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MAXIMISING THE COSMETIC OUTCOME OF THE GOLDILOCKS MASTECTOMY

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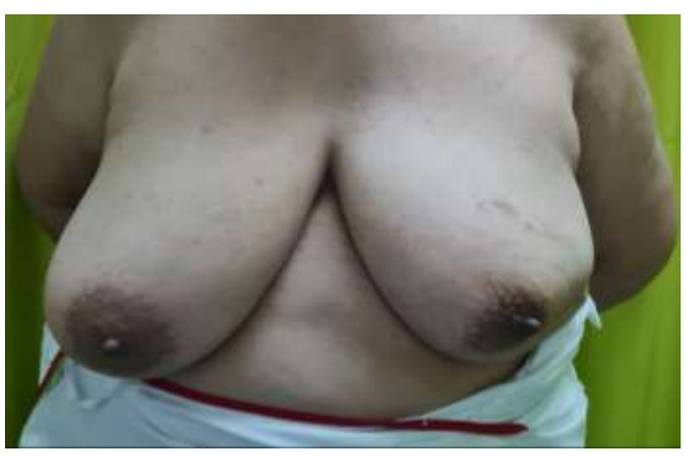
Introduction

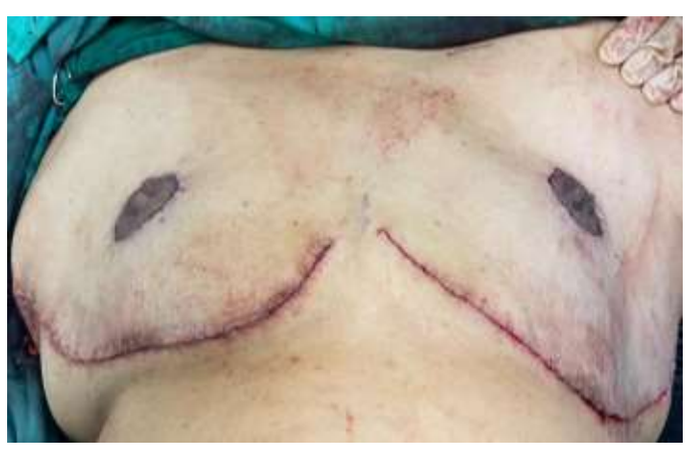
The goldilocks mastectomy was first introduced in 2012 by Richardson and Ma as a middle option between simple mastectomy and conventional breast reconstruction post-mastectomy [1]. The name comes from the story of "Goldilocks and the Three Bears," in which a young girl named Goldilocks tasted the three different bowls of porridge belonging to the bear family. She found that the first was too hot, the second was too cold and the third was warm; just what she wanted. The term "Goldilocks" refers to a choice that is just right or satisfying. The original idea was to reconstruct a breast mound after mastectomy by utilizing de-epithelialized inferior pole breast tissue as a local autologous dermal-cutaneous flap and excising the nipple-areolar complex using a wise pattern.

Case report

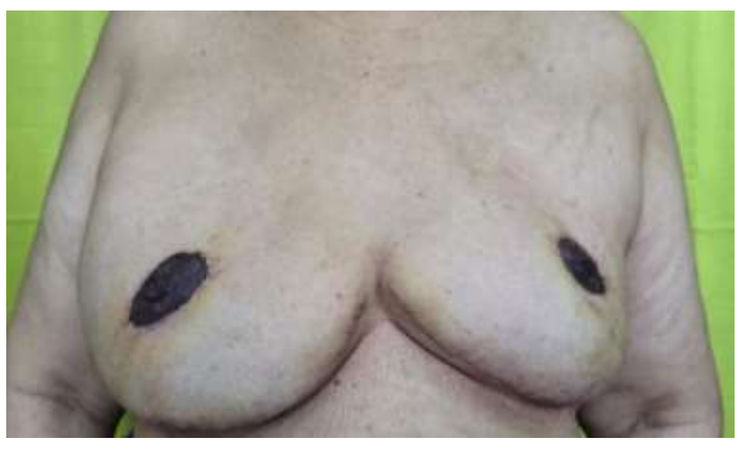
A 67 year old woman was diagnosed with intermediate grade ER and PR positive, left breast ductal carcinoma in situ (DCIS). She underwent a left sentinel lymph node biopsy which was negative for metastases (0/2). However, breast conserving surgery (BCS) performed twice, still had positive margins. She wanted a left therapeutic mastectomy and a right prophylactic mastectomy. Her Body Mass Index was 32kg/m2 with ptotic breasts size D. As modifications to the first described procedure [1]; she was offered bilateral nipple sparing goldilocks mastectomy with well hidden inframammary scars and without surgical drains inserted. This was because the seroma was used to provide added volume. She was given prophylactic antibiotics.



Pre-operative after left BCS twice



Intra-operative



Post-operative (one week)

Discussion

The Goldilocks mastectomy is an ideal procedure for women with breast cancer who have macromastia or significant breast ptosis. It is used to describe a situation where one avoids extremes and instead opts for a middle option or compromise. It is a choice for patients who do not want a flat chest as a result of loss of one or both breasts, yet do not want to (or cannot afford to) purchase expensive breast implants or undergo myocutaneous flap surgery with added donor site scars. Those with co-morbidities such as obesity, diabetes and smokers have added risks of complications such as implant infection or flap failure. The elderly have added cardiopulmonary risk with prolonged flap surgery under general anaesthesia.

Conclusion

The Goldilocks mastectomy is suitable worldwide as there is a trend of increase of the aging population and obesity rates. It should be advocated especially in underdeveloped and developing countries where financial resources are limited. It will lead to cost savings as breast implants, breast drains and surveillance mammography can be avoided.

Reference

1. Richardson H, Ma G. The Goldilocks mastectomy. Int J Surg. 2012;10(9):522-6.