

were palpable cancers except for 3 cases which required wire localisation for excision. Invasive ductal carcinoma was found in 30 cases and 2 were lobular cancers. All had clear margins for the invasive disease but in 2 cases DCIS was found at the margin and further excision was recommended. The specimen weight co-related well with the mammographic prediction in all except 2 cases where excessive tissue (more than 20%) was excised, both of which were in dense breasts. For summary purposes the average weights are shown in the table.

Tumour size (cm)	Number of cases	Average predicted weight (g)	Average of actual specimen weight (g)
<2	19	19	21
2-3	11	30	36
3-4	1	39	42
>4	1	125	104

**Conclusion:** Mammographic volumetric assessment allows better pre-operative planning and excision necessary for achieving clear margins. An algorithm can be developed for each tumour size with a predicted excision specimen weight. This can be developed into a quality assurance tool. Further work needs to be done in lobular cancers which are often underestimated on mammography.

## 291 Poster Simultaneous excision of non-palpable double lesions in the same breast using radioguided occult lesion localisation

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**Background:** Nonpalpable breast lesions are being successfully targeted by means of radioguided occult lesion localisation (ROLL). The present study describes an experience with our ROLL technique in the excision of more than one suspected occult lesions in the ipsilateral breast.

**Material and Methods:** Between December 2004 and July 2009, 325 patients underwent ROLL procedure. Included in this study were 6 women who underwent simultaneous excisions of ipsilateral nonpalpable double breast lesions.

**Results:** The mean age of the patients was 48.3 years (range, 42–61 years). All patients presented with two separate nonpalpable breast lesions detected either on ultrasonography (USG) or mammography or both. Multicentricity was observed in 5 patients (83%) and multifocality in 1 patient. Preoperative fine needle aspiration/tru-cut biopsy performed in 2 cases revealed atypical ductal hyperplasia. Image guidance was done either by USG as in 4 cases or stereotaxis in 2. All lesions were successfully localized and excised. Postoperative histopathology results revealed benign lesions in 5 cases and multifocal invasive ductal carcinoma in 1 case.

No. Age/Sex	Preoperative findings	Pathology (FNAB/Tru-cut)	Localisation technique	Final pathological diagnosis
1. 43/F	Mammography: Multicentric clusters of microcalcifications localized in the outer superior and inferior quadrants of left breast (BIRADS 4).	–	Stereotaxis	Outer superior lesion: lipogranuloma Outer inferior lesion: dystrophic calcification
2. 61/F	USG & Mammography: Multifocal 2 suspicious lesions each measuring 12 mm in diameter localized in the inner lower quadrant of the right breast (BIRADS 5).	–	USG	Multifocal IDC
3. 48/F	Mammography: Multicentric clusters of microcalcifications localized in the outer superior and inner inferior quadrants of left breast (BIRADS 4).	–	Stereotaxis	Outer superior lesion: fibrocystic disease Inner inferior lesion: fibrocystic disease
4. 42/F	USG: Multicentric 2 solid nodules measuring 12 mm and 7 mm in diameter localized in the outer superior and inferior quadrants of left breast (BIRADS 4).	Atypical ductal hyperplasia	USG	Outer superior lesion: sclerosing adenosis Outer inferior lesion: intraductal papillomatosis
5. 56/F	USG & Mammography: Multicentric 2 solid lesions each measuring 15 mm in diameter localized in the outer and the inner superior quadrants of right breast (BIRADS 3).	Atypical ductal hyperplasia	USG	Outer superior lesion: fibroadenoma Inner superior lesion: involuted lobular tissue
6. 40/F	USG & Mammography: Multicentric microcalcifications and 2 solid lesions measuring 20 mm and 10 mm in diameter localized in the outer and inner superior quadrants of right breast (BIRADS 4).	–	USG	Outer superior lesion: fibroadenoma Inner superior lesion: fibroadenoma

**Conclusions:** Based on our experience with a small number of patients, ROLL has proved to be a safe and an accurate procedure in the simultaneous excision of nonpalpable double lesions in the same breast.

## 292 Poster Indications and technique of one-stage implementation of radical mastectomy and laparoscopic ovariectomy in young patients with breast cancer

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In the Republican Oncological Scientific Center under the Ministry of Health of Republic of Uzbekistan a new approach to performing of the one-stage operation in young patients with breast cancer has been developed and introduced into practice. Out of 85 young patients who received surgical ovarian off as part of complex therapy of breast cancer in 53 patients were performed laparoscopic ovariectomy. Age of patients ranged from 27 to 45 years; mean age was 36.5±1.7 years.

In the preoperative period in addition to clinical visual examination all patients were examined in regard to levels of sex hormones (estrogen, progesterone) and Her-2/neu (Human Epidermal growth factor Receptor 2), the presence of positive results was a direct indication for the implementation of one-stage operations.

As a result of one-stage radical mastectomy and laparoscopic ovariectomy operating period lasted about 20–24 minutes that is 2 times shorter than in the laparotomic ovariectomy. Pain syndrome also was reduced due to minimally invasive method. This in turn led to:

- a decrease in taking of narcotic of analgesics;
- a rapid postoperative recovery period patients; and reduction of the length of patients stay in hospital (14.8±2.5 days, instead of 18.2±3.1 days).

Thus, the implementation of one-stage radical mastectomy and laparoscopic ovariectomy in young patients with breast cancer is effective both socially and environmentally, and leads to rapid rehabilitation of patients.

## 293 Poster The first in Bulgaria single institution experience with nipple-sparing mastectomy – preliminary results

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**Background:** Different kinds of skin and nipple-areola conserving mastectomies with immediate reconstruction are widely performed worldwide over the past decades but still are not popular in Bulgaria.

**The aim** of our study is validation of oncological safety and reconstructive efficacy of nipple-sparing mastectomy (NSM) with immediate reconstruction performed by us.

**Material and Methods:** Between Dec 2006 and Nov 2009 in Dept. of Breast Surgery, "St. Sofia" Hospital 15 patients with breast cancer (BC) or high-risk undergone NSM with immediate reconstruction with prosthesis or expander. Three of the women were operated bilaterally, i.e. total number of NSM performed is 18, including 14 for cancer treatment and 4 prophylactic. We selected women with medium to small size breasts, mean age 41.7 years, tumor size up to 3.5 cm and tumor-areola distance at least 2 cm. The interventions were made under general anesthesia and local tumescent technique. We used periareolar, lateral, inframammary skin incision or excision of the overlying skin in case the tumor was very close to it. Axillary dissection was performed through the same incision or second incision in the axilla, depending on the case. In all cases the implants were placed subpectoral and the pocket were made again by local tumescent technique. Permanent implants were used when volume up to 400cc is needed and permanent expander Backer type in case of bigger volume desire. The retroareolar tissue was always sent separately for histologic exam. Definitive histological examination reveal no tumor invasion of the tissue under the nipple in none of the patients. Adjuvant therapy was administered if appropriate following the standards.

**Results:** Follow-up period was 1–34 months (mean 8.8 months). None of the patients developed local recurrence, distant metastasis and all are alive. Partial edge necrosis of the nipple appeared in 5 (27.8%) cases. Only 1 patient (5.6%) reported significantly changed NAC sensitivity. Overall cosmesis was subjectively judged by patients and surgeon as good to excellent in all cases (4-point scale of cosmetic results).

**Conclusion:** Although small number of cases and very short follow-up time our initial results are quite encouraging. This study is still ongoing and