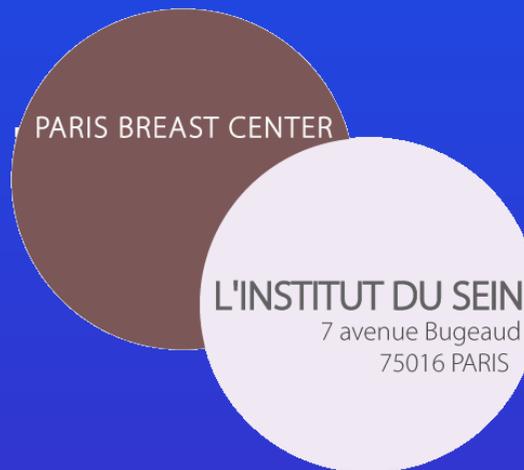


ONCOPLASTIQUE NIVEAU 2 QUADRANTS INFÉRIEURS

K.B. CLOUGH,

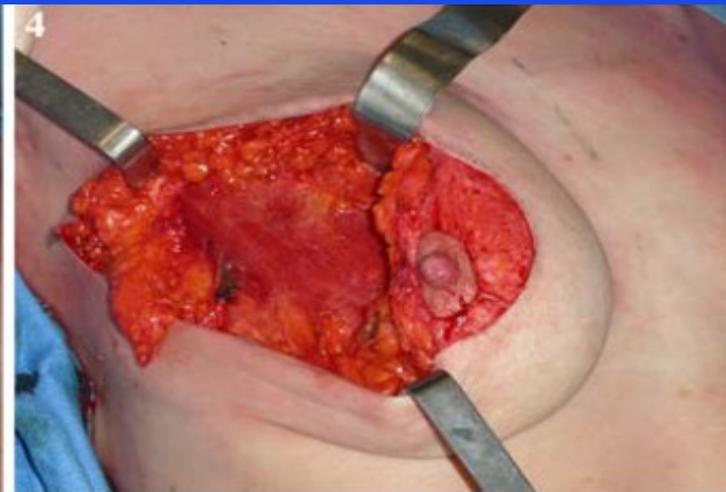
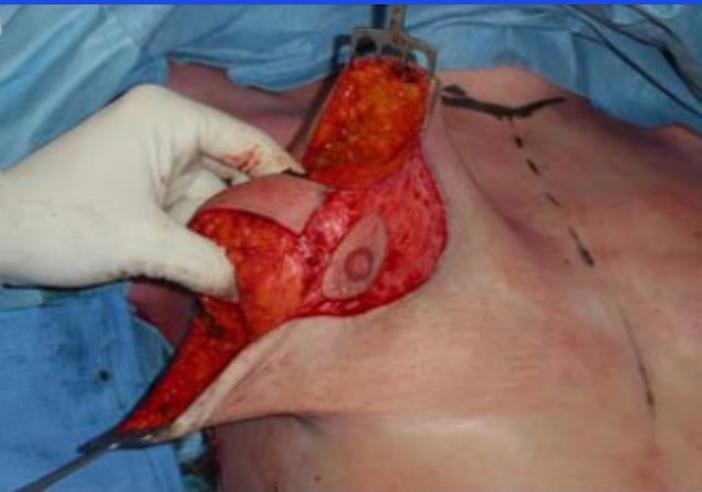
C. NOS, C.INGUENAU, I. SARFATI



CLASSIFICATION CHIR. ONCOPLASTIQUE

Improving Breast Cancer Surgery: A Classification and Quadrant per Quadrant Atlas for Oncoplastic Surgery

Krishna B. Clough, MD, Gabriel J. Kaufman, MD, Claude Nos, MD, Ines Buccimazza, MD,
and Isabelle M. Sarfati, MD



CHIRURGIE ONCOPLASTIQUE : CLASSIFICATION

Techniques niveau 1:

- **Pas d'exérèse cutanée nécessaire**
- **Exérèse < 20 % volume sein**
- **Remodelage simple**
- **Pas de formation plastique**

—————> **Prévention déformations**

CHIRURGIE ONCOPLASTIQUE : CLASSIFICATION

Techniques niveau 2 :

- **> 20% volume du sein**
- **Exérèse cutanée pour remodelage**
- **Techniques de plastie mammaire(s)**
- **Formation spécifique**

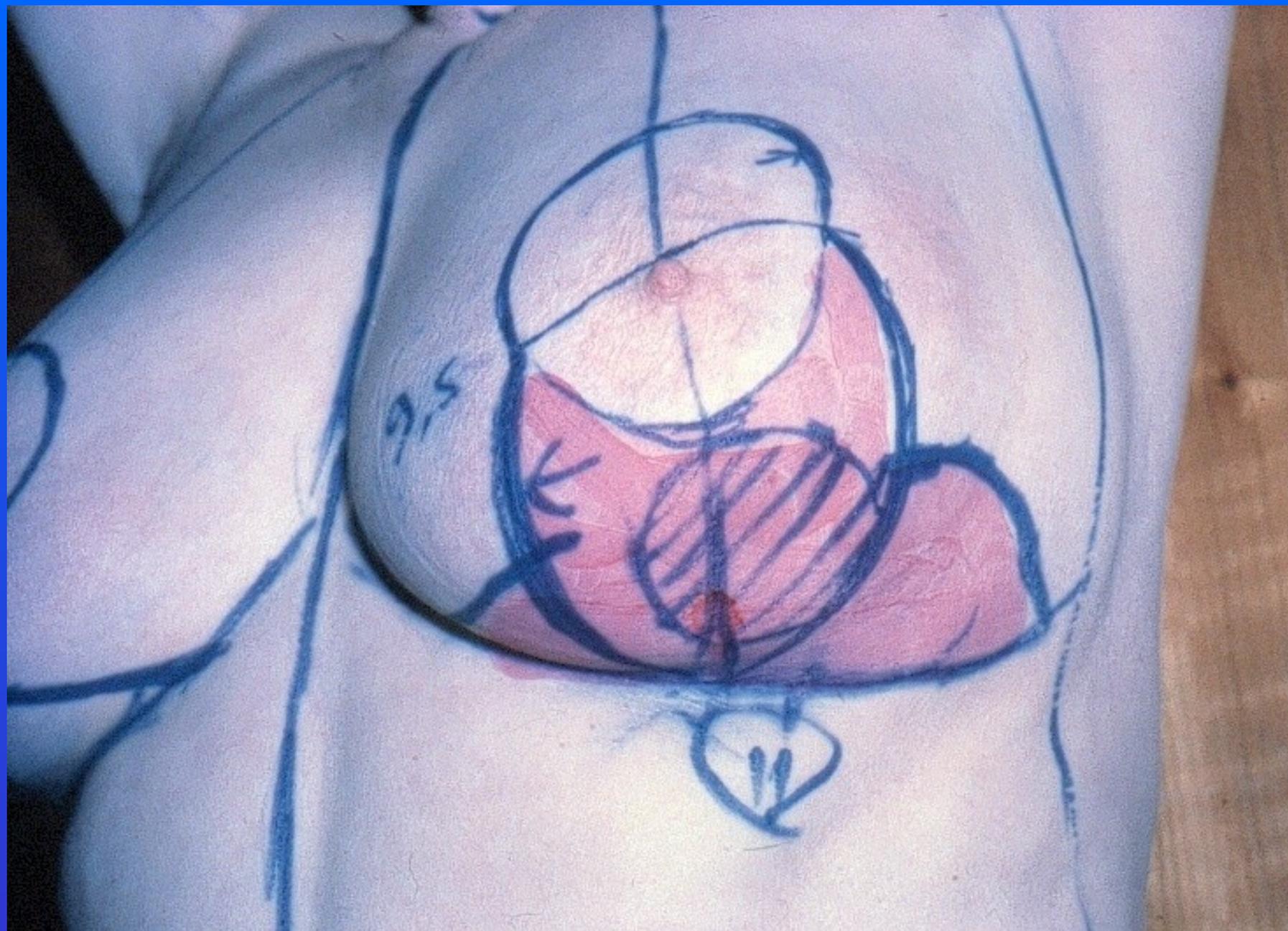
—————> **Augmentation Taux de conservation**

