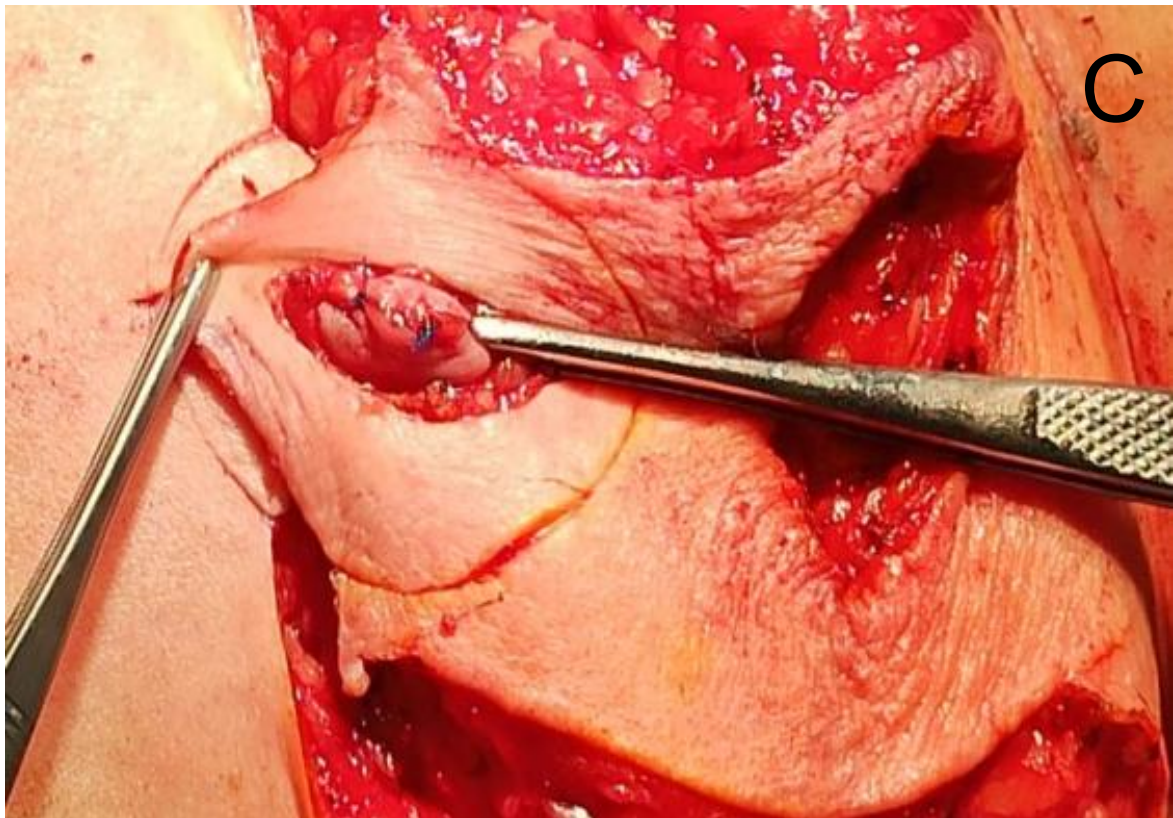
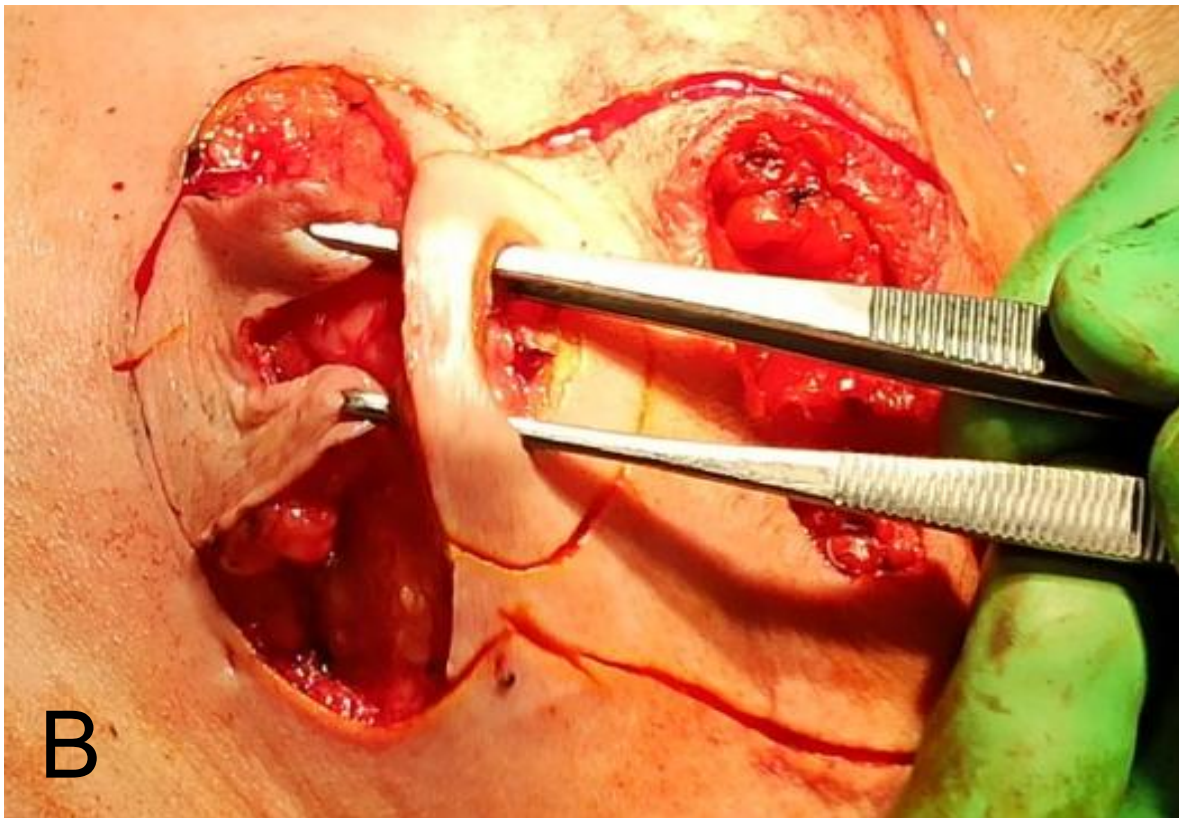
