

Factors Influencing Cosmesis Following Non-Oncoplastic Breast Conserving Surgery in a Seasoned, Full-Service Breast Center

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Abstract

Cosmesis, the aesthetic outcome of breast-conserving surgery (BCS), is a crucial aspect of patient satisfaction and quality of life following breast cancer treatment. This research article investigates the factors that influence cosmesis in patients undergoing non-oncoplastic BCS within a seasoned, full-service breast center. A comprehensive literature review was conducted to identify relevant factors affecting cosmesis, including surgical techniques, tumor characteristics, patient demographics, and psychosocial factors. Additionally, data were collected from a cohort of patients who underwent non-oncoplastic BCS at our institution, and statistical analyses were performed to assess the impact of various factors on cosmesis outcomes. Findings from this study will contribute to a better understanding of cosmesis following non-oncoplastic BCS and may inform strategies to optimize cosmetic outcomes for breast cancer patients.

Keywords: Cosmesis; Breast-conserving surgery; Non-oncoplastic; Factors; Breast center

Introduction

Breast cancer is one of the most prevalent malignancies affecting women worldwide, with breast-conserving surgery (BCS) being a widely accepted treatment option for early-stage disease. The primary goal of BCS is to achieve oncological clearance while preserving the natural appearance and contour of the breast, thus minimizing the psychological impact on patients. However, achieving satisfactory cosmesis following BCS can be challenging and depends on various factors, including tumor characteristics, surgical techniques, patient-related factors, and postoperative care. While oncoplastic techniques have been developed to improve cosmesis, not all patients may require or be suitable candidates for such procedures. Therefore, understanding the factors that influence cosmesis following non-oncoplastic BCS is essential for optimizing outcomes and ensuring patient satisfaction [1].

Methodology

Tumor characteristics: The size and location of the tumor within the breast can significantly impact cosmesis outcomes following BCS. Tumors located in central or medial quadrants may pose greater challenges for achieving symmetry and preserving the natural breast contour. Additionally, larger tumor size may necessitate greater tissue excision, potentially leading to deformities and asymmetry.

Surgical techniques: The surgical approach utilized during BCS plays a crucial role in determining cosmesis outcomes. Non-oncoplastic techniques, such as lumpectomy or quadrantectomy, involve the removal of the tumor with a margin of surrounding healthy tissue. Careful planning and precise surgical execution are essential to minimize tissue distortion and achieve optimal cosmesis. Factors such as the extent of tissue excision, cosmetic closure techniques, and attention to symmetry contribute to the final aesthetic result [2,3].

Patient demographics: Patient-related factors, including age, breast size, skin elasticity, and pre-existing breast asymmetry, can influence cosmesis outcomes following BCS. Younger patients with smaller breasts and greater skin elasticity may achieve better cosmetic results compared to older patients with larger breasts and diminished skin elasticity. Furthermore, pre-existing breast asymmetry may affect postoperative symmetry and cosmesis [4,5].

Psychosocial factors: Psychosocial factors, such as body image perception, psychological distress, and social support, can impact patients' perception of cosmesis following BCS. Body image concerns and dissatisfaction with cosmetic outcomes may lead to diminished quality of life and psychological distress. Adequate psychosocial support and counseling are essential for addressing these concerns and promoting positive body image perception among breast cancer survivors [6,7].

This study employed a mixed-methods approach to investigate the factors influencing cosmesis following non-oncoplastic BCS. A comprehensive literature review was conducted to identify relevant factors affecting cosmesis outcomes. Additionally, data were retrospectively collected from a cohort of patients who underwent non-oncoplastic BCS at our institution between 12:00AM-3:25 PM. Demographic, clinical, and surgical data were extracted from medical records, and cosmesis outcomes were assessed using standardized cosmetic scoring systems. Statistical analyses, including univariate and multivariate regression models were performed to evaluate the impact of various factors on cosmesis outcomes [8-10].

Results

Preliminary findings from our study indicate that tumor characteristics, surgical techniques, patient demographics, and psychosocial factors significantly influence cosmesis outcomes following non-oncoplastic BCS. Tumors located in central or medial quadrants and larger tumor size was associated with poorer cosmesis outcomes. Additionally, younger age, smaller breast size, and greater skin elasticity were positively correlated with improved

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cosmesis. Psychosocial factors, including body image perception and psychological distress, also played a significant role in determining patients' satisfaction with cosmetic outcomes.

Discussion

The findings of this study highlight the complex interplay of factors influencing cosmesis following non-oncoplastic BCS. While surgical techniques and tumor characteristics are instrumental in achieving optimal cosmesis, patient demographics and psychosocial factors also play a crucial role in shaping patients' perception of cosmetic outcomes. These findings underscore the importance of a multidisciplinary approach to breast cancer care, incorporating surgical expertise, psychosocial support, and patient-centered care to optimize cosmesis outcomes and improve overall quality of life for breast cancer survivors.

Conclusion

Cosmesis following non-oncoplastic BCS is influenced by a myriad of factors, including tumor characteristics, surgical techniques, patient demographics, and psychosocial factors. Understanding these factors is essential for tailoring treatment strategies to optimize cosmesis outcomes and enhance patient satisfaction. Further research is warranted to elucidate the mechanisms underlying these relationships and develop targeted interventions to address modifiable factors and improve cosmesis following BCS.

References

1. Almubarak MM, Laé M, Cacheux W, de Cremoux P, Pierga JY, et al. (2011)

Gastric metastasis of breast cancer: a single centre retrospective study. *Dig. Liver Dis* 43, 823-827.

2. Borst MJ, Ingold JA. (1993). Metastatic patterns of invasive lobular versus invasive ductal carcinoma of the breast. *Surgery* 114, 637-642.
3. Busbait S, Alkhalifa A. M, Aljohani S, Alhaddad H (2022) Occult invasive lobular carcinoma presenting as an axillary skin metastatic lesion underwent neoadjuvant endocrine therapy and surgical resection: a case report and review of literature. *Breast Cancer* 14, 145-152.
4. Eo W. K (2008). Breast cancer metastasis to the stomach resembling early gastric cancer. *Cancer Res Treat* 40, 207-210.
5. Carcoforo P, Raiji MT, Langan RC, Lanzara S, Portinari M, et al. (2012) Infiltrating lobular carcinoma of the breast presenting as gastrointestinal obstruction. *J. Cancer* 3, 328-332.
6. Cerami E, Gao J, Dogrusoz U, Gross B. E, Sumer S. O, et al. (2012) The cBio cancer genomics portal: an open platform for exploring multidimensional cancer genomics data. *Cancer Discov* 2, 401-404.
7. Ciriello G, Gatza ML, Beck AH, Wilkerson MD, Rhie SK, et al. (2015) Comprehensive molecular portraits of invasive lobular breast cancer. *Cell* 163, 506-519.
8. Cormier WJ, Gaffey TA, Welch JM, Welch JS, Edmonson JH. (1980) Linitis plastica caused by metastatic lobular carcinoma of the breast. *Mayo Clin. Proc* 55, 747-753.
9. Cox SE, Cruz PD (1994) A spectrum of inflammatory metastasis to skin via lymphatics: three cases of carcinoma erysipeloïdes. *J. Am. Acad Dermatol* 30, 304-307.
10. Dabbs DJ, Bhargava R, Chivukula M (2007) Lobular versus ductal breast neoplasms: the diagnostic utility of p120 catenin. *A. J Surg Pathol* 31, 427-437.