Clough et al., Ann Surg Oncol 2010

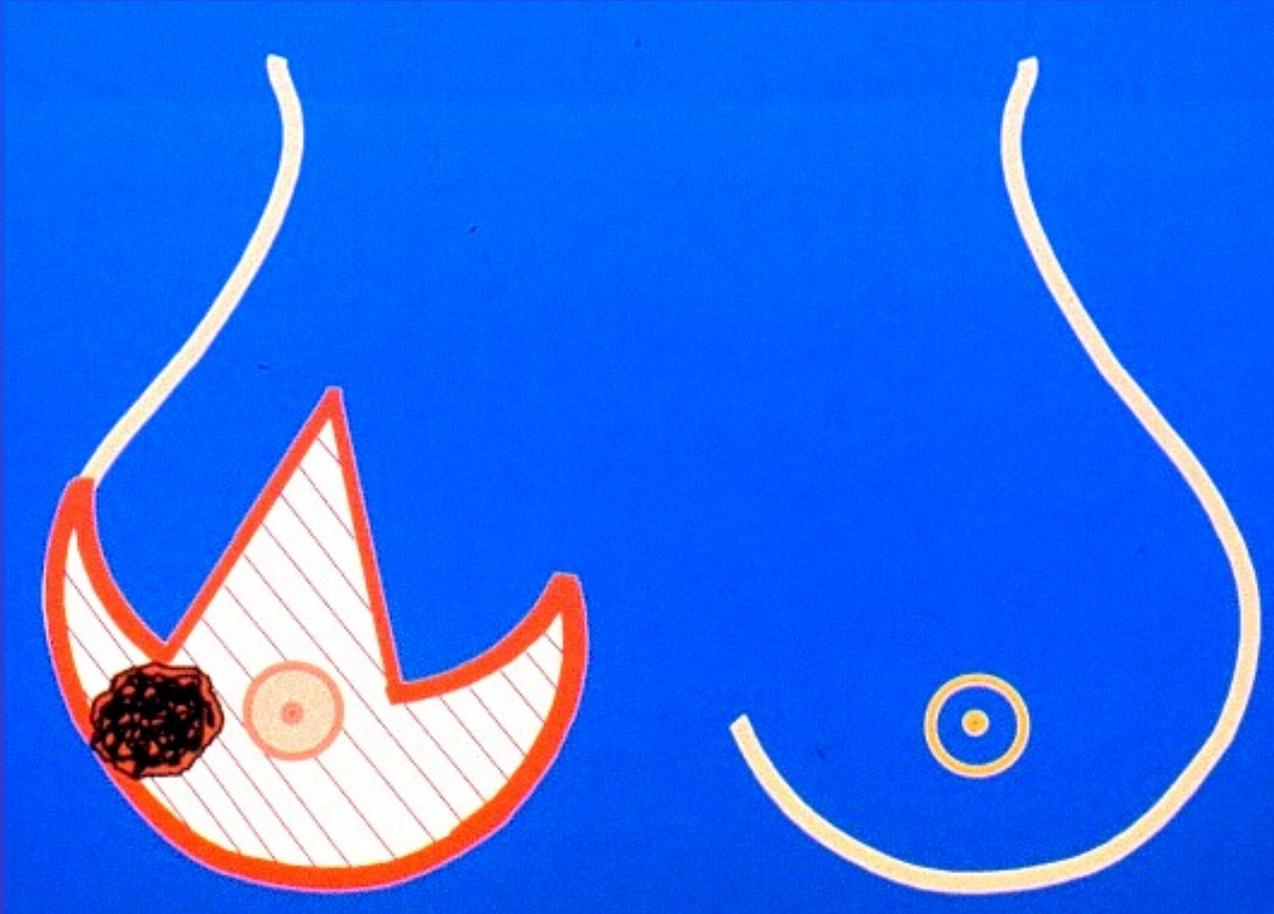
CANCERS QUADRANTS INFÉRIEURS



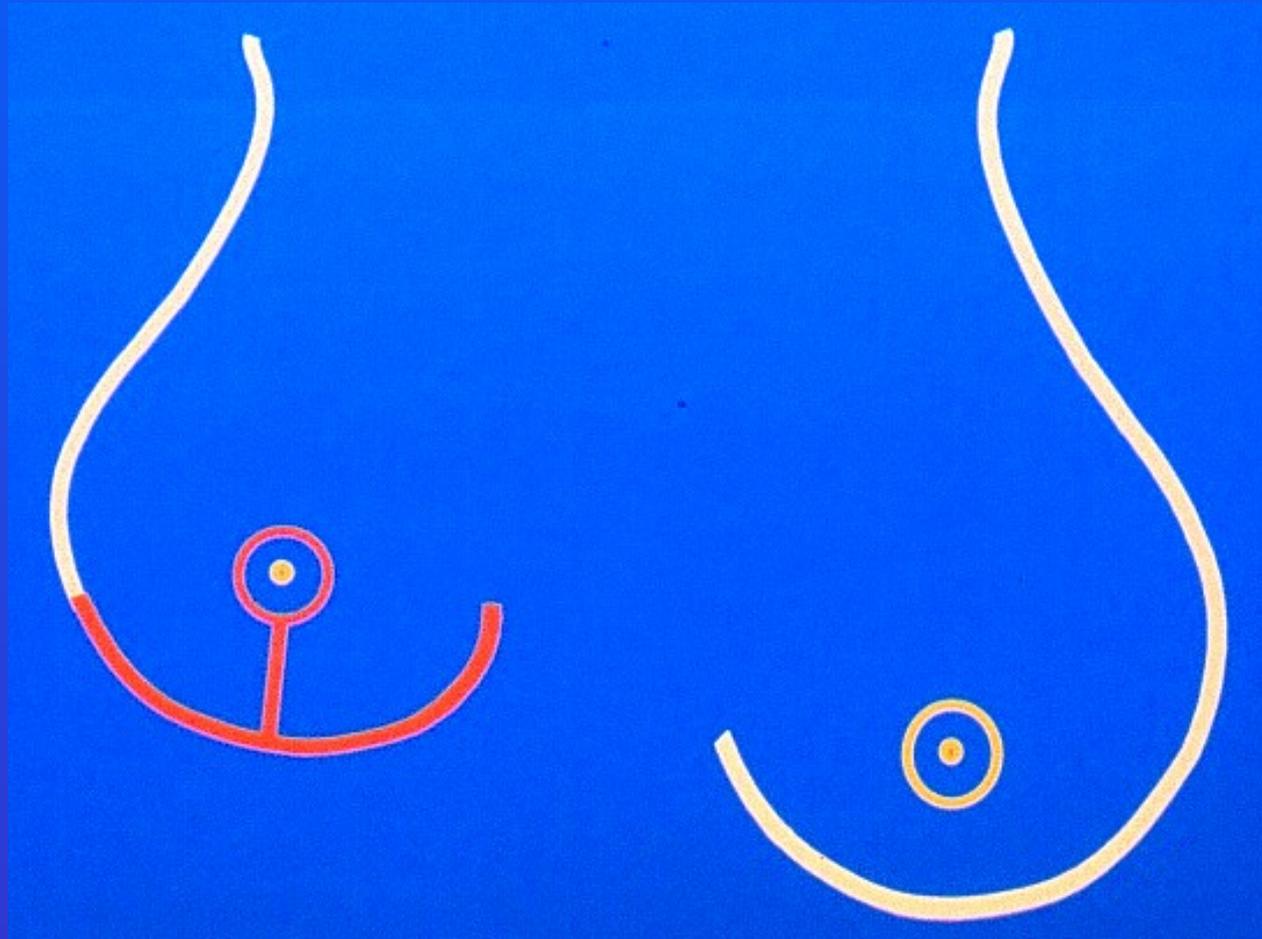
Risque de déformation majeur +++



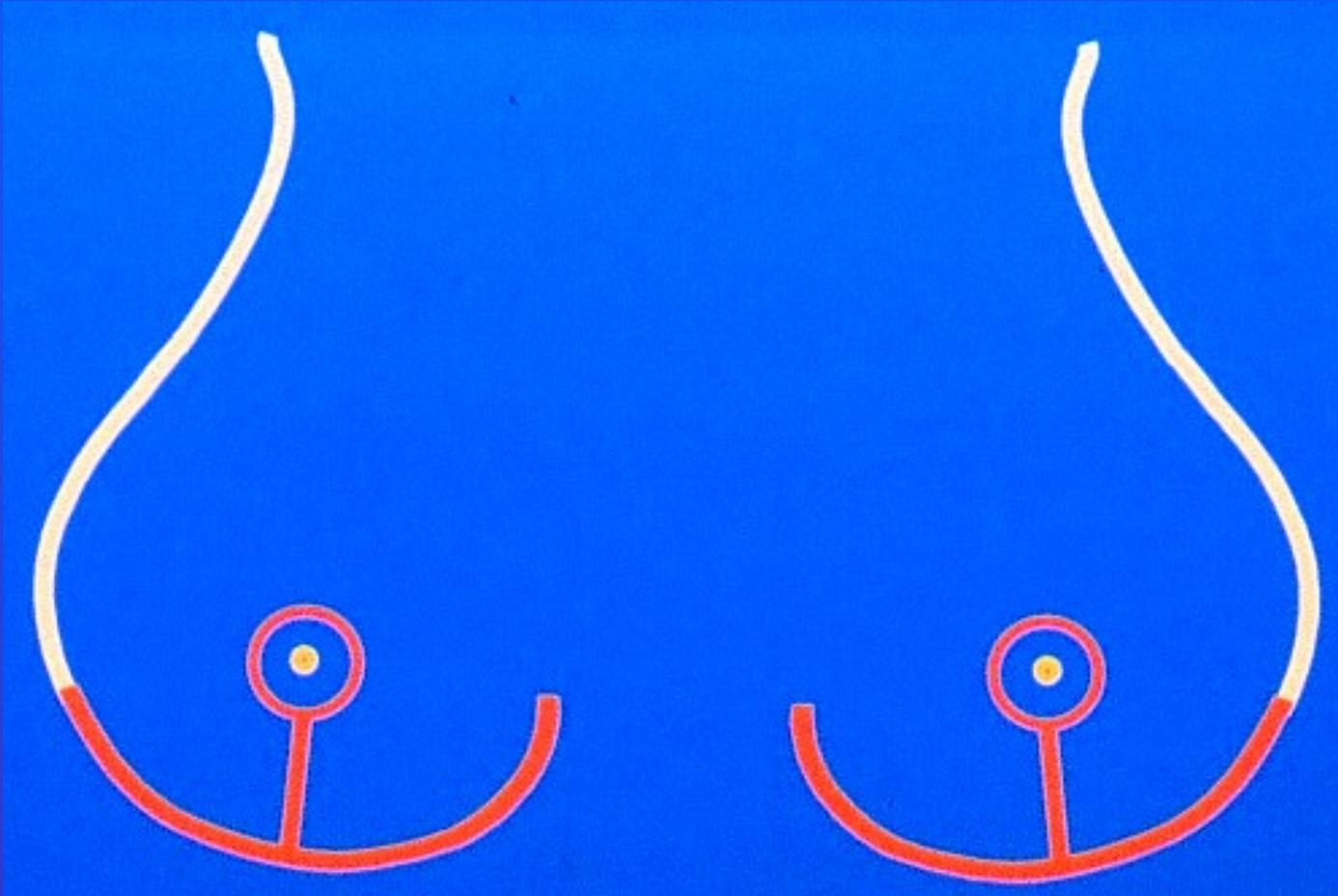
PLASTIE MAMMAIRE BILATERALE POUR CANCER (1)



PLASTIE MAMMAIRE BILATERALE POUR CANCER (2)



PLASTIE MAMMAIRE BILATERALE POUR CANCER (3)



CHIRURGIE ONCOPLASTIQUE : RESULTATS ?

ANNALS OF
SURGERY

ADVANCES IN SURGICAL TECHNIQUE

ANNALS OF SURGERY
Vol. 237, No. 1, 26-34
© 2003 Lippincott Williams & Wilkins, Inc.

Oncoplastic Techniques Allow Extensive Resections for Breast-Conserving Therapy of Breast Carcinomas

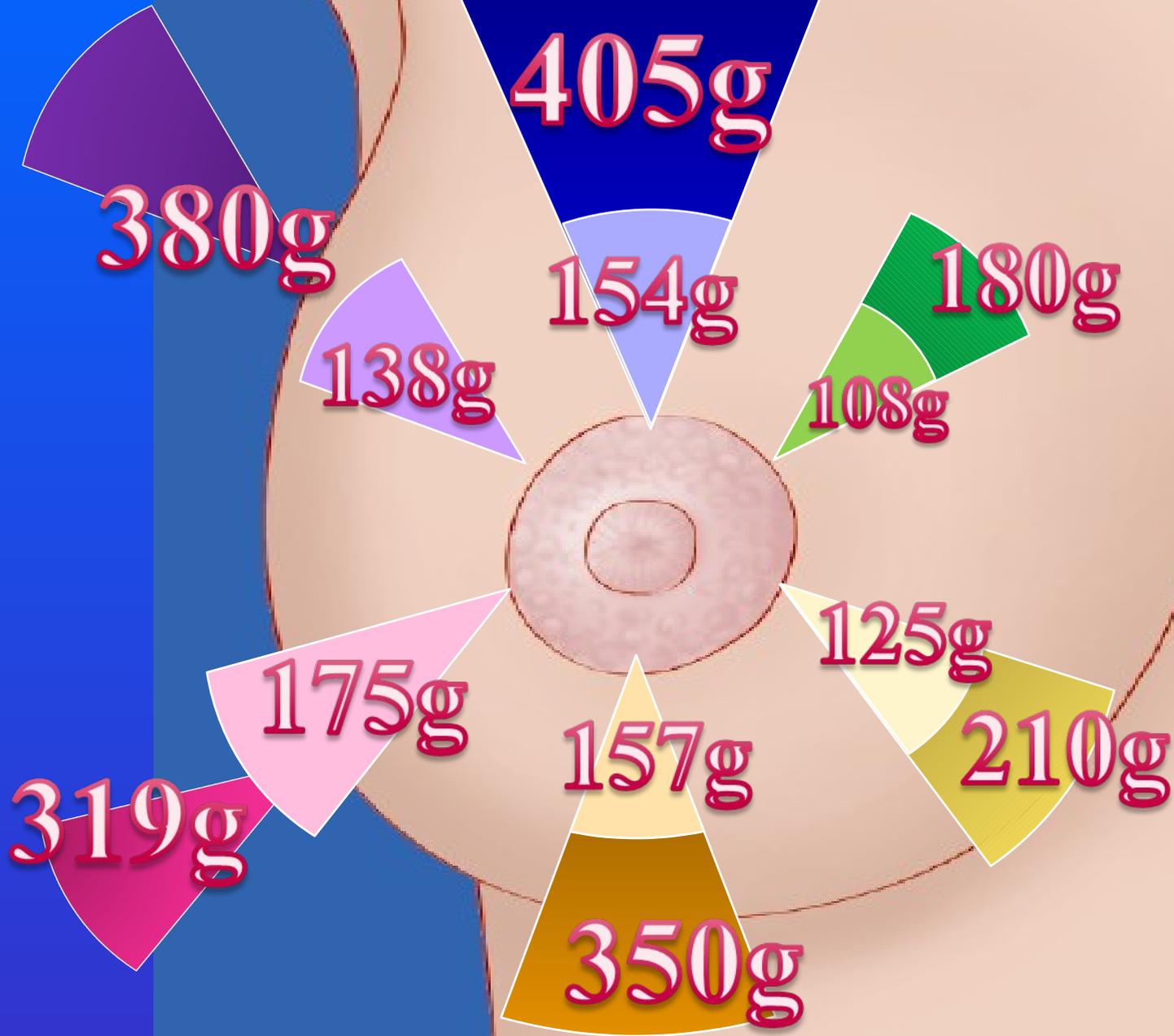
Krishna B. Clough, MD,* Jacqueline S. Lewis, FRCS,* Benoit Couturaud, MD,* Alfred Fitoussi, MD,* Claude Nos, MD,* and Marie-Christine Falcoff†

Ann. Surg., 2003, 237, 1, 26-34

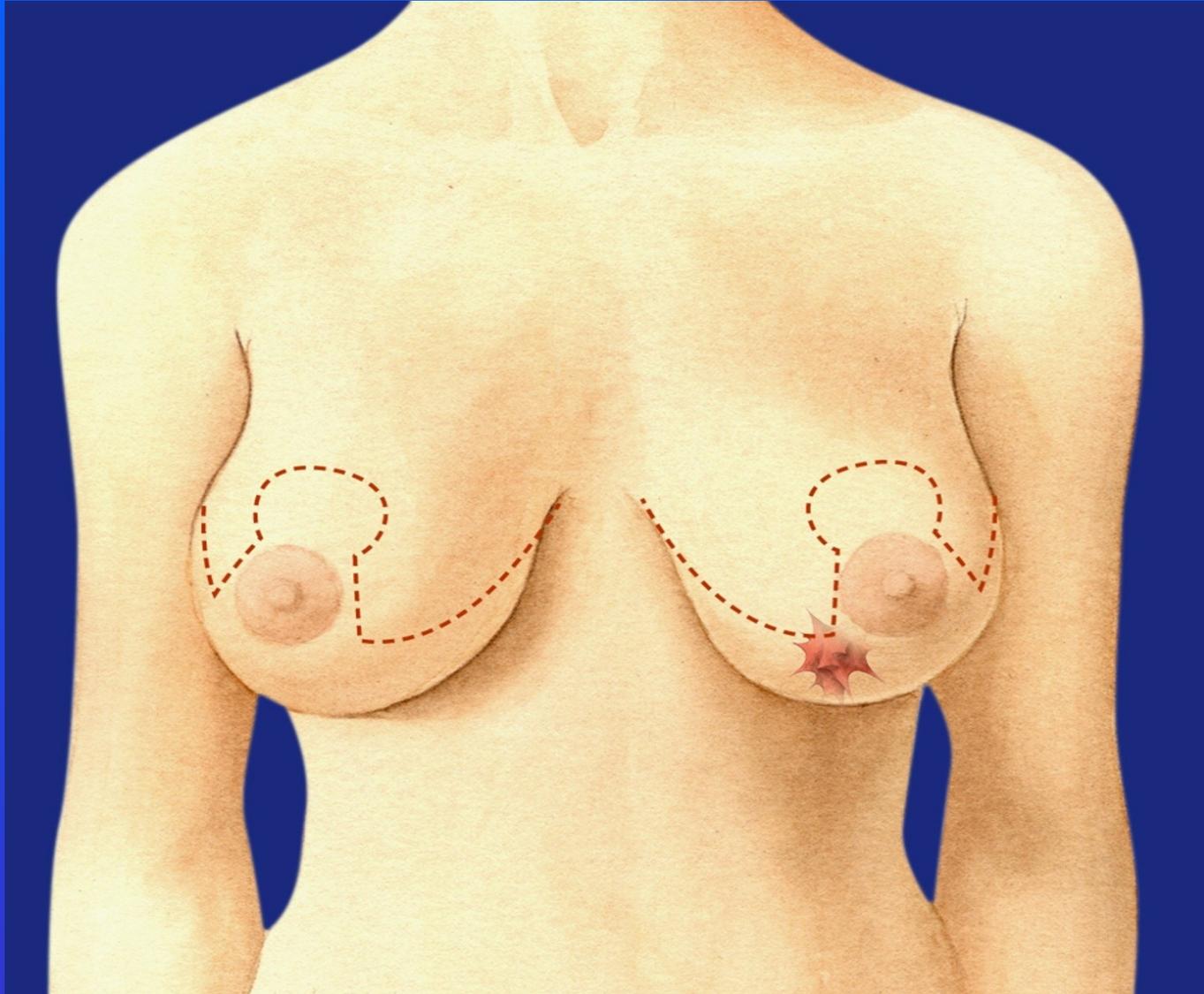
CHIRURGIE ONCOPLASTIQUE : RESULTATS ?

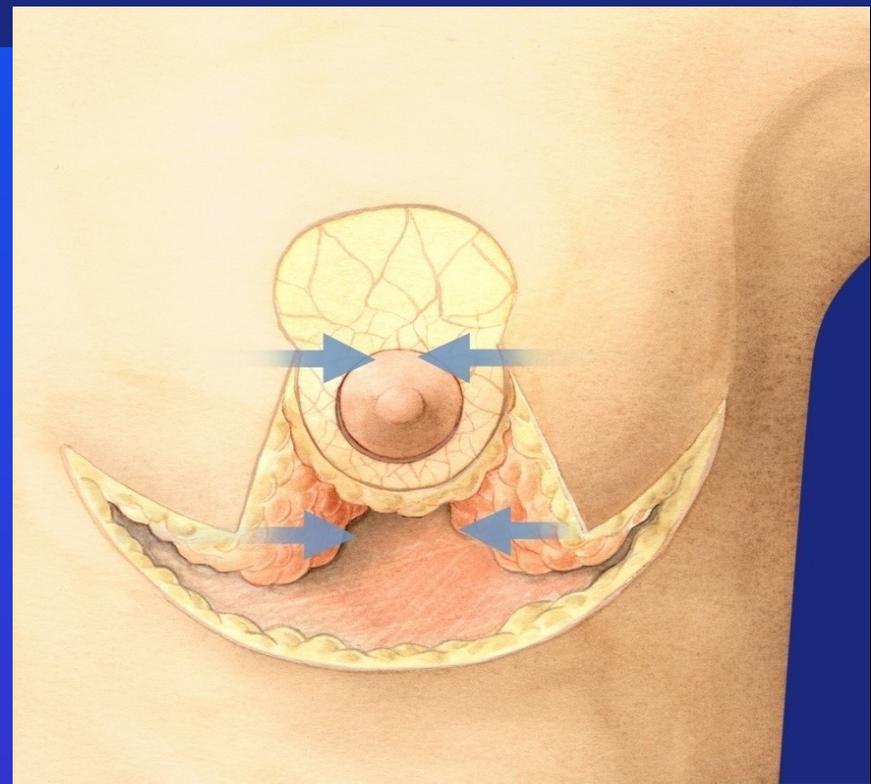
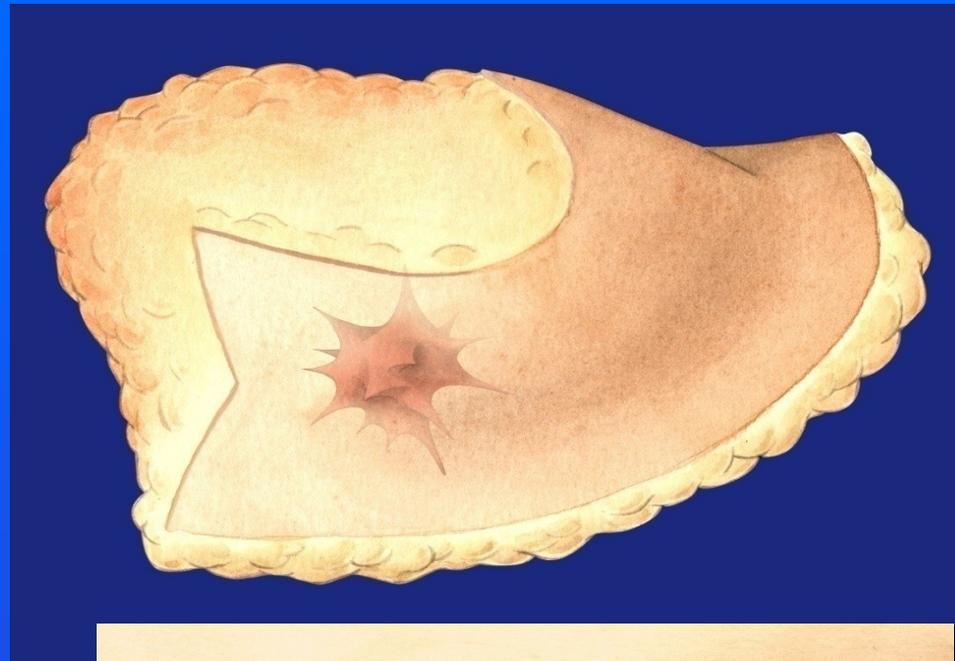
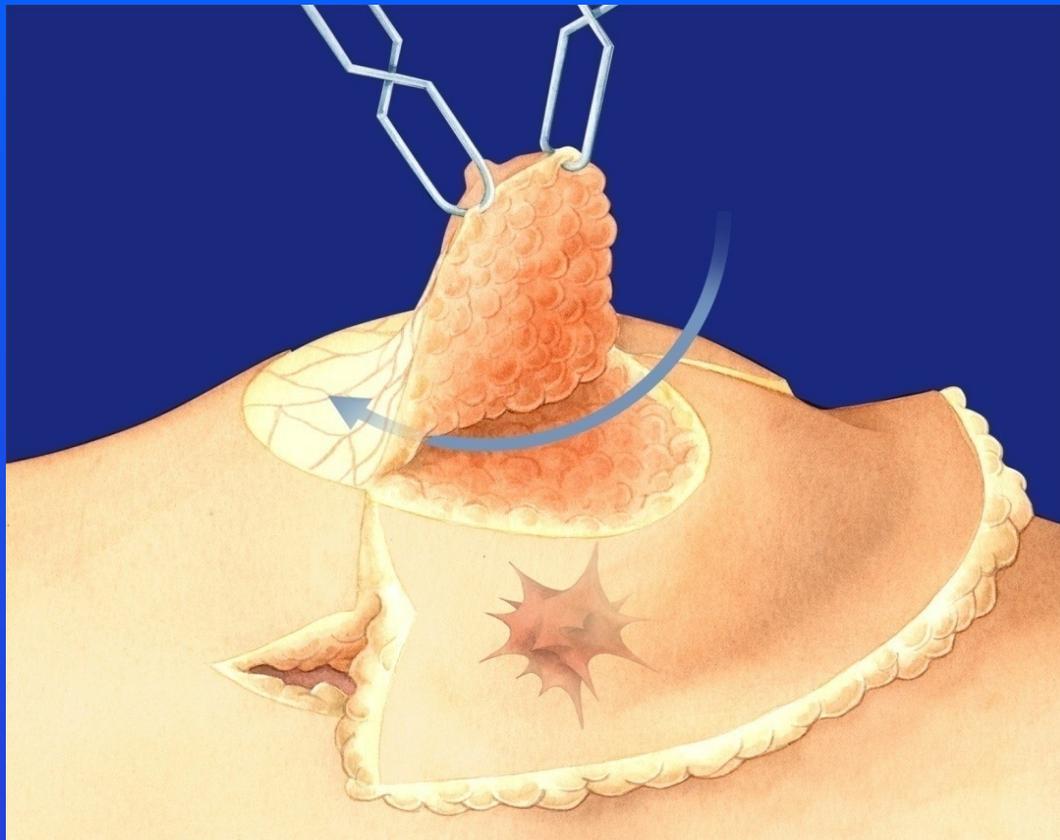
- **Taille T : 2 à 10 cm (median 3,5 cm)**
- **Poids resection : 200 à 300 g**
- **Tx Recidive 5 ans : 6 %**
- **SG SSR : Idem cas témoins**