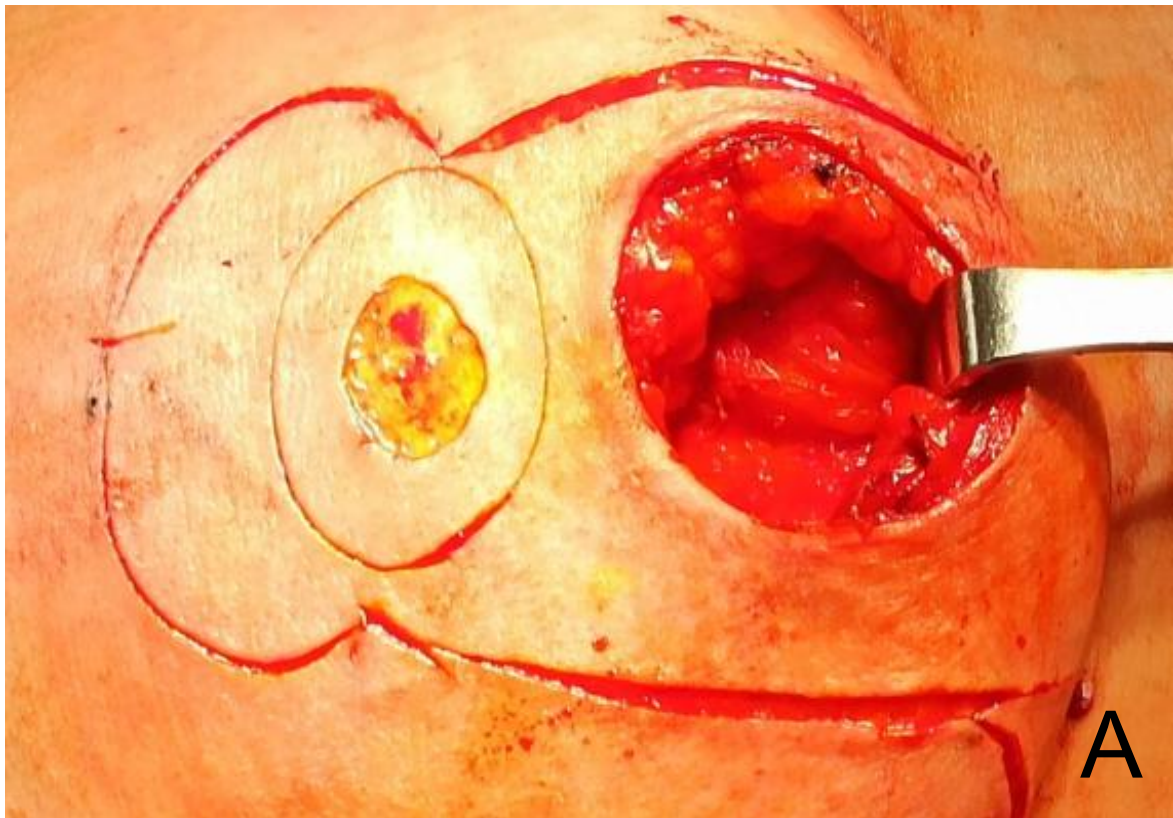


