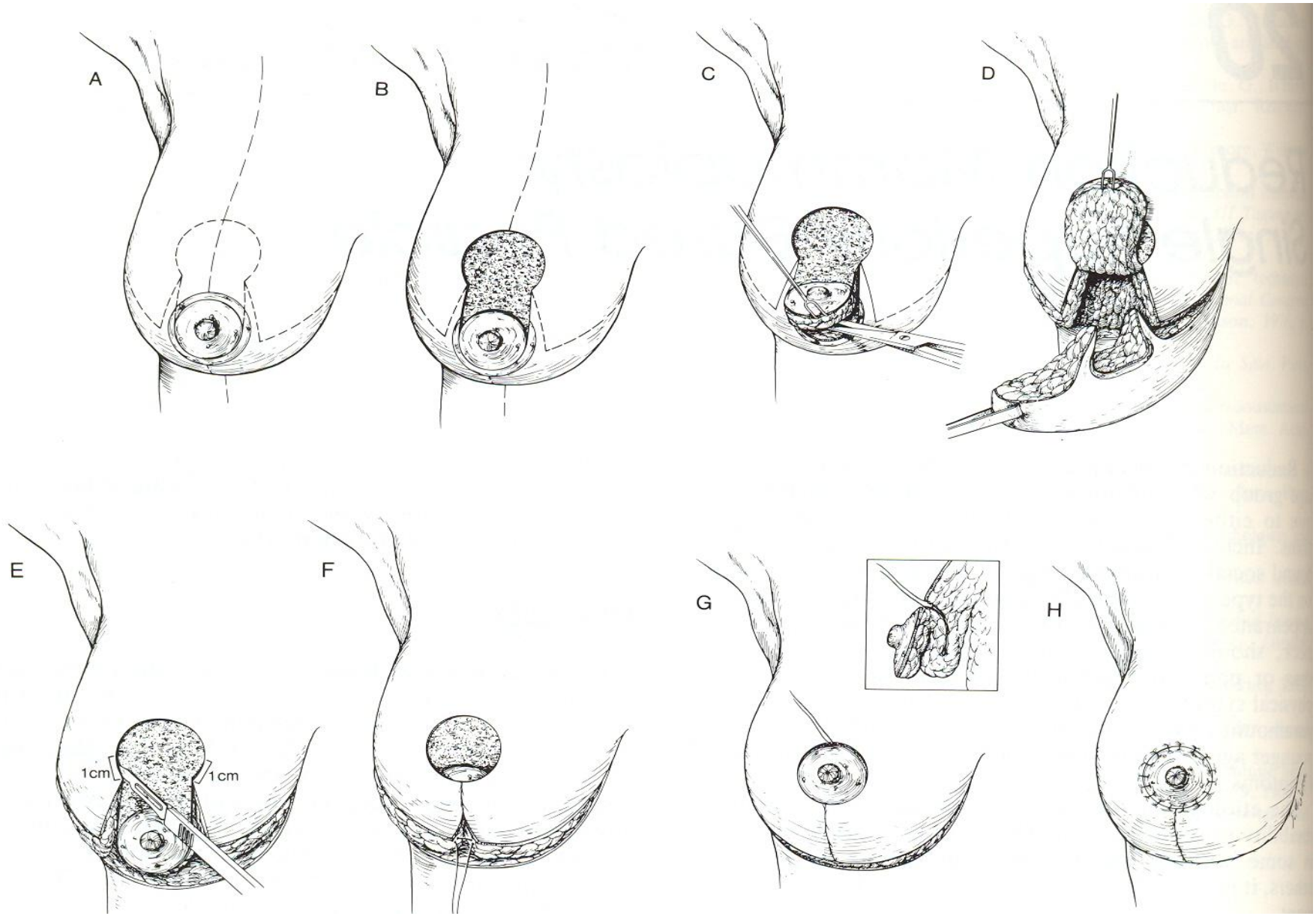




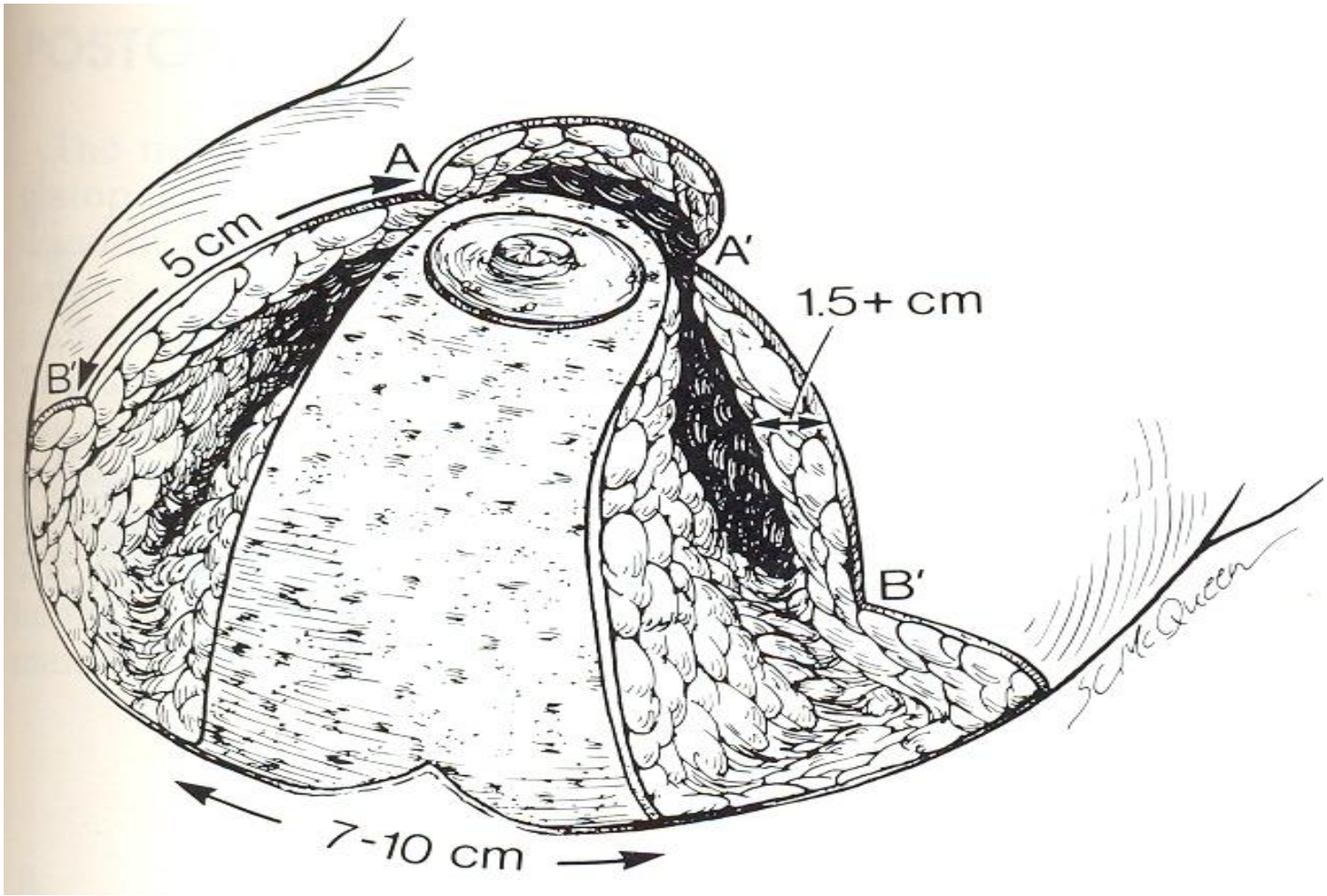


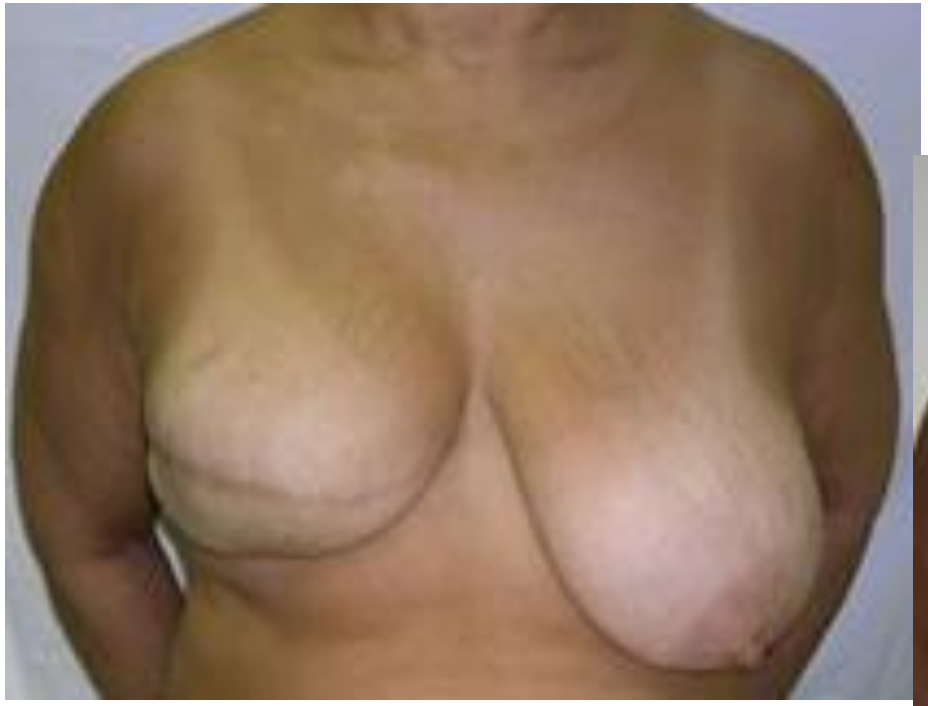