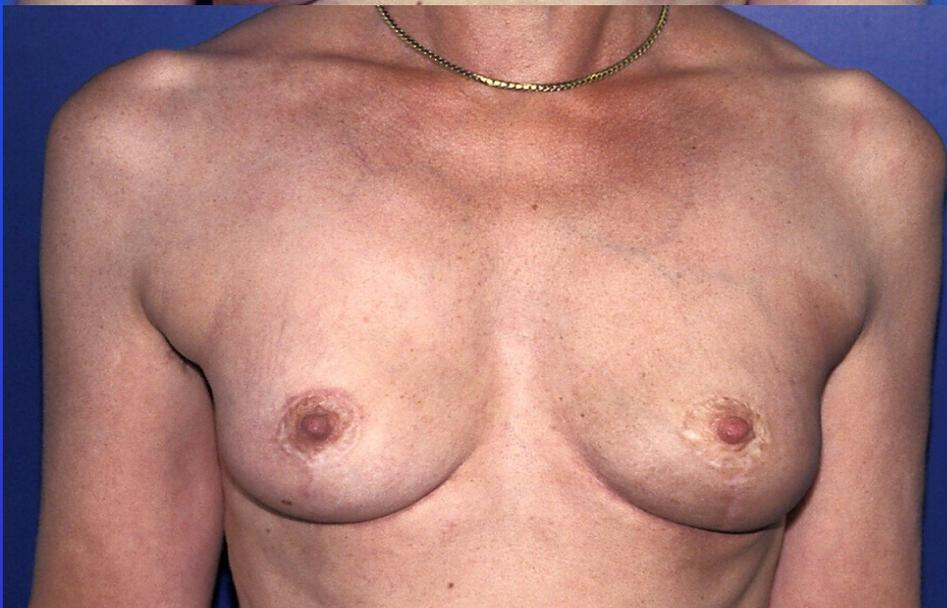
Présélection de Max



QUADRANTS INFÉRIEURS







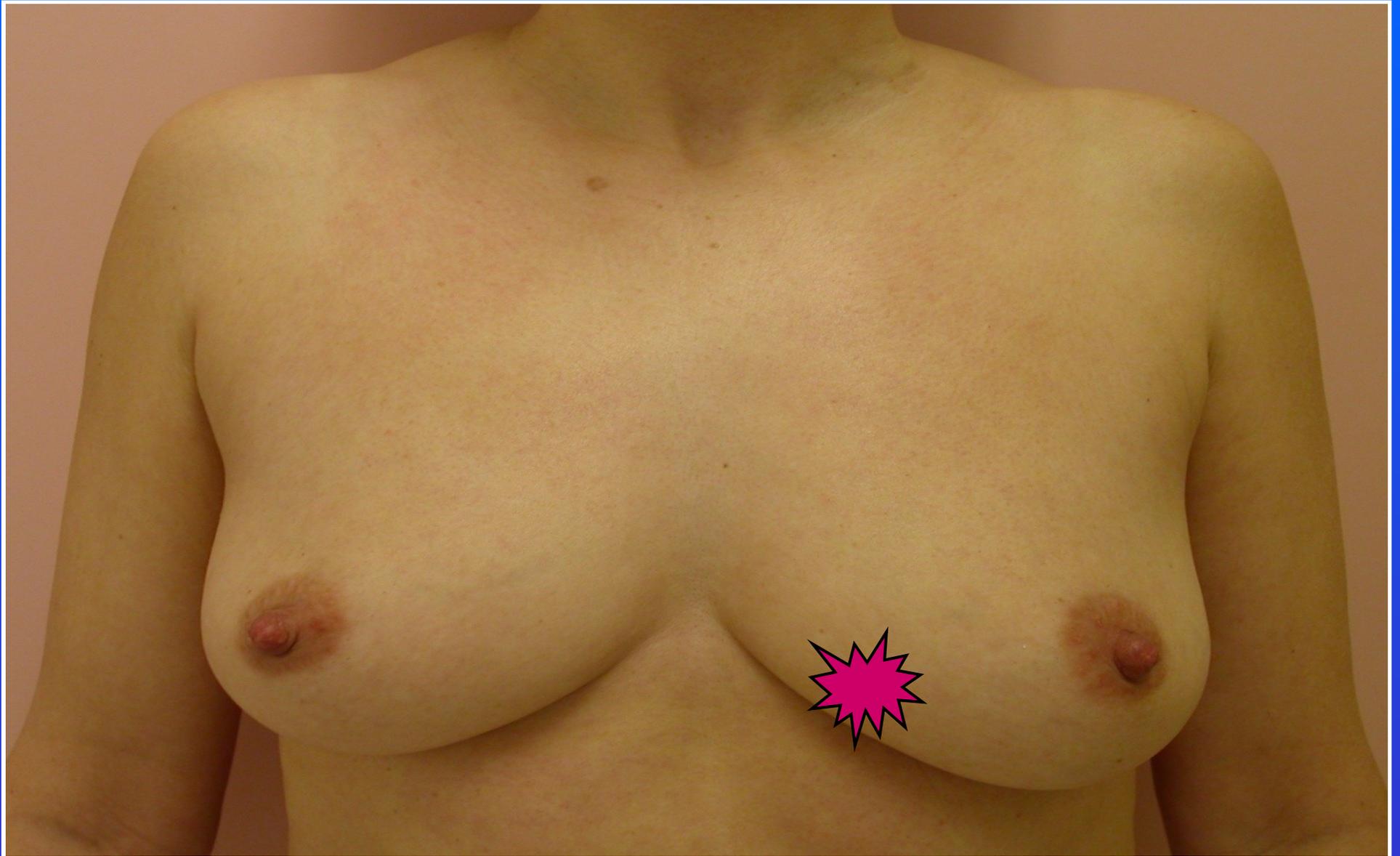
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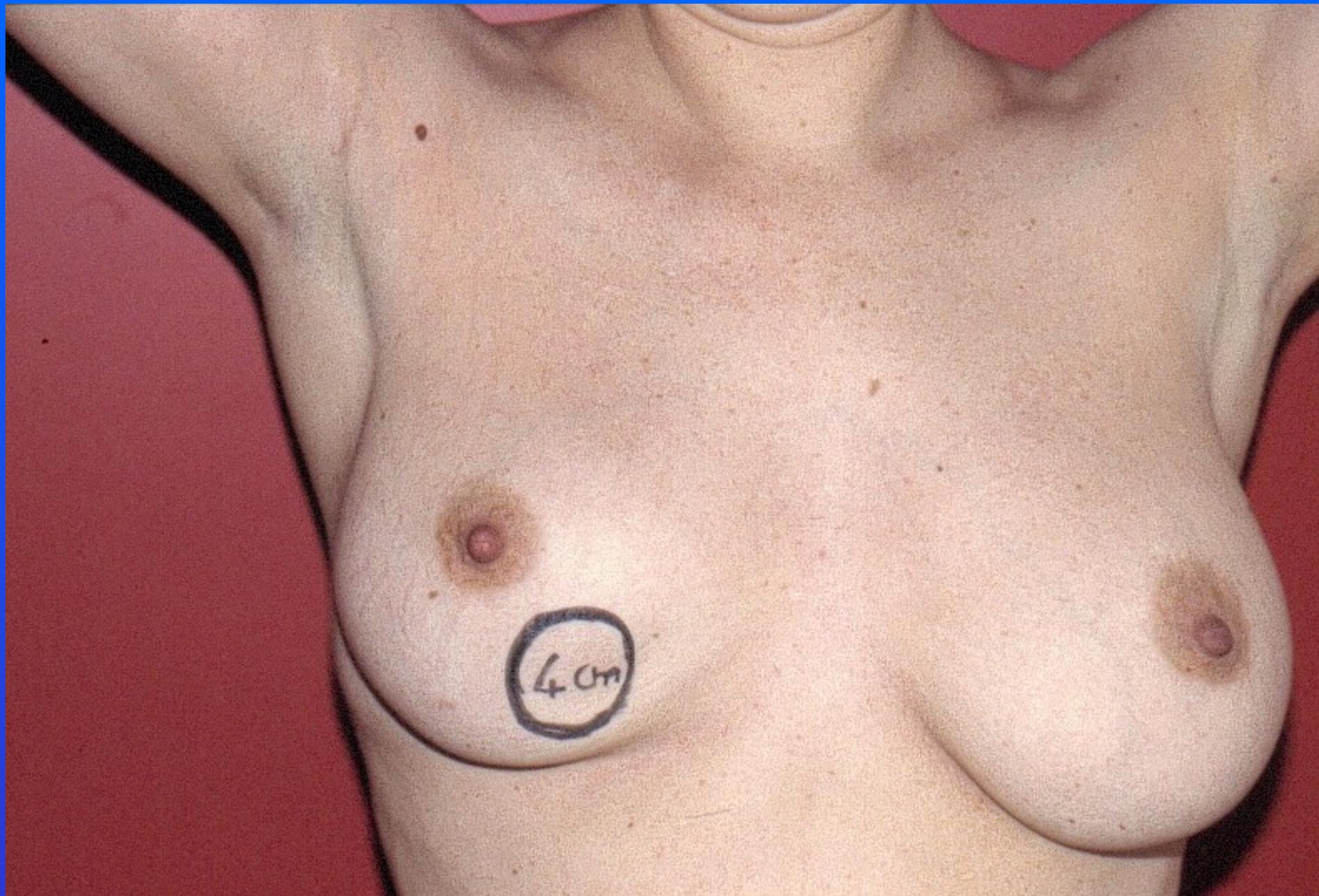


