

Treatment of Occipital Migraine with Minimally Invasive Surgical Technique: Our 7 Years' Experience

Raposio Edoardo, Lago G., Bertozzi N., Fante C., Sanese G.

Plastic Surgery Unit, Department of Medicine and Surgery, University of Parma, Italy

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Abstract

Objective: To evaluate early complications following mastectomy or conservative breast surgery with immediate reconstruction and identify the associated risk factors.

Methods: From January 2014 to December 2016, 131 female patients underwent immediate breast reconstruction in our department. All patients had a minimum follow-up of one year. Outcomes assessed included age, surgical technique, adjuvant and neoadjuvant therapy, comorbidities, smoking, complications and mortality.

Results: A total of 131 female patients who underwent immediate reconstruction were identified. The overall average age was 51 years (range from 33 to 80 years). Postoperative early complications occurred in 45 of 131 patients (about 34%). The most frequent complication was seroma (49%), followed by wound infection (16%), hematoma (11%), wound dehiscence (9%) and in a lower percentage skin necrosis, implant exposure, steatonecrosis and lymphedema. Among these patients more than a half have comorbidities associated such as weight excess and obesity (BMI>25kg/m²) at about 36%, active smoking 18%, hypertension 18% and diabetes mellitus type 2 7%. In our study higher complication rates were related to mastectomy followed by tissue expander reconstruction. Other surgical techniques such as oncoplastic surgery with contralateral symmetrization had 40% of complications, latissimus dorsi flap associated with implant 2% and mastectomy with contralateral symmetrization 2%. About 98% underwent adjuvant therapy, mainly hormone therapy and 22% have received neoadjuvant therapy. Only 1 case registered of metastatic disease and no cases of mortality.

Conclusions: Immediate breast reconstruction is becoming increasingly popular. Our study is consistent with previous studies that indicate breast reconstruction outcomes can be negatively affected by certain patient factors. Smoking, a high BMI, hypertension and diabetes mellitus are all associated with an increase in complications and inferior outcomes. Patient and surgical risk factors should be considered when deciding upon a reconstructive surgery to minimize complication rates and obtain better outcomes.

Biography

Edoardo Raposio, MD, PhD, graduated at the University of Genoa, is specialized in Plastic and Reconstructive Surgery and in Hand Surgery. He has obtained a PhD at the University of Tromsø, Norway, and is currently the Director of the Chair and Residency Program in Plastic Surgery at the University of Parma, Italy. During his academic career, he gained international experience as visiting professor in several Plastic Surgery Departments, both in Europe and USA. His clinical activities are mainly focused on the surgical treatment of migraine headache and primary hyperhidrosis with minimally invasive techniques.

Recent Publications

1. Sadok N, Krabbe-Timmerman IS, de Bock GH, Werker PMN, Jansen L (2019) The Effect of Smoking and Body Mass Index on The Complication Rate of Alloplastic Breast Reconstruction. *Scand J Surg* 1457.
2. Garland M, Hsu F, Clark C, Chibe A, Howard-McNatt M (2018) The impact of obesity on outcomes for patients undergoing mastectomy using the ASC-NSQIP data set. *Breast Cancer Research and Treatment* 168(3):723-726.