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Nipple, areola & skin sparing mastectomy; is it oncologically safe procedure in Egyptian females

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Background: Many articles have been published on the safety of skin sparing mastectomy (SSM). Success with skin sparing mastectomy has led to the reconsideration of the necessity to remove the skin overlying the nipple-areola complex. Leaving this area will improve the cosmetic appearance of the reconstructed breast which is the optimal aim of skin sparing mastectomy. The aim of this study is to prove whether or not the Nipple Areola Skin Sparing Mastectomy is oncologically safe in Egyptian females.

Material & Methods: This study included 64 cases of operable breast cancer that underwent modified radical mastectomy in the period between January 2010 and December 2010. The excluding criteria were patients who have received chemotherapy and patients who had skin changes involving nipple areola complex. All specimens were subjected to histopathological examination of the subareolar tissue examination searching for malignancy in the subareolar tissue. Patients' demographics, tumor and histological characteristics were analyzed & correlated with pathological results.

Results: In 12 cases (18.8 %), the subareolar tissue was positive for malignancy. Positive predictive value was tumor size >4 cm, distance between tumor and nipple <6 cm ($\rho = 0.05$)

Conclusion: Nipple areola skin sparing mastectomy appears to be oncologically safe providing that the tumor is small and not close to the nipple and the areola.