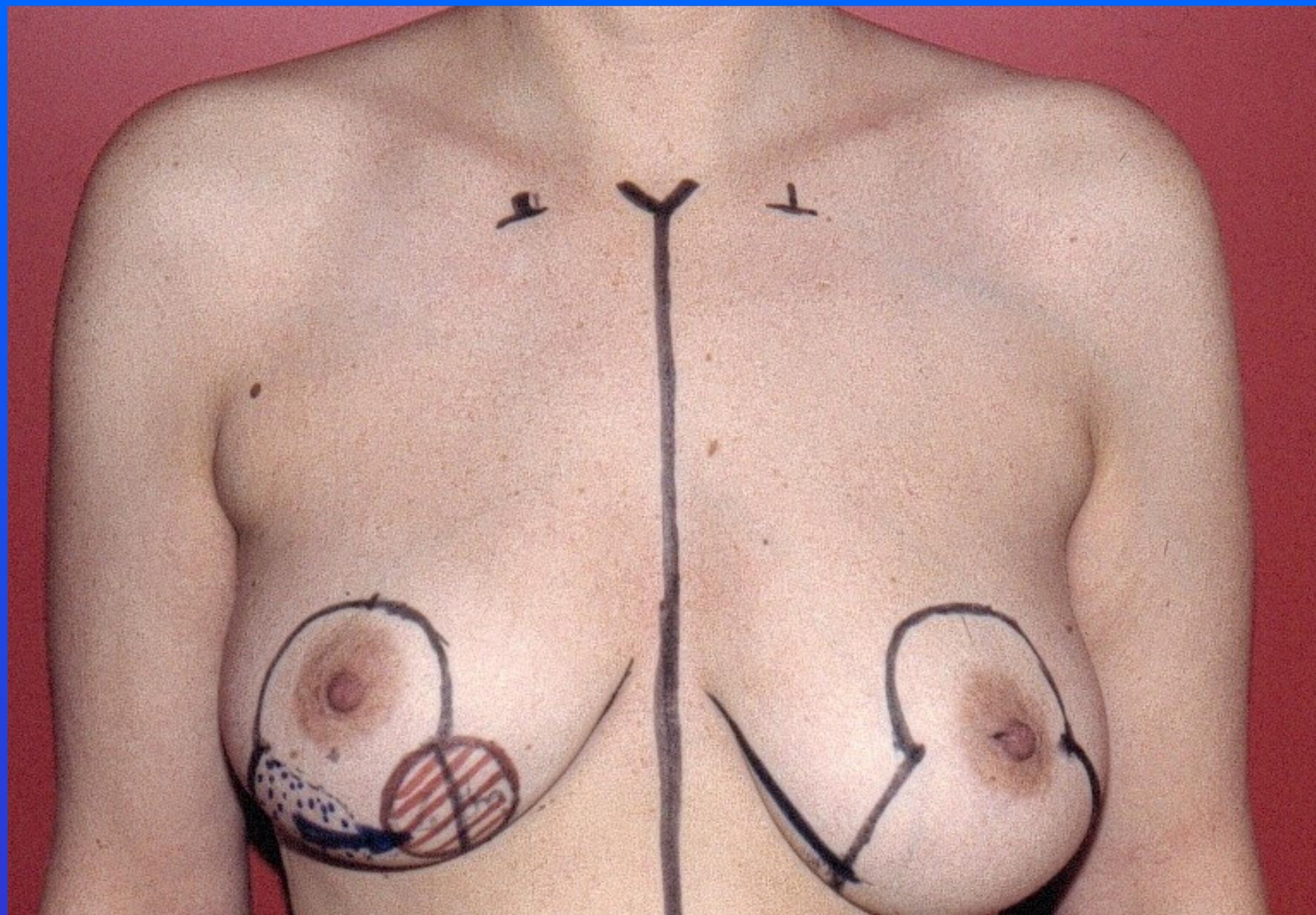
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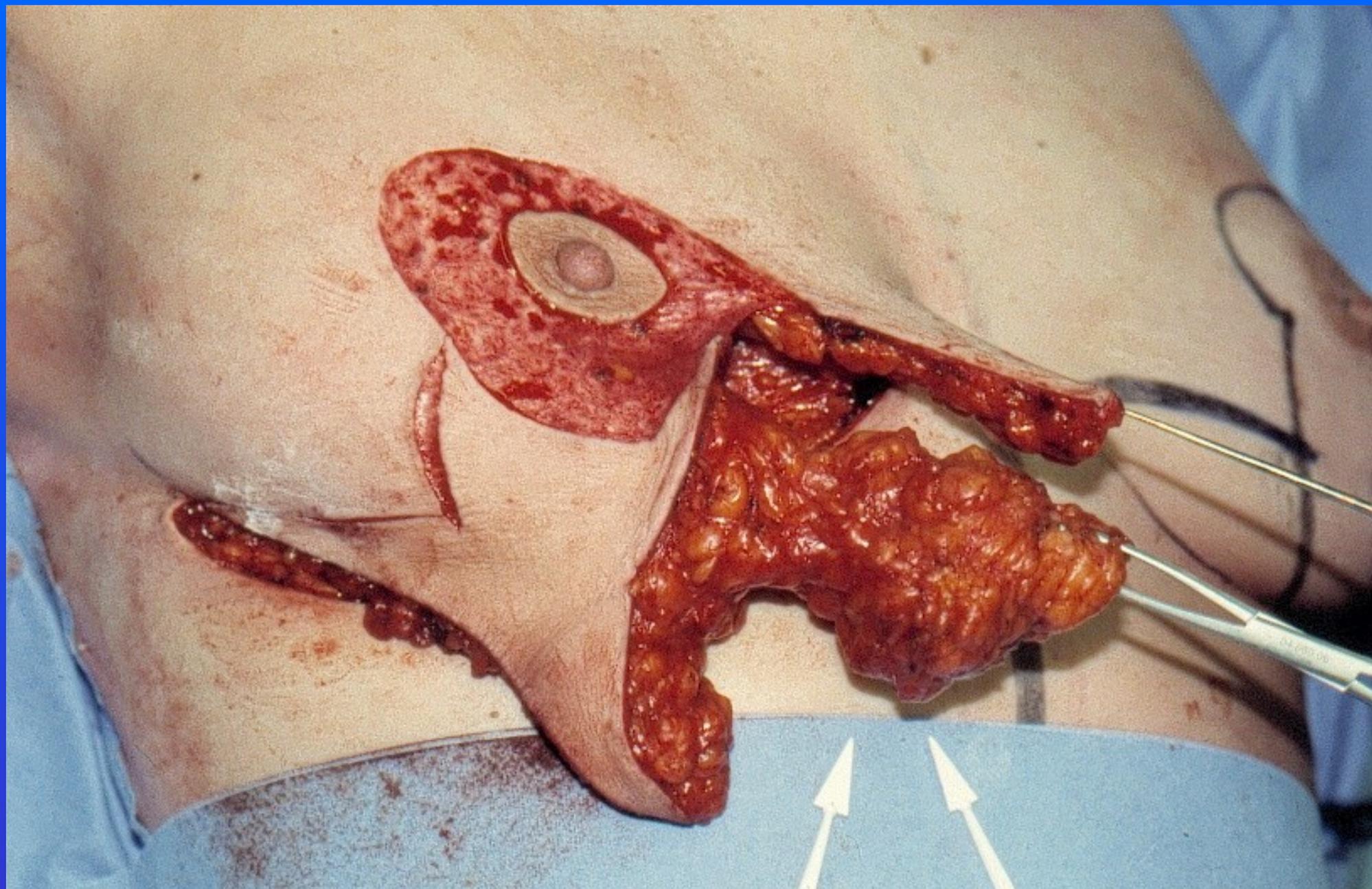


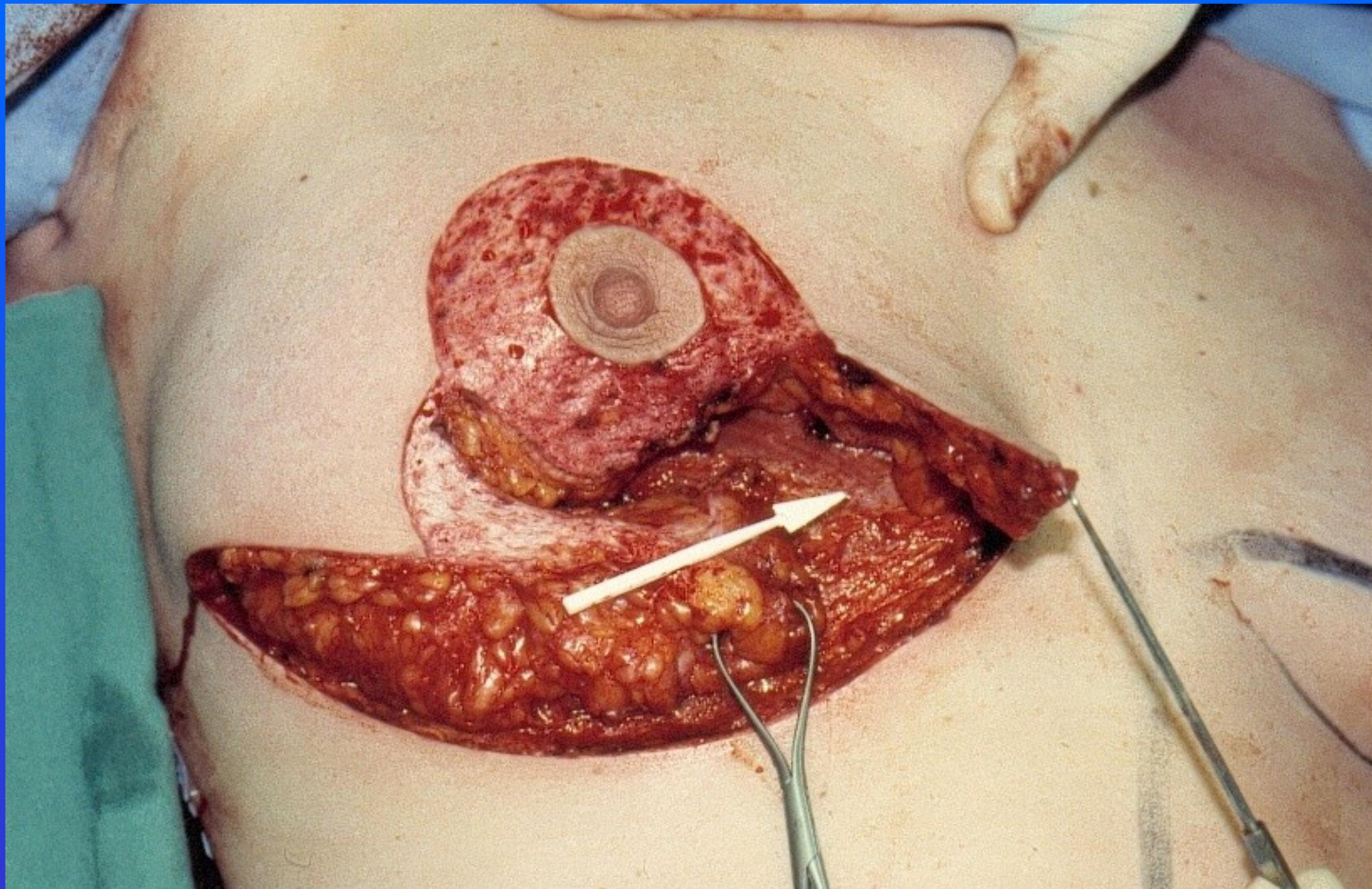
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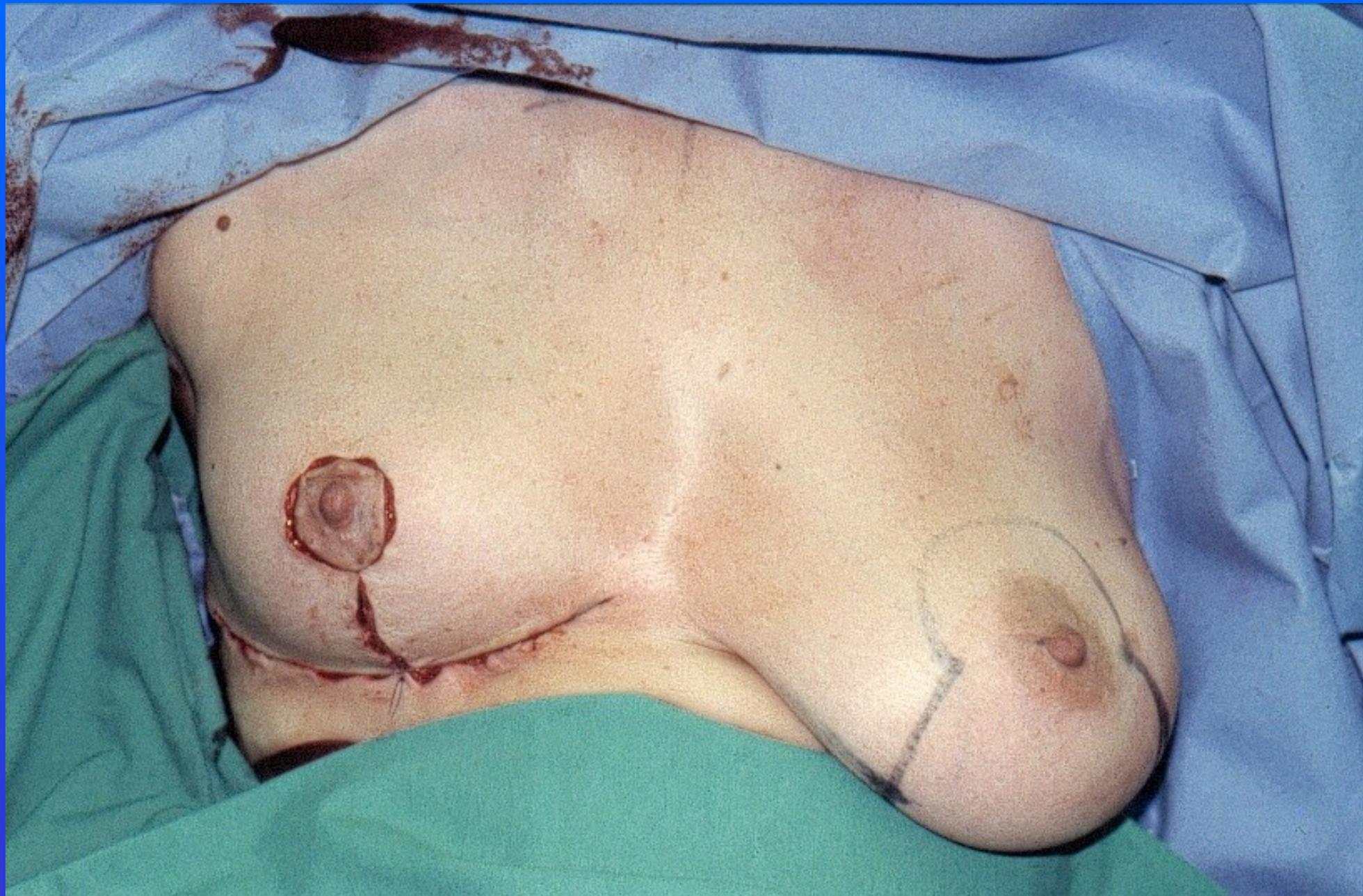


