

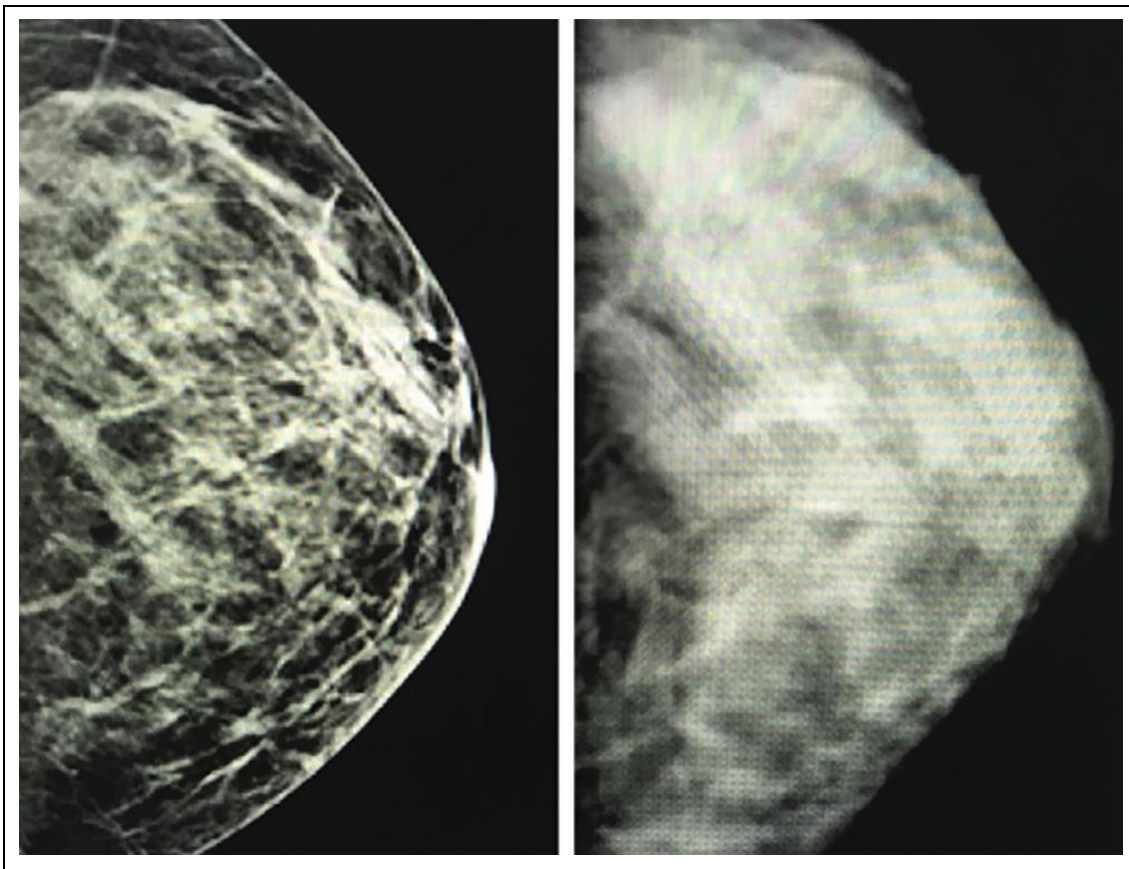
Prepectoral Breast Reconstruction

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Clinical Image

Breast cancer is among the most common cancers diagnosed in women, affecting one in eight women per year. Immediate implant-based breast reconstruction is the leading technique for postmastectomy reconstruction, trending toward direct-to-implant (DTI) as the preferred method when compared with the traditional tissue expander method. Although implants are generally placed beneath the pectoralis major muscle, recent developments have allowed for implant placement above the muscle in the prepectoral plane.

The evolution of breast surgery during the past 50 years has moved from maximum tolerable treatments with aggressive and mutilating interventions, such as radical mastectomy, to minimally invasive treatments, and from an anatomical concept of cancer spread to a biological concept. Advances in implantable biological and synthetic products over the last decade have enabled surgeons to replace traditional submuscular implant-based breast reconstruction techniques with a prepectoral or muscle-sparing technique. The availability of a range of biological and synthetic meshes helps the surgeon to secure the device and minimize the pressure on mastectomy flaps. Varying degrees of wrapping and anchoring techniques are used to secure the devices with these meshes. Prepectoral breast reconstruction is becoming increasingly popular among surgeons and patients due to the preservation of normal chest wall anatomy, along with the restoration of body image, and minimal morbidity and quicker recovery associated with this technique.