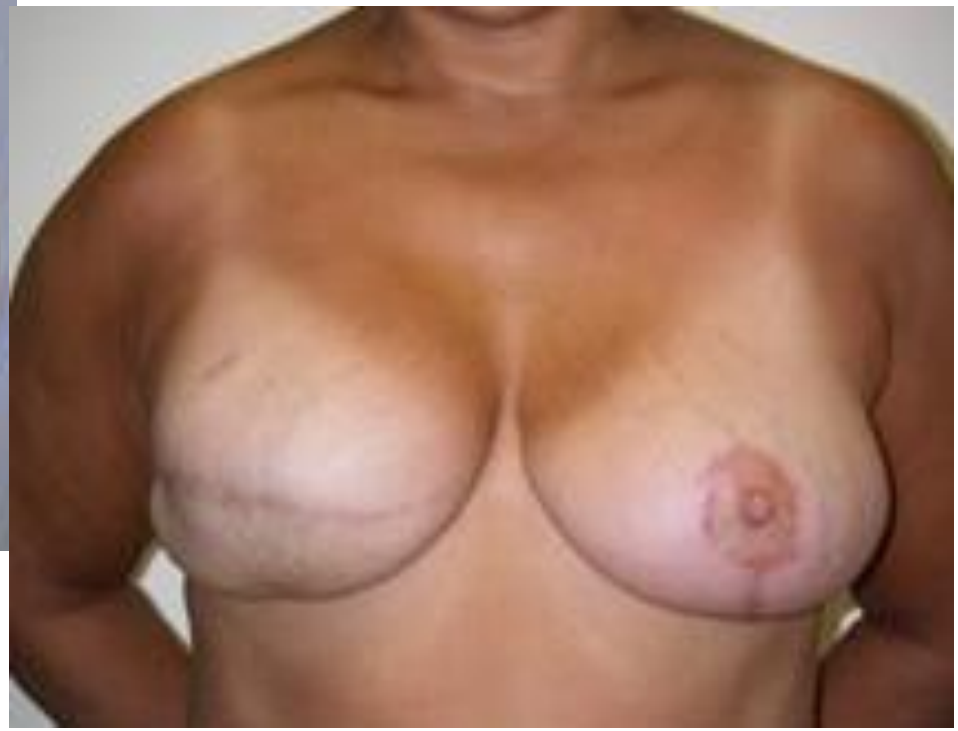
MAMMOPLASTICA RIDUTTIVA



MAMMOPLASTICA RIDUTTIVA







BRAVA

- Breast reconstruction
  - Total
    - BRAVA