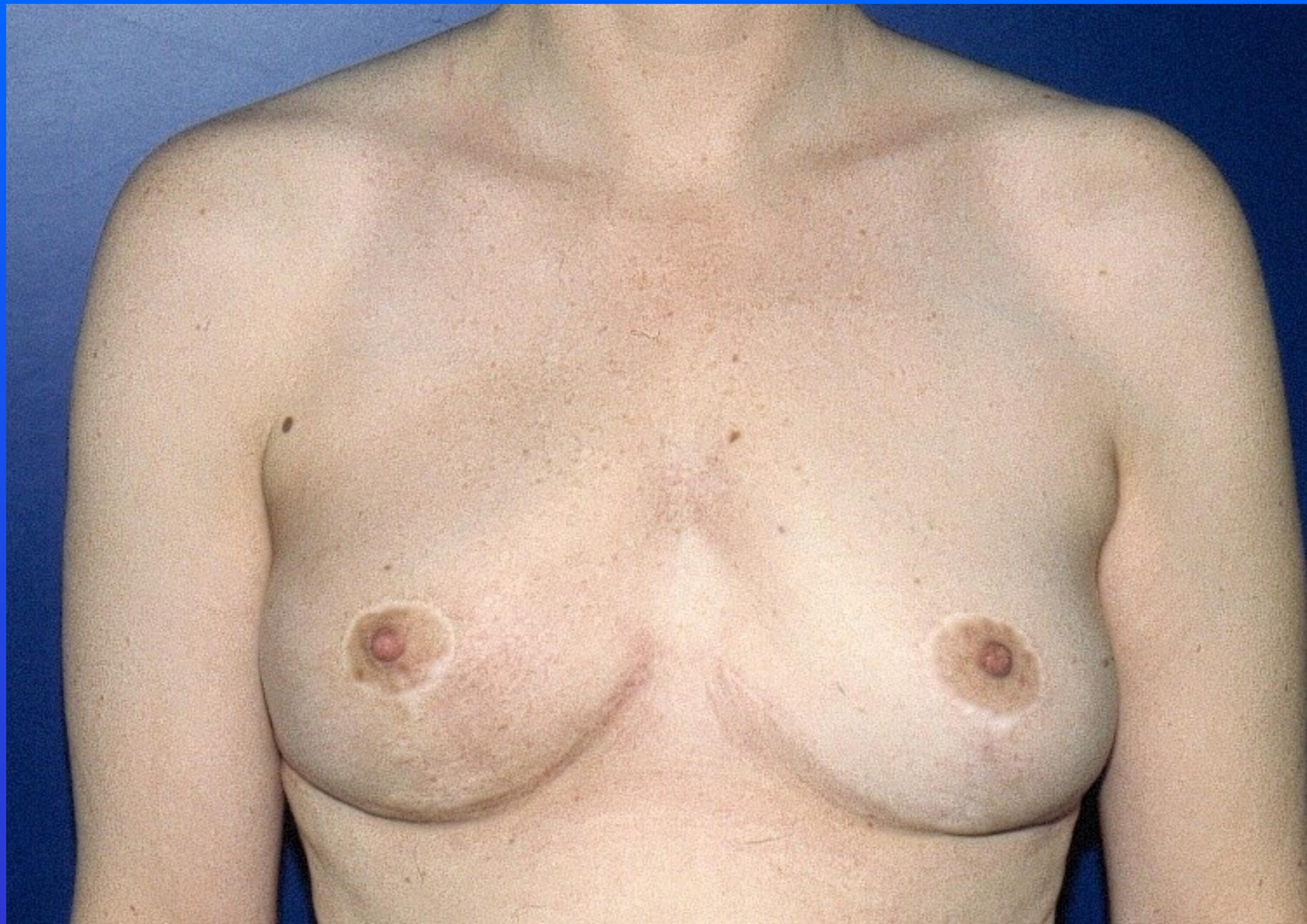




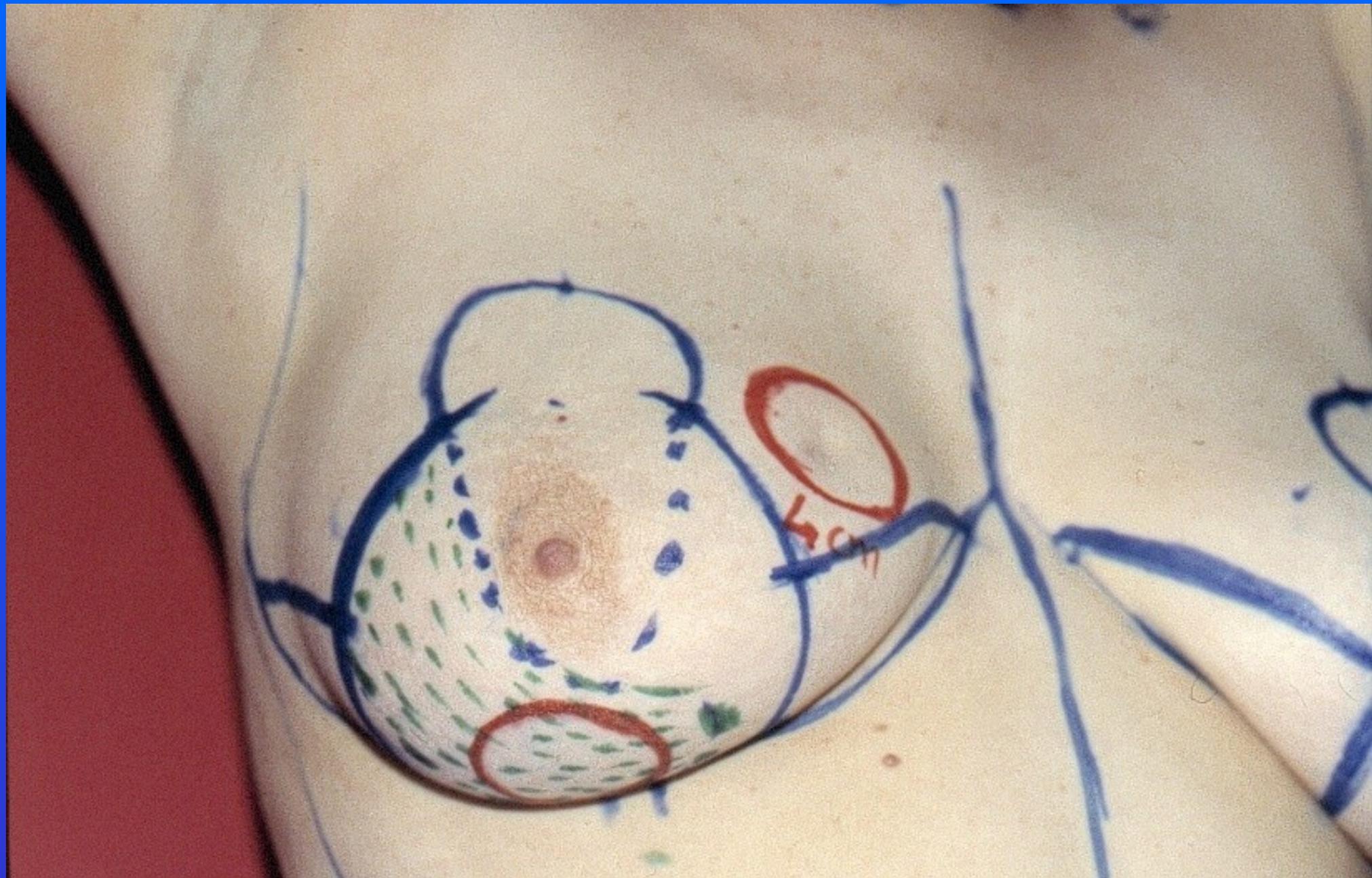


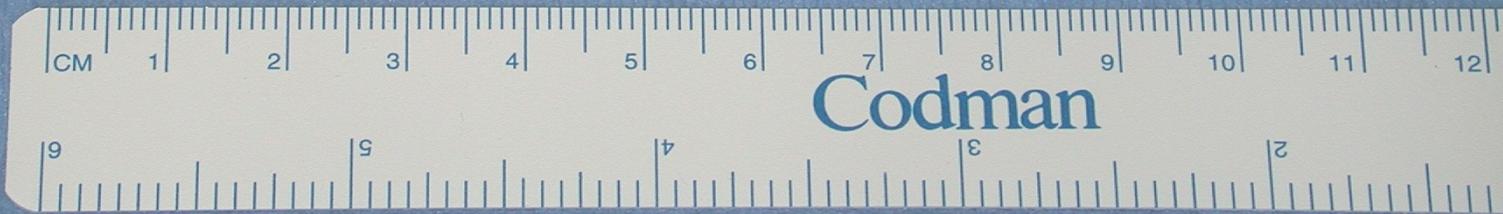
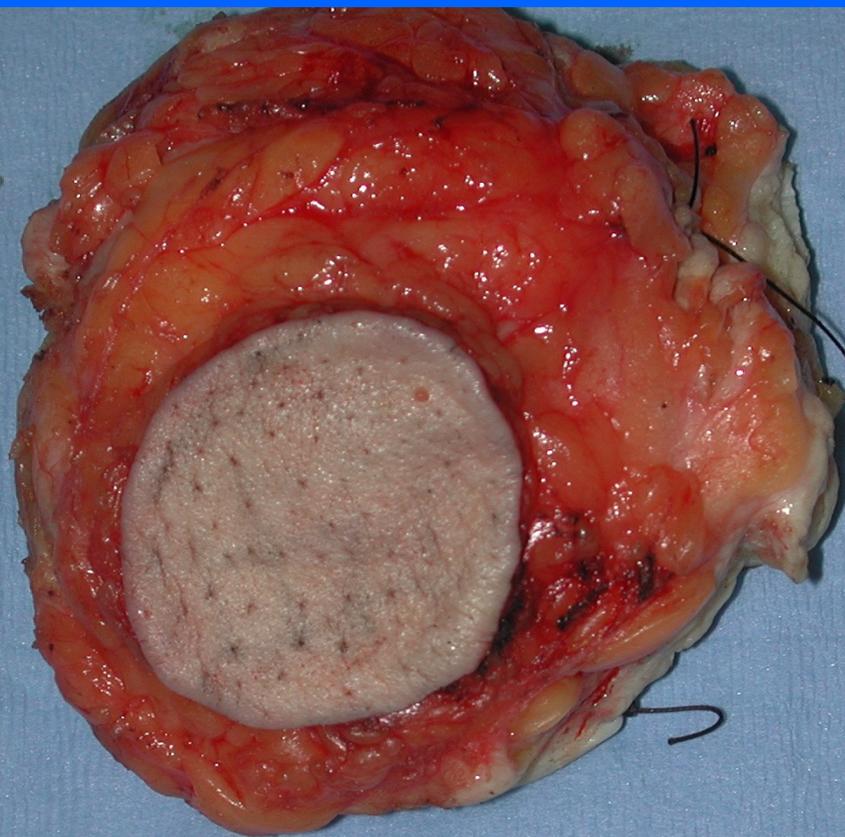


