

**Cuvinte cheie:** mastectomie profilactică, reconstrucție mamară

## PROPHYLACTIC MASTECTOMY WITH IMMEDIATE BREAST RECONSTRUCTION

**Introduction:** Prophylactic mastectomy (PM) can reduce the risk of developing breast cancer by 90-95% in most situations. However, the terms of the breast reconstruction and the preservation of the nipple-areolar complex (NAC) are very important for the patient satisfaction.

**Material and methods:** Prophylactic mastectomy was performed on 14 patients with a mean age 38,3 (range, 25-45 years). Preoperative examination included ultrasonography, mammography, CT, NMR, cytology, genetic tests BRCA 1/2. A bilateral nipple-sparing PM was accomplished in the 9 cases and unilateral (after contralateral breast cancer) in 5 cases. Surgical access for the PM was individual and depended of the presence and localization of the postoperative scars after the previous sectoral resections. The surgical interventions finished with an implant breast reconstruction.

**Results:** A pronounced ischemia of areola and nipple was determined in 2 cases. The reduction in sensitivity of the skin and NAC has been observed in all patients. There was no implant extrusion, inflammation or capsular contracture in the postoperative period. The aesthetic result of mammary reconstruction in MP nipple-sparing is superior compared to reconstruction after classical mastectomy.

**Conclusions:** Prophylactic mastectomy is a good option for patients who are at high risk of developing breast cancer. Immediate implant breast reconstruction and preservation of the NAC increase patient's satisfaction.

**Keywords:** prophylactic mastectomy, breast reconstruction

## ABDOMENOPLASTIA DUPĂ PIERDEREA MASIVĂ A MASEI CORPORALE

**CONȚU GH<sup>1</sup>, CONȚU O<sup>1,2</sup>, BALAN S<sup>3</sup>, MAHOVICI I<sup>3</sup>, REVCU D<sup>1</sup>, CUPCEA M<sup>1</sup>, GUȚU A<sup>2</sup>**

**<sup>1</sup>CME SANCOS, <sup>2</sup>Catedra Chirurgie nr.4, <sup>3</sup>Catedra Chirurgie nr.1 "Nicolae Anestiadi", Universitatea de Stat de Medicină și Farmacie „Nicolae Testemițanu”, Chișinău, Republica Moldova**

**Introducere:** Peretele abdominal la pacienții cu pierdere masivă a masei corporale (PMMC) suferă deformații morfologice majore (exces de tegumente sub formă de pliuri și rulouri, laxitate a tegumentelor și complexului musculo-aponeurotic). Abdomenoplastia (AP) la acești pacienți este mult mai complexă.

**Scopul:** Optimizarea rezultatelor la pacienții cu PMMC.

**Material și metode:** Au fost operați 65 pacienți cu PMMC. Vârsta pacienților era cuprinsă între 23 și 62 ani. PMMC a urmat după by-pass-ul gastric în 41 cazuri, după „Gastric sleeve” – 2 cazuri, tratament dietetic și comportamental – 12 cazuri. AP clasică s-a efectuat la 3 pacienți, AP extinsă – 12, AP „Fleur des lis” – 46, AP circumferențială – 3, AP tip „corset” – 1.

**Rezultate:** AP s-a efectuat peste 12 luni după suportarea operațiilor metabolice, la pacienții cu masa corporală stabilă. AP clasică și cea circumferențială nu rezolvă deplin excesul dermal pe orizontală, în regiunea epigastrală. După AP „Fleur des lis” mai pot rămâne excese dermale în hipocondru, iar AP tip „corset” a permis înlăturarea lor adecvată și conturarea taliei. Complicații majore nu s-au înregistrat. Necroze moderate marginale s-au întâlnit în 5 cazuri la pacienții cu AP „Fleur des lis”. 4 pacienți au necesitat excizii suplimentare dermo-lipidice.

**Concluzii:** Elecțiunea metodei de AP după PMMC depinde de caracterul deformațiilor peretelui abdominal, de elasticitatea țesuturilor, de excesul dermal, atât pe verticală, cât și pe orizontală.

**Cuvinte cheie:** abdomenoplastia, pierderea masivă a masei corporale

## ABDOMINOPLASTY AFTER MASSIVE WEIGHT LOSS

**Introduction:** The abdominal wall, in patients with massive weight loss (MWL), suffers major morphological deformities (excess of skin in the form of folds and rolls, laxity of the skin, muscle and aponeurosis). Abdominoplasty (AP) is much more complex in these patients.

**Aim:** To optimize the results in patients with MWL.

**Material and methods:** 65 patients with MWL had surgery. The patient's age ranged between 23 and 62 years. MWL followed after gastric bypass in 41 cases, after "Gastric sleeve" - 2 cases, and after conservative treatment – 12 cases. The classic AP was performed on 3 patients, extended AP - 12, "Fleur des Lis" AP - 46, circumferential AP -3, "Corset" type AP-1.

**Results:** AP was performed on patients with stable body mass, after undergoing metabolic surgeries (after 12 months from the surgery). The classic and circumferential AP do not solve completely horizontal dermal excess in the epigastric region. After "Fleur des Lis" AP dermal excesses may remain in the hypochondriac region, and the "corset" type AP allowed them to be removed appropriately and to contour the waist. Major complications were not recorded. Moderate marginal necrosis occurred in 5 cases and 4 patients have required additional dermo-lipid excisions.

**Conclusions:** The choice of the AP method after MWL depends on the character of the deformations of the abdominal wall, the elasticity of the tissues, the dermal excess both vertically and on the horizontal.

**Keywords:** abdominoplasty, massive weight loss.

## LACTOREEA POSTOPERATORIE DUPA REDUCȚIA MAMARA

**CONȚU GH<sup>2</sup>, BOTNARIUC N<sup>2</sup>, CONȚU O<sup>1,2</sup>, CUPCEA M<sup>2</sup>, GUȚU A<sup>1</sup>**

**<sup>1</sup>Catedra Chirurgie nr.4, Universitatea de Stat de Medicină și Farmacie „Nicolae Testemițanu”, <sup>2</sup>CME SANCOS, Chișinău, Republica Moldova**