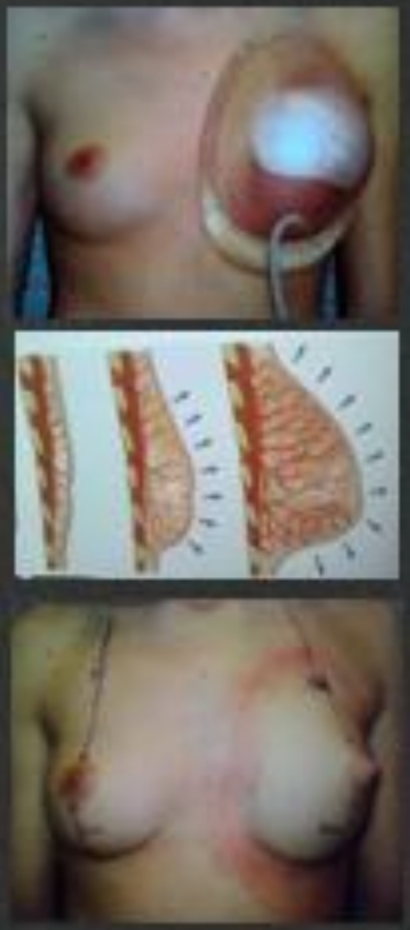
    Khouri and Del Vecchio. Clin Plast Surg 35:289-306, 2008

  - Negative mechanical pressure increases