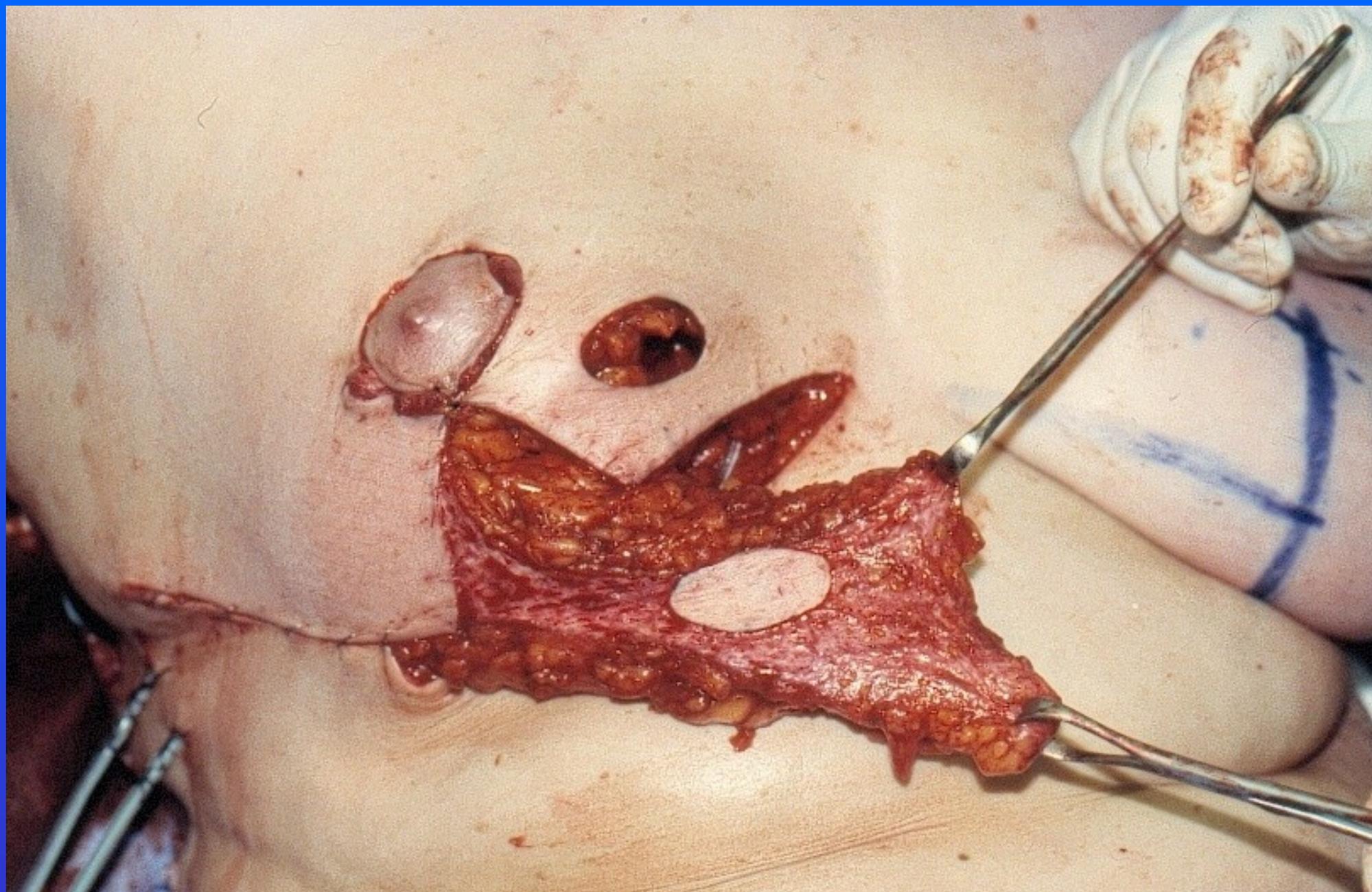


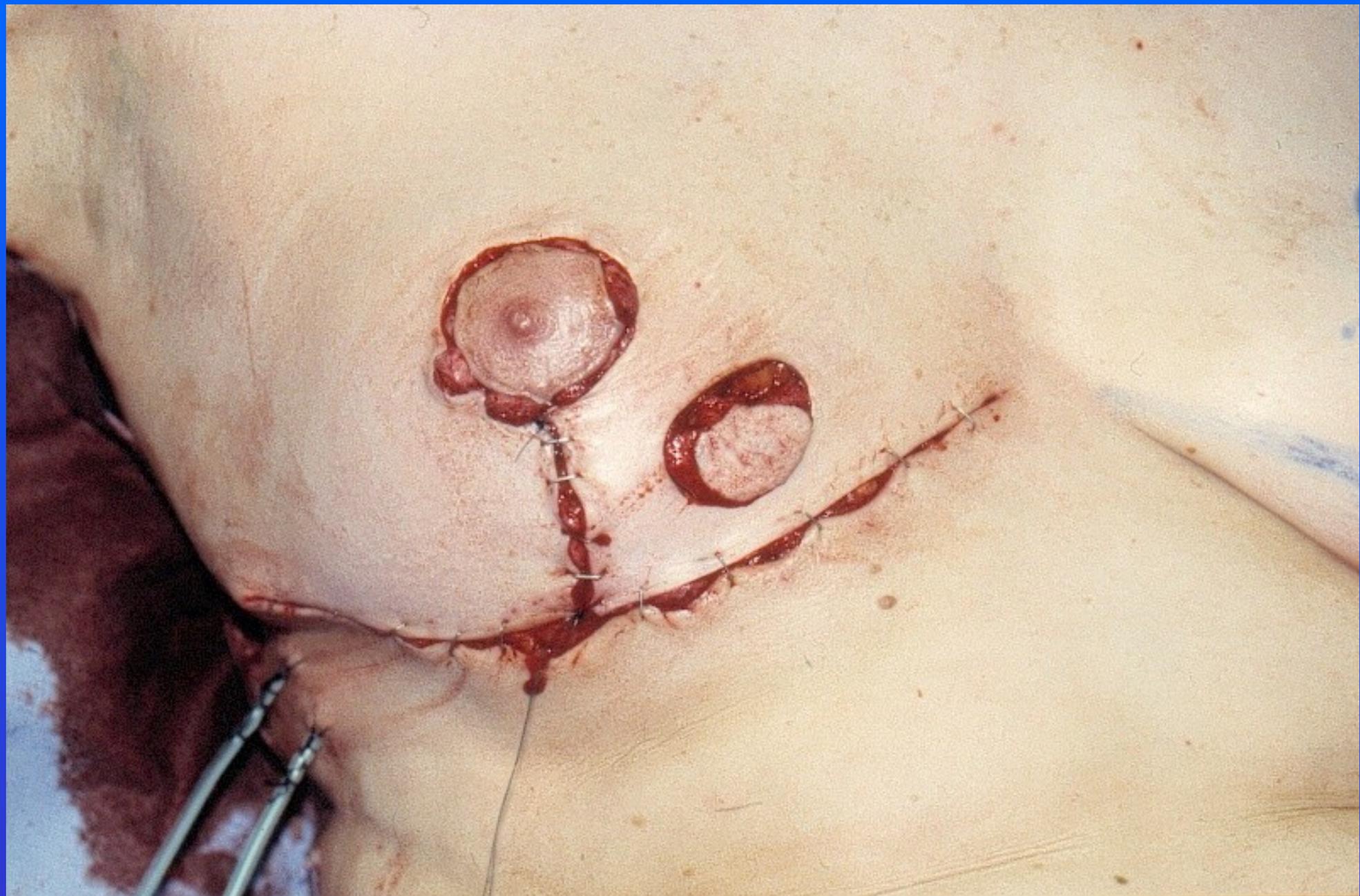


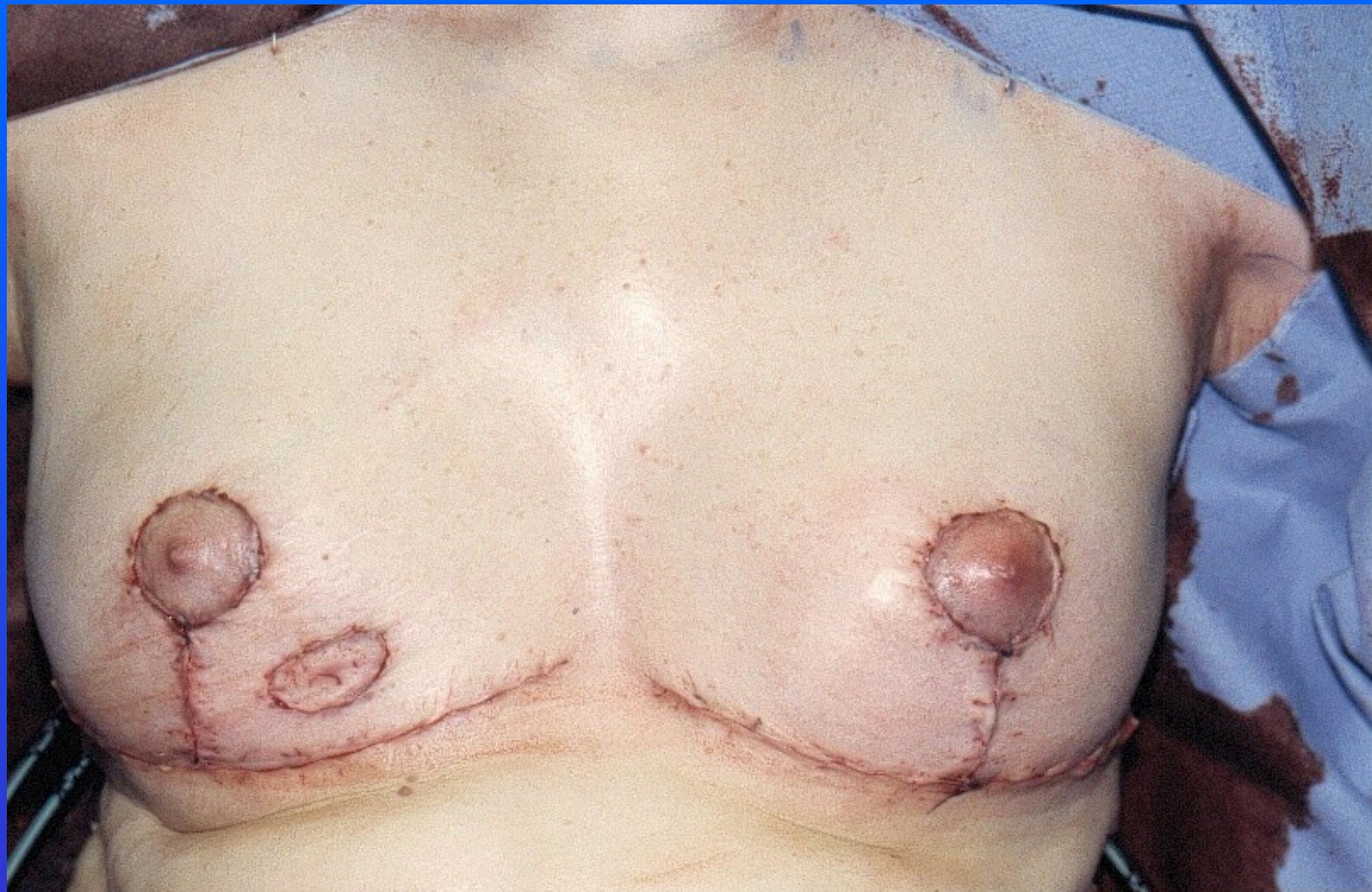








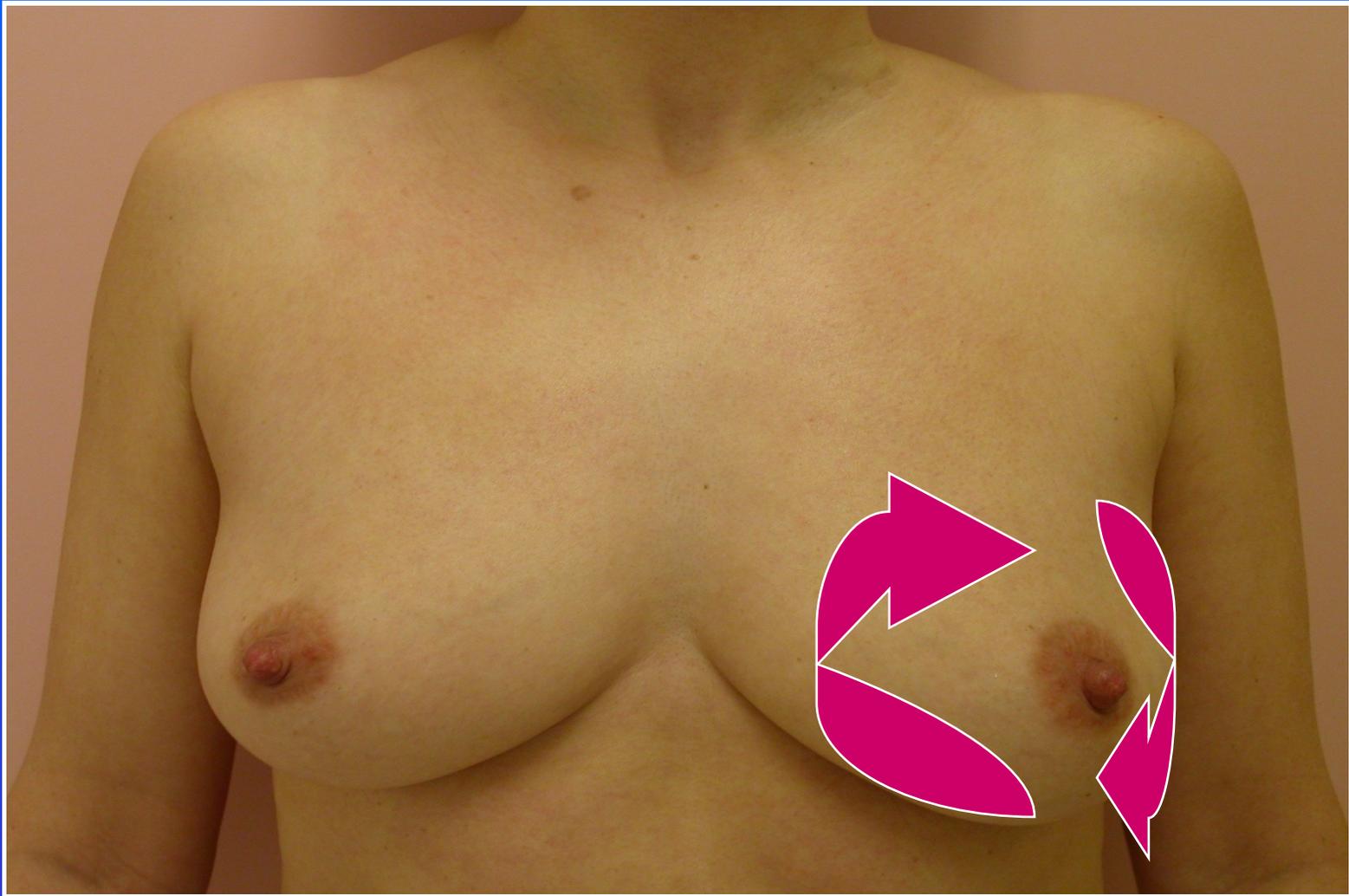




TRES DANGEREUX !



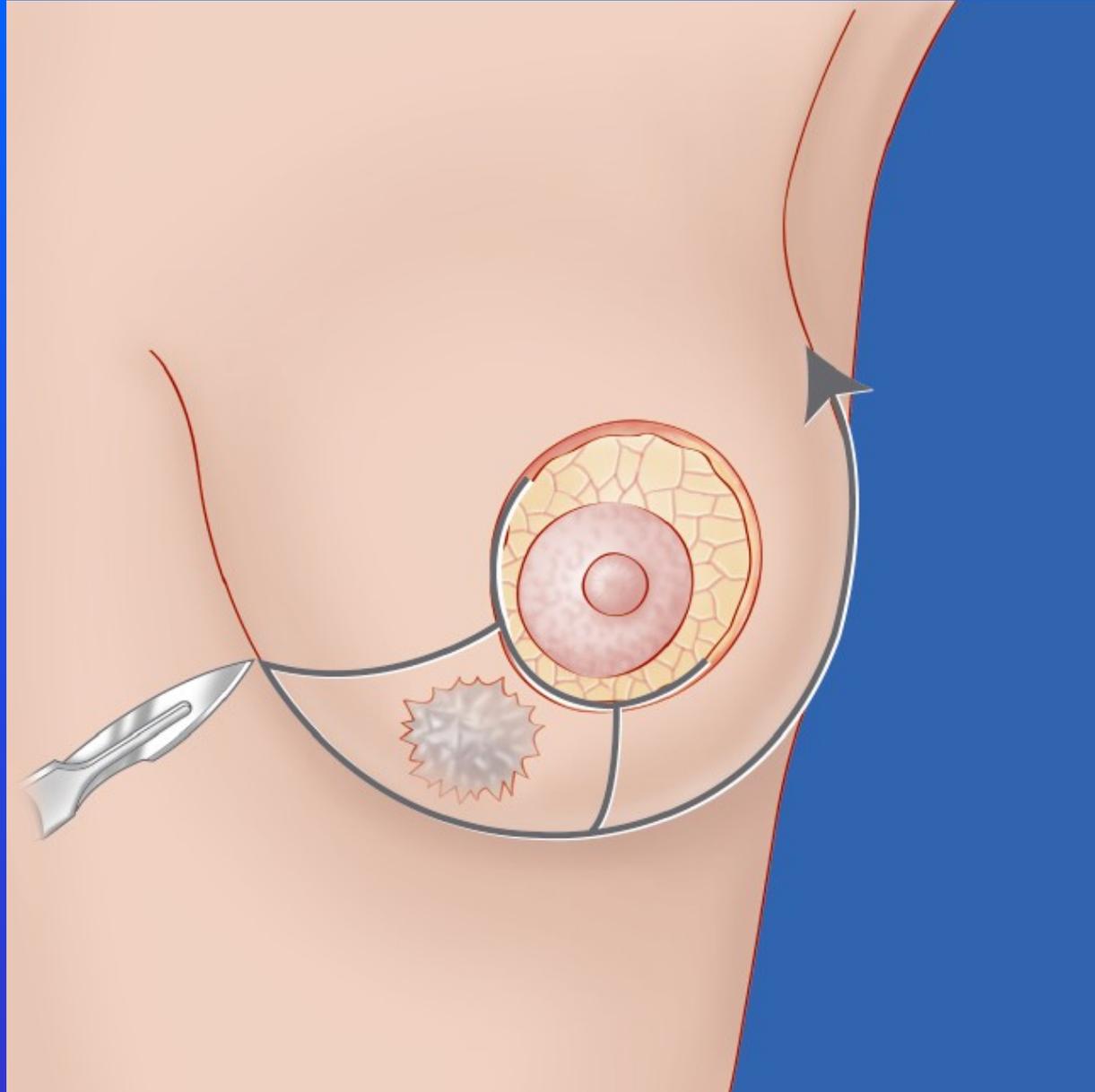
TECHNIQUES NIVEAU 2 QUADRANT PAR QUADRANT



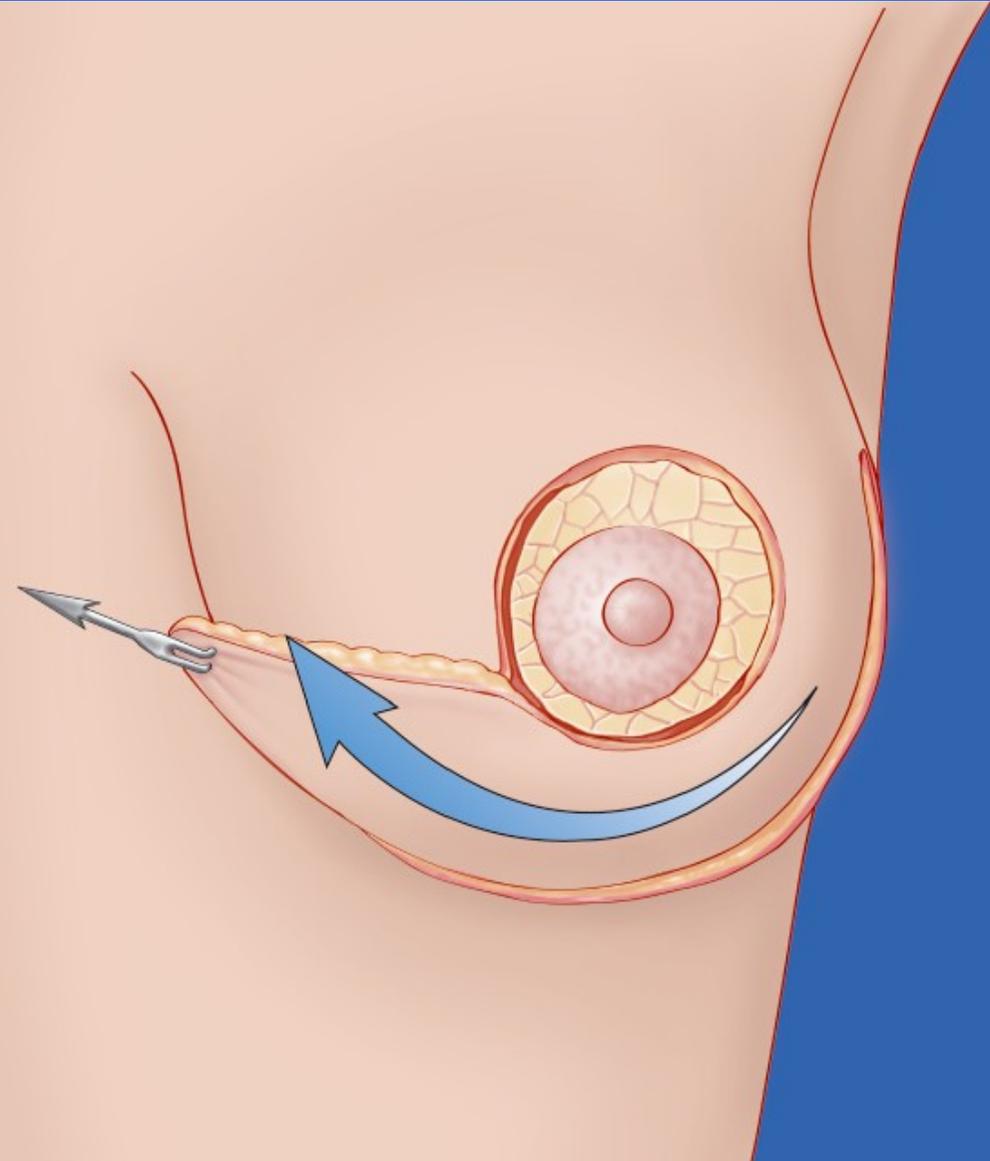
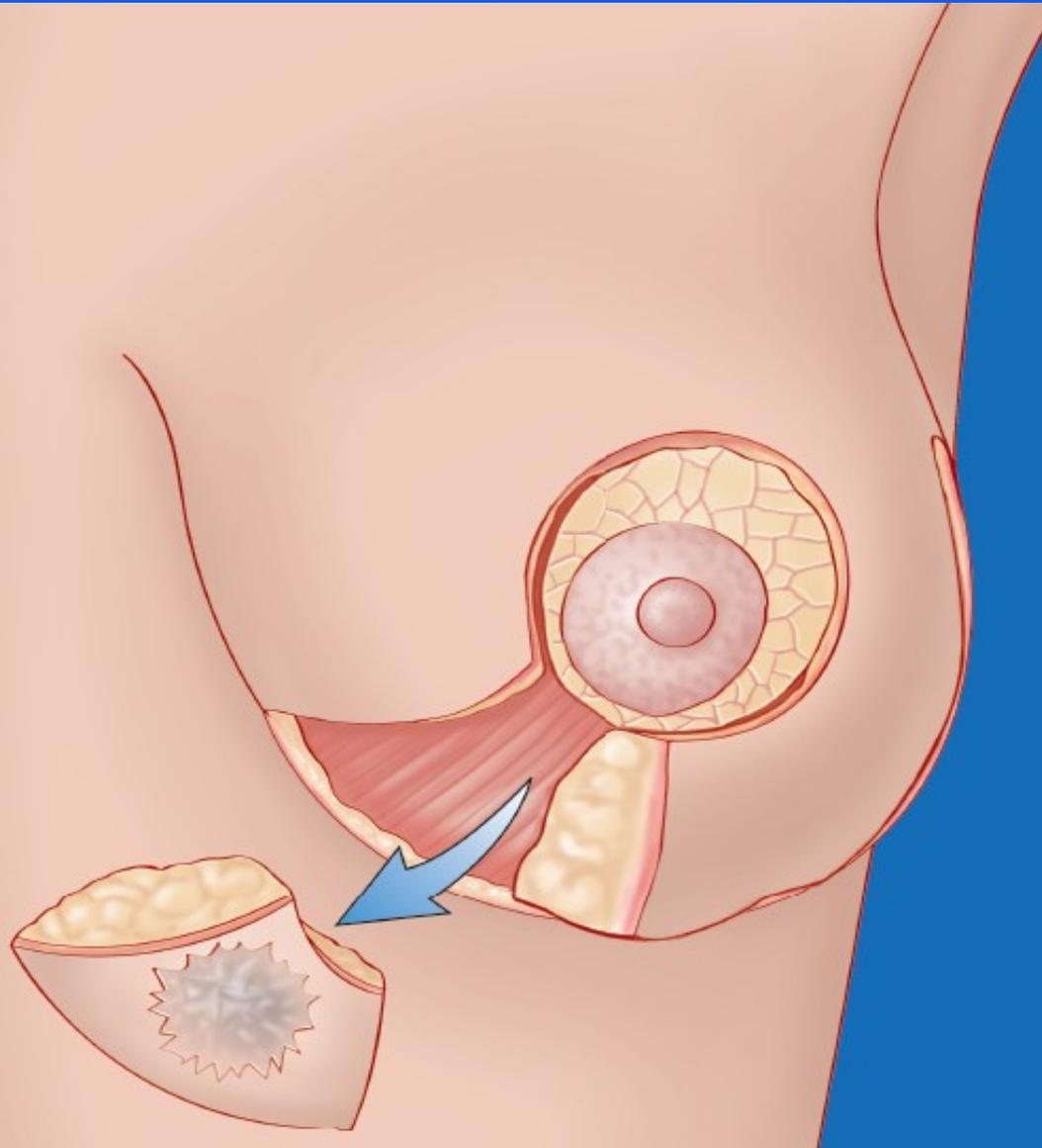
QUADRANT INFERO INTERNE



