We describe two cases who undergone prophylactic mastectomy. Inhibitors, Trastuzumab and neo/adjuvant chemotherapy [3–6].

The annual incidence of contralateral breast cancers has therefore focused on optimal prophylactic and therapeutic interventions at the time of diagnosis [1]. Contralateral prophylactic/preventive mastectomy (CPM) patients with unilateral invasive breast cancer (BC) increased in the US by 150% since 1988, with no evidence of a geographic difference in practice or plateau effect [2]. The annual incidence of contralateral breast cancer (CBC) is 0.5% to 0.75%, but has now radically decreased with the recent use of newer therapies such as Tamoxifen, aromatase inhibitors, Trastuzumab and neo/adjuvant chemotherapy [3–6]. We describe two cases who undergone prophylactic mastectomy.

Case Reports

Case 1: A-46-years old female patient with BRCA1 and BRCA2 positivity had planned to undergone bilateral prophylactic mastectomy. Her sister had a history of breast cancer and genetic analysis revealed BRCA1 and BRCA2 positivity. Therefore, we decided to perform bilateral prophylactic mastectomy with prosthesis implantation. Pathologic examination had shown adenosis, fibrosis and ductal epithelial hyperplasia.

Case 2: A-36-years old female patient with palpable mass in left breast admitted to outpatient clinic. Ultrasonography revealed a solid mass with 8x4 mm dimensions compatible with fibroadenoma. Post-operative course was uneventful. The prophylactic (risk-reducing) mastectomy is a world-wide recognized method for specifically treating the increased breast cancer risk in patients showing a BRCA1 and/or BRCA2 mutation as well as other patient groups at increased breast cancer risk.

Keywords: BRCA1 and BRCA 2 positivity; Bilateral prophylactic mastectomy; Breast cancer

Introduction

Women harboring BRCA1/2 mutations are known to be at higher lifetime risk of developing breast cancer than non-carriers. We had two cases for this kind of clinical examples. Two female patients with BRCA1 and BRCA2 positivity had planned to undergo bilateral prophylactic mastectomy. Therefore, we decided to perform bilateral prophylactic mastectomy with prosthesis implantation. We performed bilateral nipple-areola preserving mastectomy. Pathologic examination had shown adenosis, fibrosis and ductal epithelial hyperplasia and revealed apocrine metaplasia, epithelial hyperplasia and ductal ectasia. Post-operative course was uneventful. The prophylactic (risk-reducing) mastectomy is a world-wide recognized method for specifically treating the increased breast cancer risk in patients showing a BRCA1 and/or BRCA2 mutation as well as other patient groups at increased breast cancer risk.

Case 1: A-46-years old female patient with BRCA1 and BRCA2 positivity had planned to undergone bilateral prophylactic mastectomy. Therefore, both patients undergone bilateral mastectomy.

Discussion

The prophylactic (risk-reducing) mastectomy is a world-wide recognized method for specifically treating the increased breast cancer risk in patients showing a BRCA1 and/or BRCA2 mutation as well as other patient groups at increased breast cancer risk [7]. This option should be offered to all patients having the pertinent risk profile. Breast reconstruction is an integral part of the risk-reducing mastectomy procedure and all possible methods of breast reconstruction, especially autologous tissue reconstruction should be offered to all patients having a medical indication and desiring this surgical treatment [7]. On 14 May 2013, actress Angelina Jolie disclosed that she had a BRCA1 mutation and underwent a prophylactic bilateral mastectomy. Jolie’s unique announcement positivity. Therefore, both patients undergone bilateral mastectomy. Jolie’s unique announcement positivity. Therefore, both patients undergone bilateral mass spurred significant information seeking about breast cancer genetic testing and treatment procedures [8]. Prophylactic mastectomy generally occurs in two different patient populations: (1) high-risk women without breast cancer who undergo bilateral prophylactic mastectomy to reduce their risk of developing breast cancer and (2) women with unilateral breast cancer who choose contralateral prophylactic mastectomy to prevent cancer in the contralateral breast. Our first case was a higher risk patient with BRCA 1 and 2 positivity. Second case was also a higher risk patient due to family history, fibroadenoma in breast and BRCA 1 and 2 positivity. Therefore, both patients undergone bilateral mastectomy.

References


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