skin elasticity, interstitial fluid and vascularity (microangiogenesis).

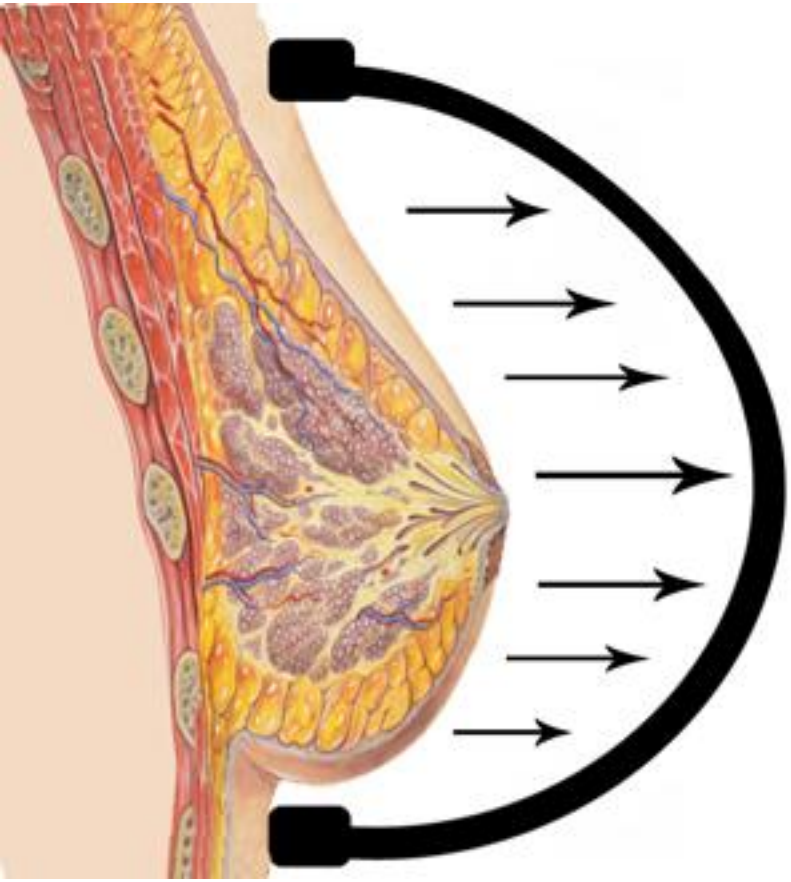
    Breast volume x2, x3!