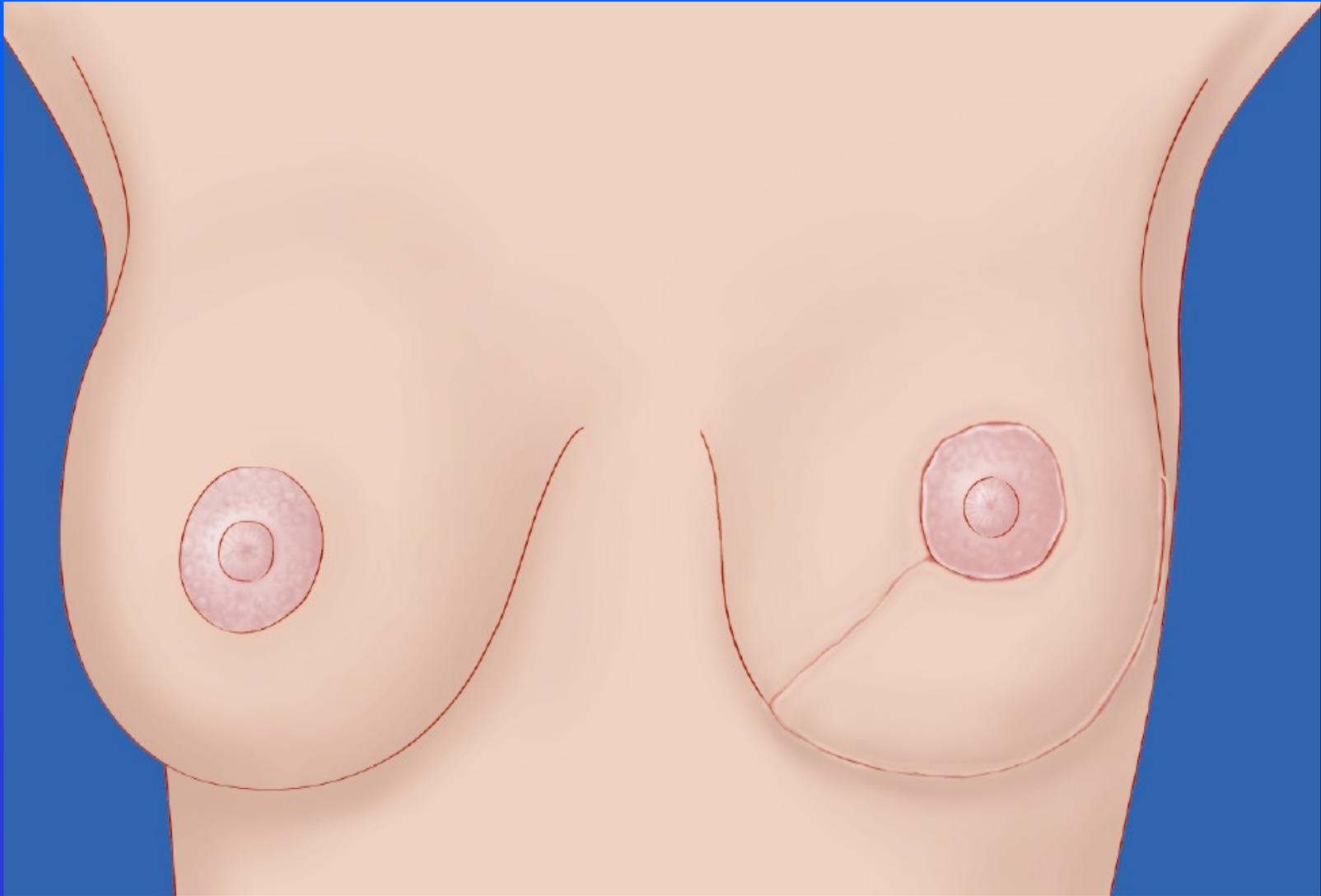
INFERO INTERNE



INFERO INTERNE



INFERO INTERNE

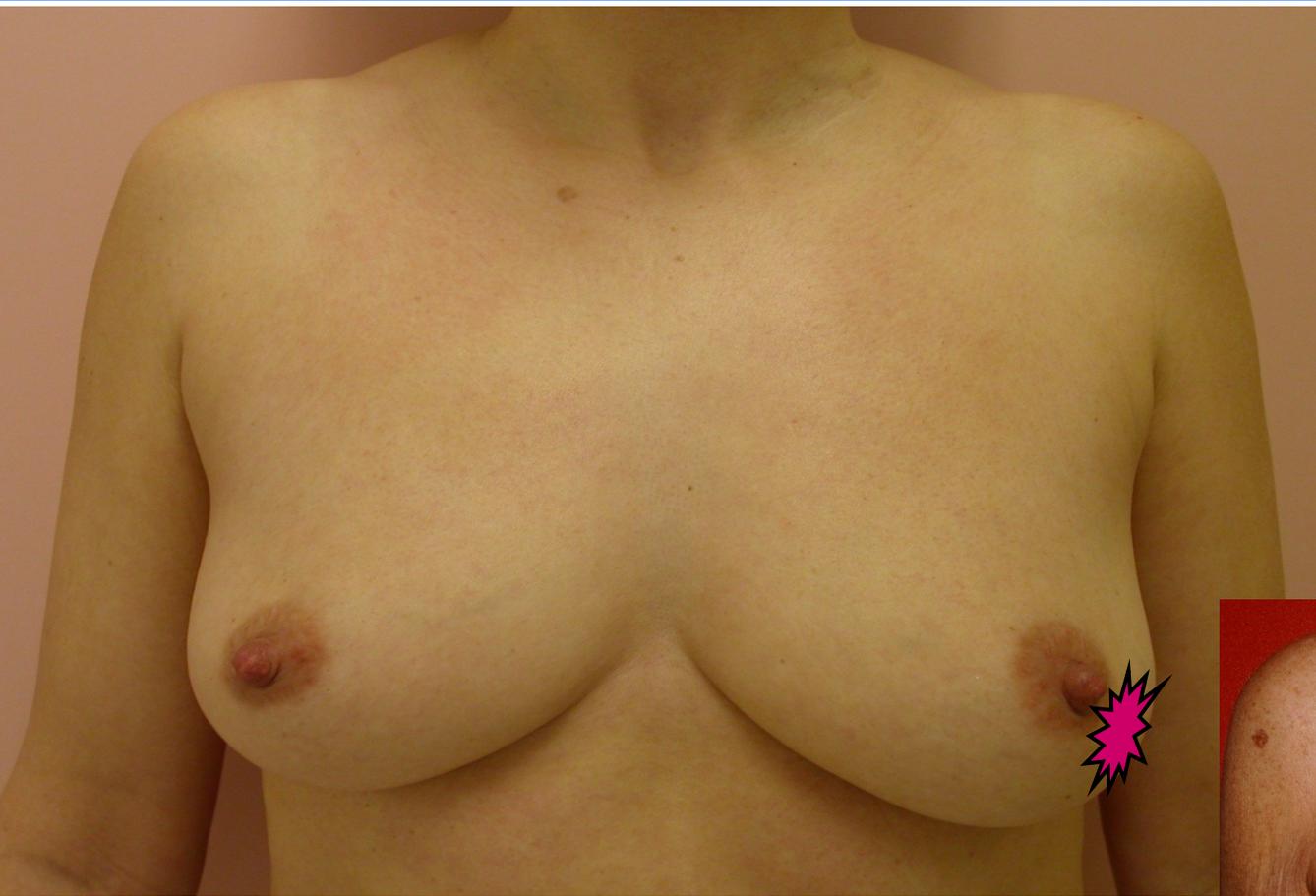


TECHNIQUE QII

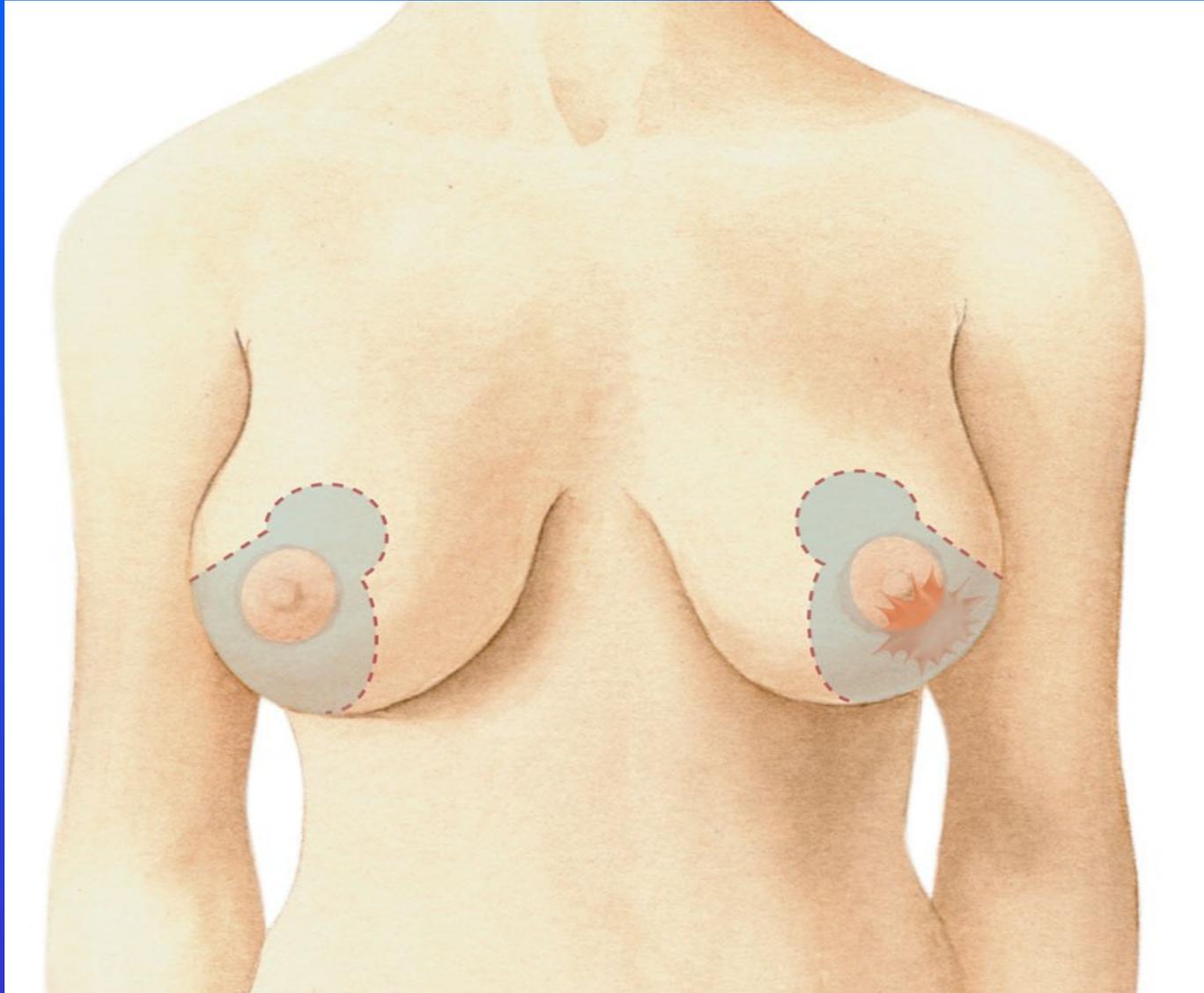


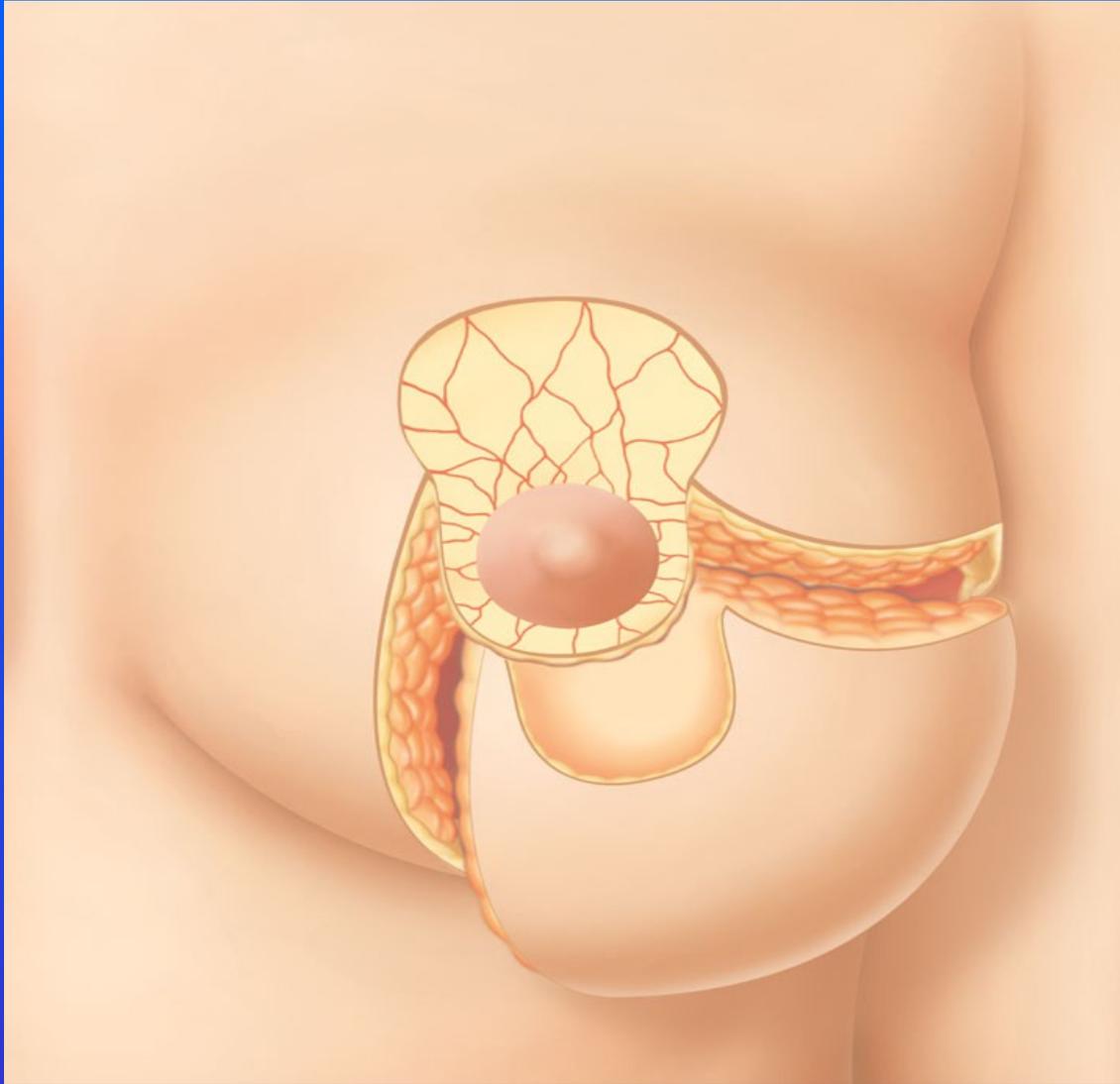


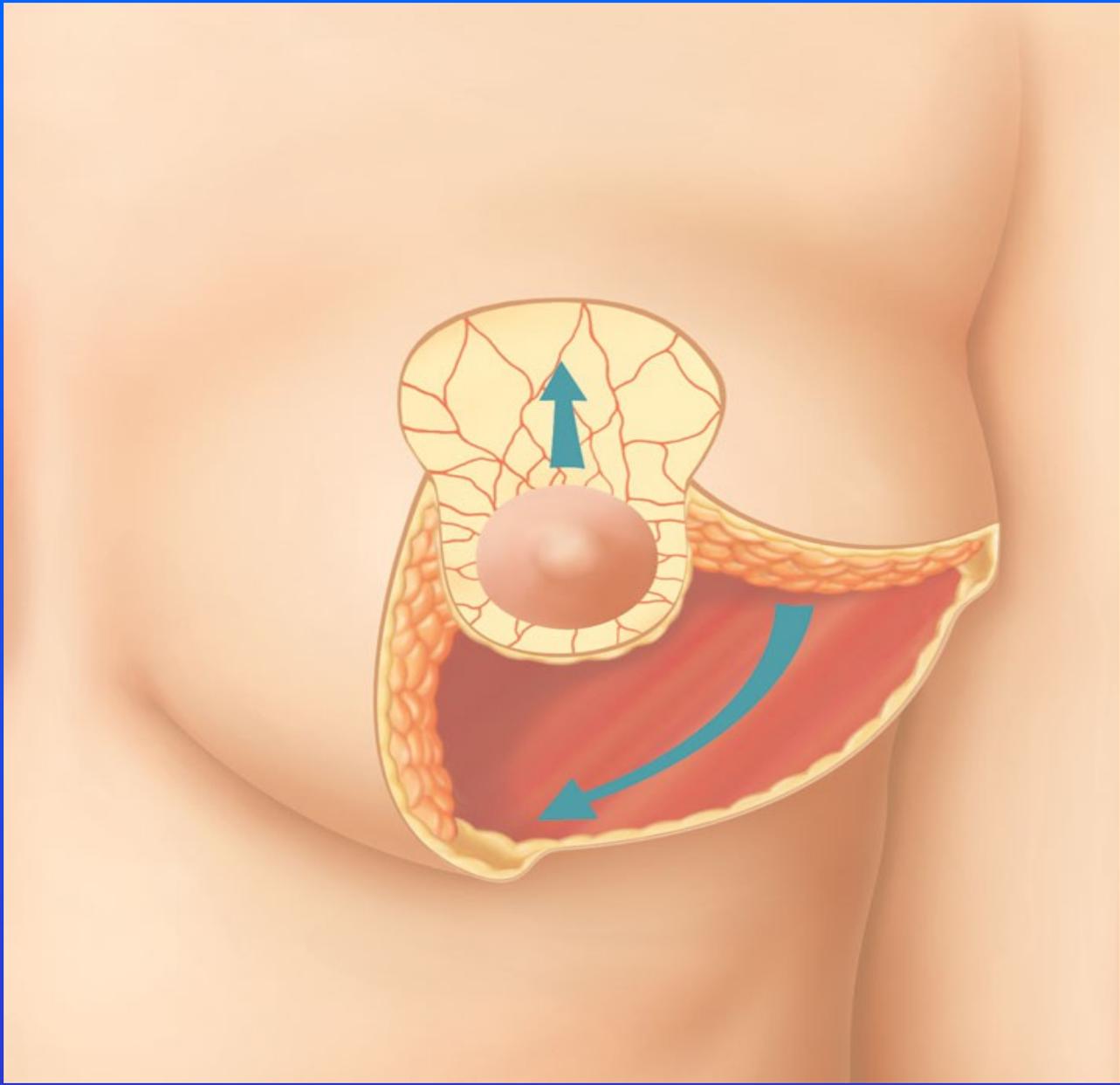
QUADRANT INFERO EXTERNE

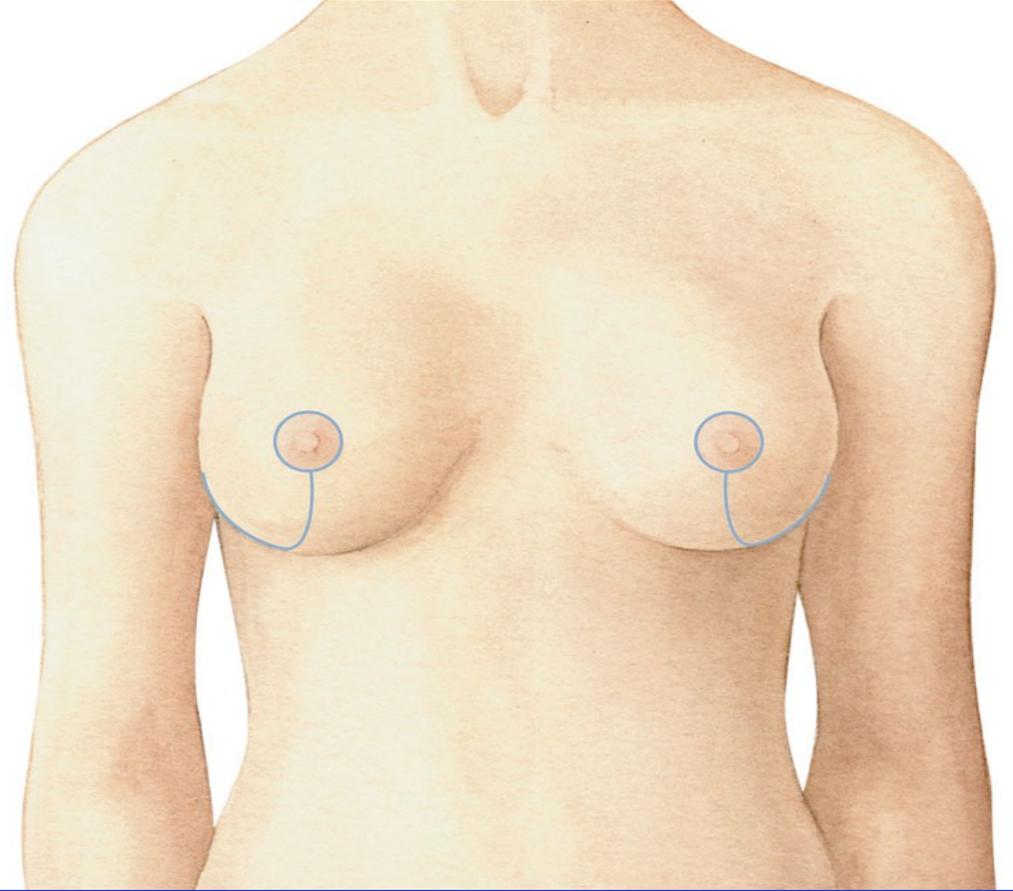
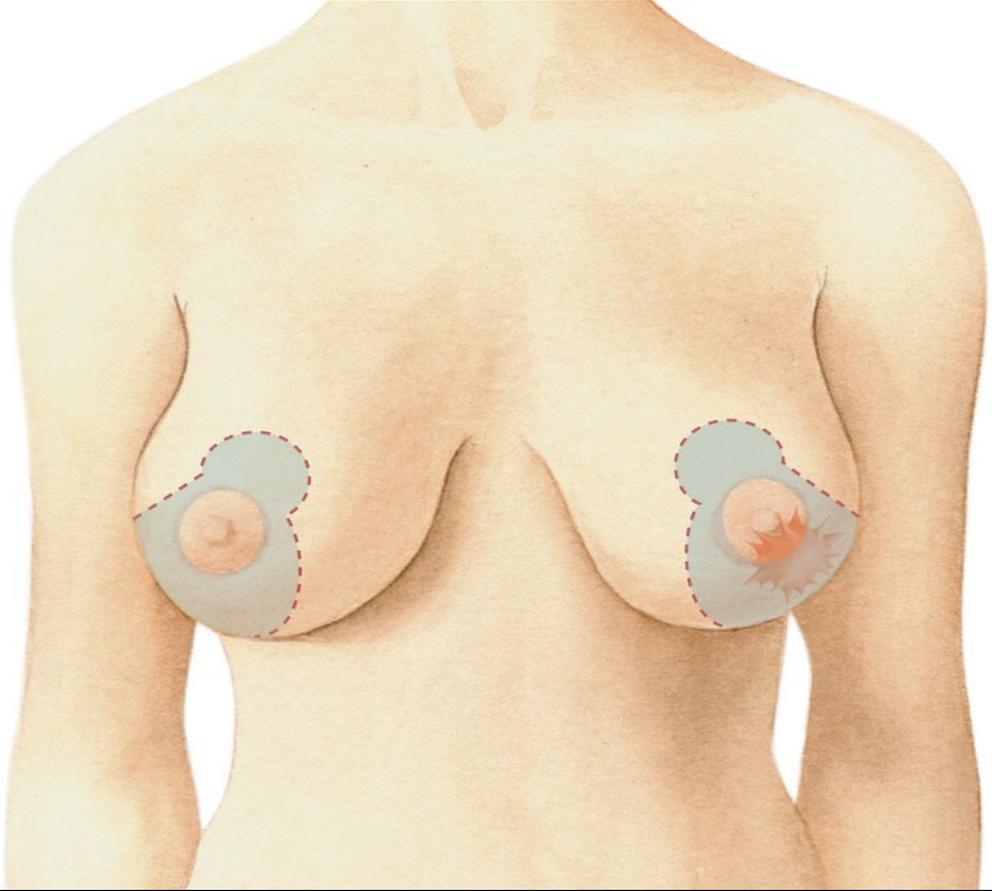


TECHNIQUE EN "J"

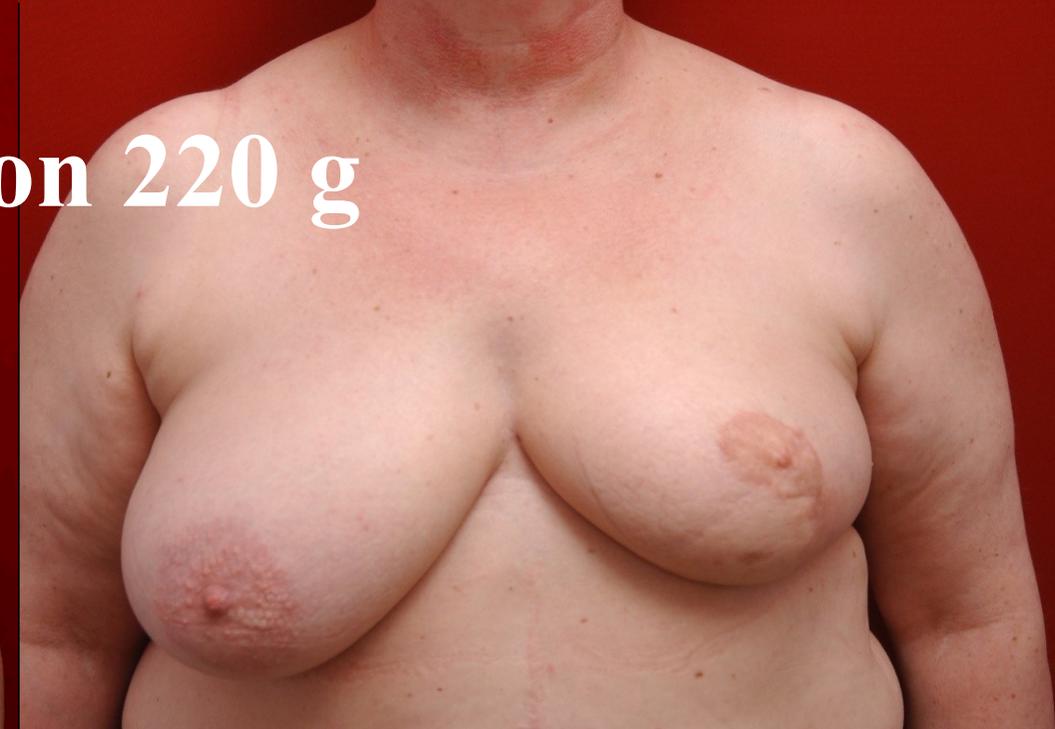








