

INTRAOOPERATIVE PREVENTION OF LYMPHORRHEA AFTER MASTECTOMY ACCORDING TO MADDEN MODIFICATION WITH BREAST CANCER

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Abstract. Breast cancer is one of the most important problems of clinical oncology. Every year, more than 1.5 million women in the world are diagnosed with breast cancer [1,13]. At the same time, this indicator is increasing by 1-2% per year in Russia, Uzbekistan and foreign countries. A large proportion of breast cancer patients are treated with a modified mastectomy, as suggested by Madden [9,11].

Radical mastectomy and radical breast resections are complicated by long-term lymphorrhea in the postoperative period, taking into account that the regional lymph nodes are accompanied by subclavian, subumbilical and subscapular lymph nodes [2,5]. The more lymph nodes the surgeon removes in the subclavian, subclavian, and subscapular lymph nodes, the larger and long-term lymphorrhea is observed. long term leads to lymph aspiration [4,7,12].

Keywords: As a result of this, necrosis of wound tissue, delay in wound healing, purulent complications, lymphedema, contracture development are long-term and complications of large amount of lymphorrhea [3,6].

Methods for reducing long-term lymphorrhea in breast cancer are conditionally divided into 3 groups:

- 1) before surgery,
- 2) Intraoperative,
- 3) postoperative.

Preventing lymph "leakage" from lymphatic vessels, adapting mobilized skin covers to the chest and increasing adhesion to the chest wall, improving wound healing processes, reducing the duration of the inflammatory phase of the wound, can be used as effective prevention methods [8,10].

The main purpose:

Evaluation of the effectiveness of subclavian myoplasty in the prevention of lymphorrhea after radical mastectomy according to the Madden modification.

Methods and materials

In 2018-2022, patients who underwent operative treatment for breast cancer at the Samarkand Branch of the Republic of Specialized Oncology and Radiology of Scientific and Practical Medicine Center were retrospectively reviewed based on the medical history and information in the outpatient card.

The age of the patients is from 40 to 60 years, and the diagnosis is histologically confirmed breast cancer (right and left) T2-4, N1-2, M0, (I, II, III stages). Patients were divided into 2 groups: 30 patients in the main group underwent Madden radical mastectomy and one-hour myoplasty, and 30 patients in the control group underwent radical mastectomy without myoplasty.

Patients are divided according to age: 13 (43%) of patients in the RME+myoplasty group are aged 40-50, 17 (57%) are aged 51-60, 16 (53%) of patients in the RME group without myoplasty are aged 40-50, 14 (47%) are patients aged 51-60 years.

Summary

In the research, comparing the duration of lymphorrhea after the operation of both methods, it was proved that the use of myoplasty method reduces the duration of lymphorrhea by 13 days.

When the results of the analysis of postoperative complications were calculated, compared to the patients in the main group, the 2nd degree of postoperative lymphedema was significantly higher in the control group, that is, it was 2 times higher. Therefore, compared to the main group, lymphedema was significantly higher in the control group.

As contracture is a common complication after Madden's MME, which develops 2-6 months after the operation. There was no difference in the development of contracture in the shoulder joint in both groups, that is, there was no grade 2 contracture.

Results

The introduction of new surgical methods also does not affect the frequency of development of upper extremity lymphedema contracture, the frequency of postoperative complications (postoperative wound, diastasis and marginal necrosis development suppuration).

It has been proven that the advantage of the intraoperative preventive method of lymphorrhea is that it dramatically reduces the duration and amount of lymphorrhea. However, these methods slightly increase the duration of the operation by 15-25 minutes.

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