A NEW TECHNIQUE FOR NIPPLE-AREOLA COMPLEX RECONSTRUCTION DURING ONCOPLASTIC RESECTION OF PTOTIC BREASTS

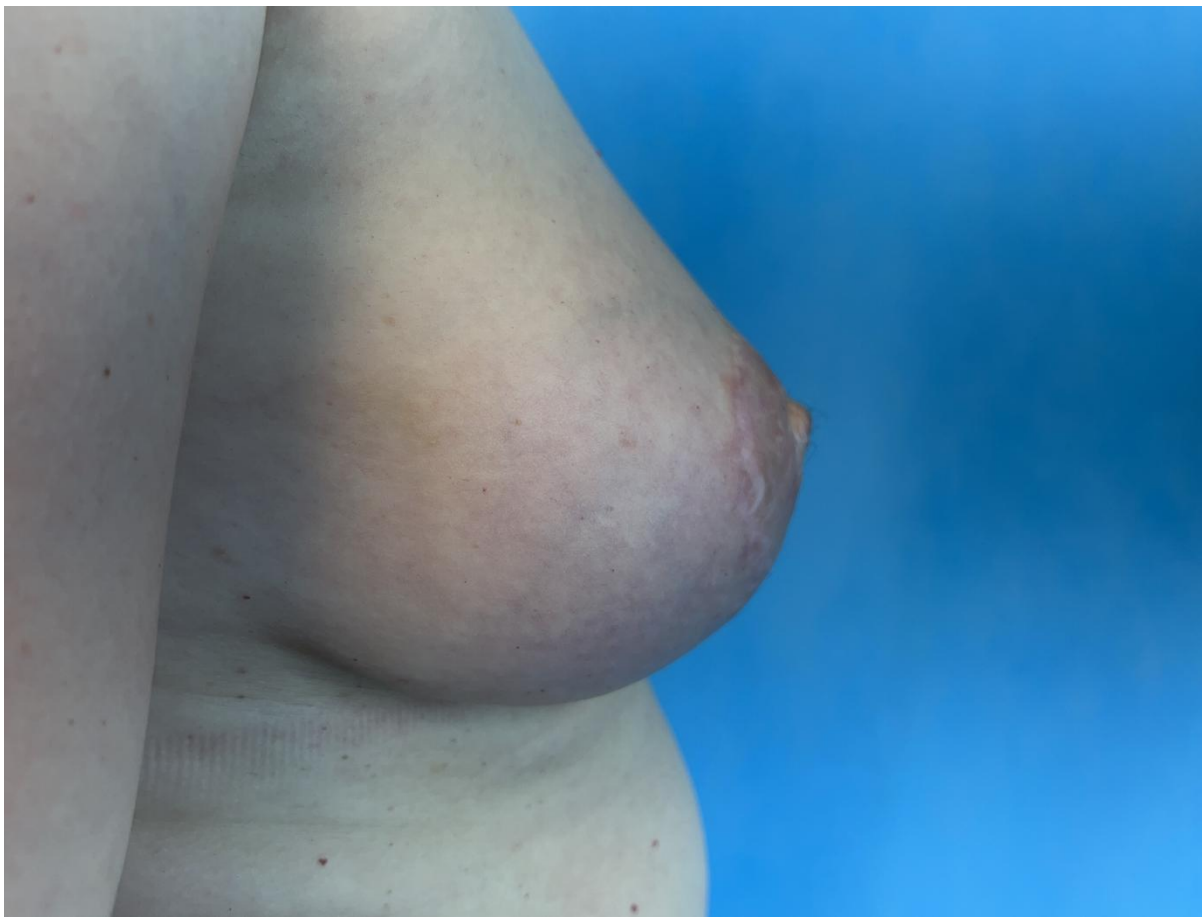
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Introduction – In 20% of cases, breast cancer is localized in the central part of the breast. Paget's cancer and the central localization of the tumor are not contraindication to breast-conserving surgery. The proposed methods for reconstruction of the nipple-areolar complex do not meet the requirements of proper aesthetics and stability of the result in the long term.

Materials & Methods – The technique was developed for simultaneous reconstruction of the nipple and areola from the skin to be deepithelized during oncoplastic resection simulating mastopexy. The difference from existing techniques is that the nipple and areola are formed from different skin flaps: along the upper edge of the future areola, a crescent-shaped skin flap is formed on the upper feeding pedicle, the feeding pedicle of the crescent-shaped skin flap is de-epithelialized, the flap is passed under the skin of the areola to its center, the distal parts of the crescent-shaped flap are brought out into the hole in the center of the areola, a nipple is formed from them and the formed nipple is fixed in the center areolas with sutures.



Results – 12 patients were operated: 5 with Paget's cancer and 7 with invasive breast cancer. The operation time increased by 15±5 min. The postoperative period and management of patients have not changed. The aesthetics of the new reconstruction option was evaluated by the department's doctors, colleagues and patients. Higher satisfaction with the results of the operation was noted by all participants.



Conclusion - A new method allows to restore NAC with a high aesthetic results in the long term.