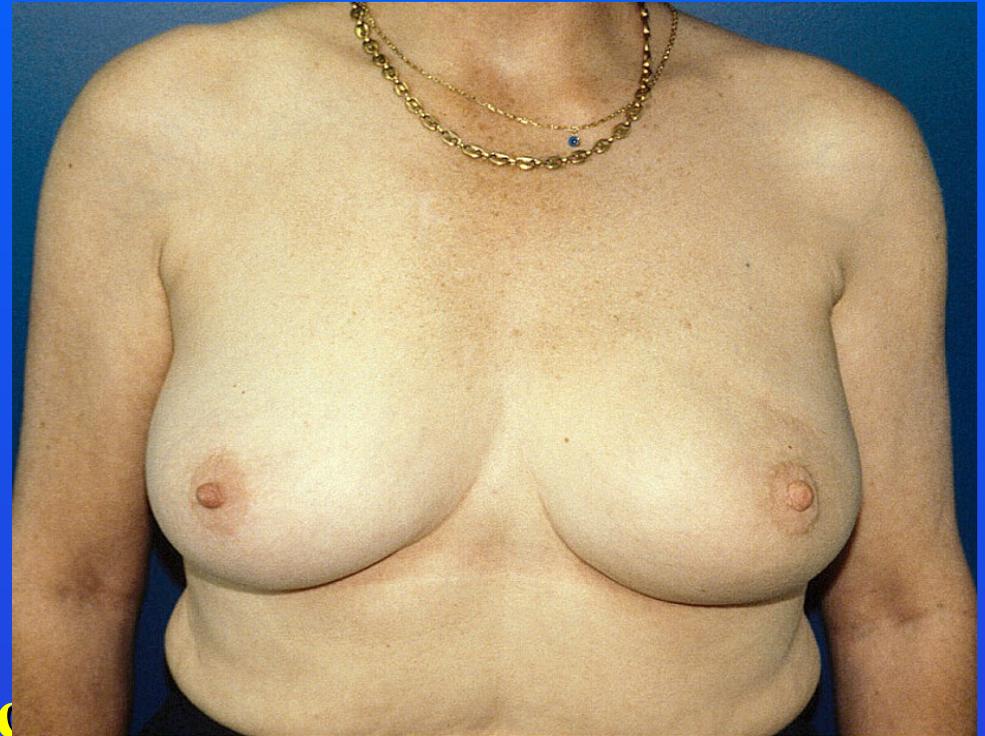
Resection 220 g



TRAITEMENT CONSERVATEUR

90-95 % des cas :

- Remodelage simple
- Contrôle local et à distance
- Bons résultats esthétiques



ONCOPLASTIQUE NIVEAU 2

QUADRANTS INFÉRIEURS

- **Localisation à risque de déformation**
- **Résection large possible**
- **Plusieurs techniques**
- **Exérèse cutanée en regard**
- **Chirurgie contralatérale**

QUADRANTS SUPERIEURS