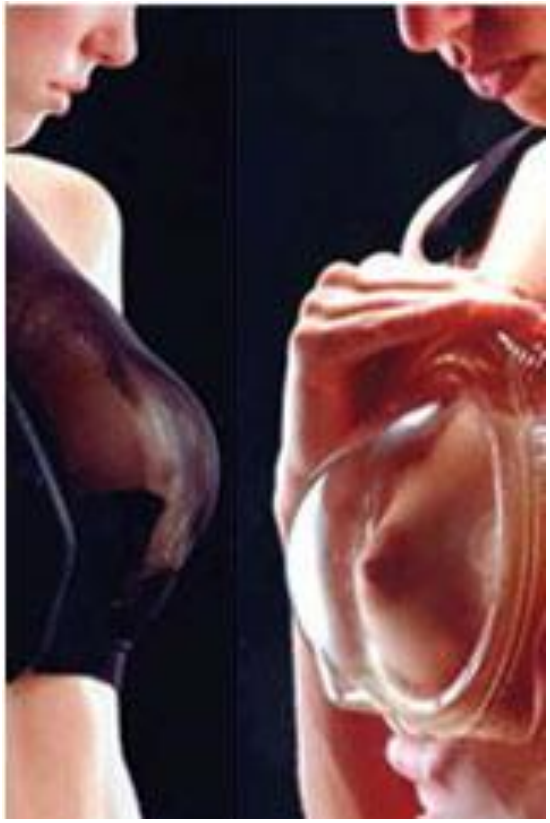
  - → larger volumes of fat injected before reaching high interstitial pressures (150-250ml mastectomy; 200-300 augment)
  - → reducing the risk of compromising oxygen diffusion and fat survival. (several sessions as needed)

