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1116 – Breast reconstruction patient profile patterns in oswaldo cruz university hospital: partial results of a retrospective study with 89 cases

Mirella Laranjeira Nunes¹, Amanda Carla Corrêa Viana¹, Maria Carolina da Trindade Henriques Assunção¹, Pryscila Correia de Queiroz e Silva¹, Vidianna Barbosa Sampaio¹, Carlos Eduardo Caiado Anunciação¹, João Esberard de Vasconcelos Beltrão Neto¹

¹Hospital Universitário Oswaldo Cruz – Recife (PE), Brazil.

Introduction: Several studies report the psychological benefits and oncologic safety of postmastectomy breast reconstruction (BR). Within holistic breast cancer care, patients choose among available reconstructive procedures. To understand BR patterns, it is vital to identify patient clinicopathologic profiles, the techniques performed, and postoperative complication rates.

Objective: To assess patient profiles and BR characteristics, generating data to understand patterns and predict risk factors for complications.

Methods: This retrospective analysis evaluated patients undergoing BR following mastectomy between 2017 and 2020 at Oswaldo Cruz University Hospital, in Recife, state of Pernambuco, Brazil. This initial phase included 89 patients attending consultations from October to December 2020. Data were compiled from medical records.

Results: A total of 89 BRs were analyzed: 60.7% underwent one-stage implant-based reconstructions and 39.3% two-stage expander/implant reconstructions. BR was immediate in 76.4% and delayed in 23.6% of cases. Most mastectomies were modified radical mastectomies (50.5%). The average age was 46 years (48.3% between 25–45; 43.8% between 45–60; 6.7% >60 years). Tumors were mainly T2 (34.8%) and T3 (30.3%). Most had stage II disease (48.3%) and hormone receptor-positive breast cancer (50%). Chemotherapy was predominantly neoadjuvant (51.7%). Radiotherapy was used before BR (19.1%), with empty (4.5%) or inflated expanders (7.9%), and after implant placements (31.4%). Complications occurred in 22.4% of cases: skin infection (27%), hematoma (27%), dehiscence (24.3%), implant loss (16.2%), implant exposure (2.7%), and capsular contracture (2.7%). In the complication group (average age of 45 years), tumors were T2 (25%), T3 (45%), or T4 (20%); 60% had immediate BR, and 60% had two-stage reconstruction. Furthermore, 85% of this group received radiotherapy: 40% before BR, 20% on inflated expanders, and 10% on implants.

Conclusion: Limited epidemiological data exist for BR patients. The high prevalence of larger tumors and radiotherapy in the complication group suggests an association with complication risks. Complete results are needed to accurately assess risk factors and establish a full epidemiological profile.

Ethics: Research Ethics Committee Approval (CAAE 34899720.3.0000.5192).

Keywords: breast reconstruction; mastectomy; breast cancer.