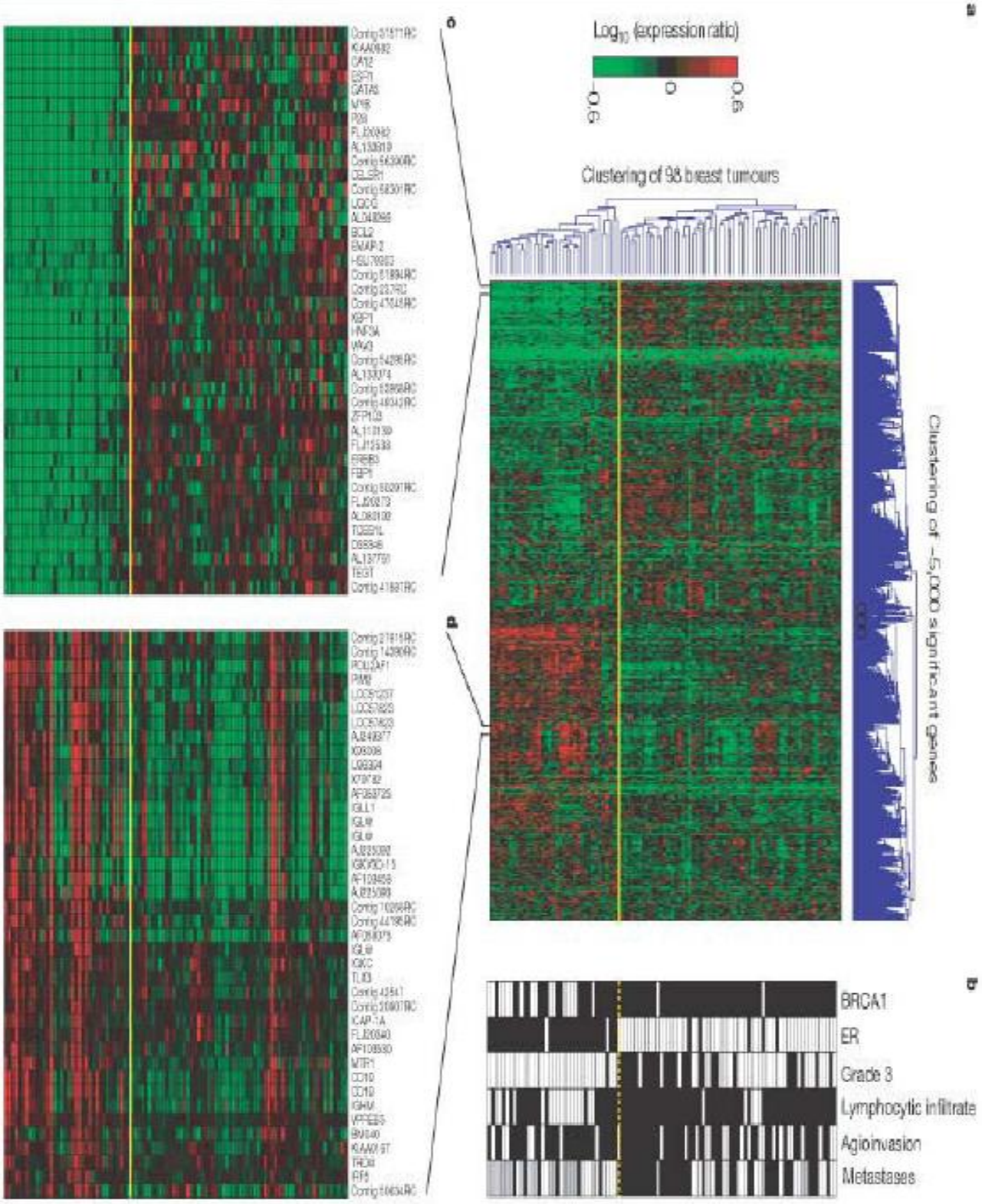
  - No injection in breast tissue



BRAVA

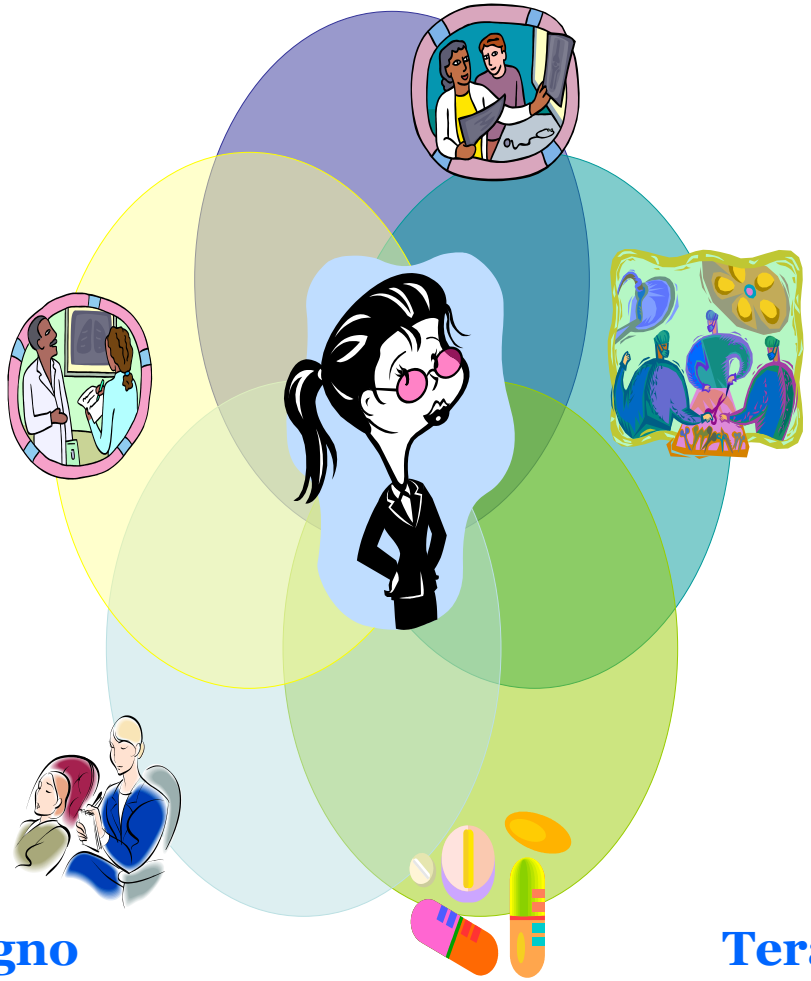





Log10 (expression ratio)
-0.6
0
0.6
Clustering of 98 breast tumours
Clustering of ~5,000 significant genes
BRCA1
ER
Grade 3
Lymphocytic infiltrate
Angioinvasion
Metastases

Accertamento diagnostico

Programmi di Sorveglianza Specifici



Intervento Chirurgico

Sostegno Psicologico

Terapie Oncologiche

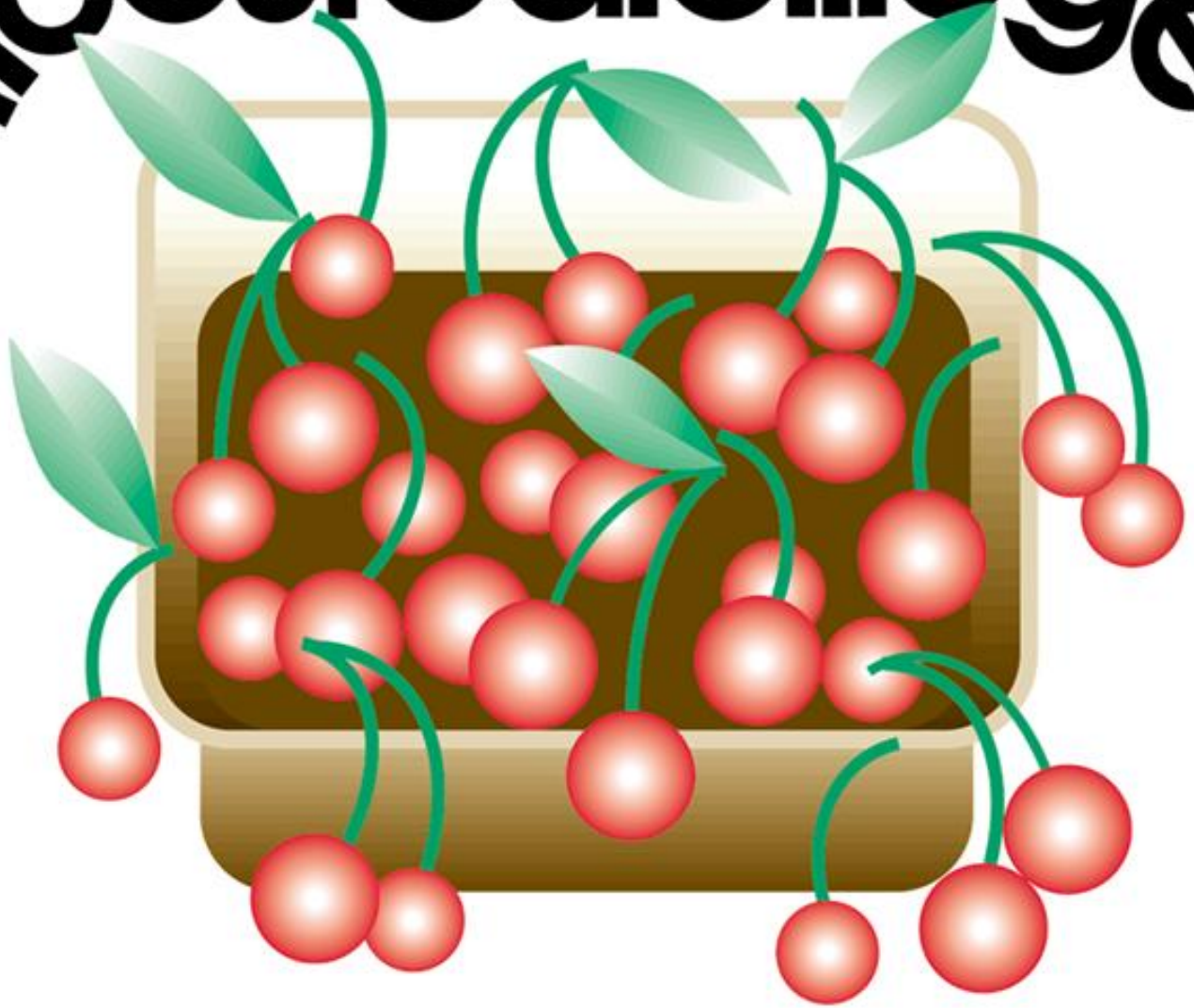
punto Amico

Percorso Senologico

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero-Universitaria di Modena
Policlinico

UNIVERSITÀ DEGLI STUDI
DI MODENA E REGGIO EMILIA

il cestodiciliege



Cheryl Parsons Darnell scrive questi versi:

Il mio uomo non vede i difetti della superficie.
E io mi vedo attraverso i suoi occhi.
Gli occhi di un nativo
che passa sopra cose
che solo un turista noterebbe.