TBJ 08009

CASE REPORT

"Swiss-Roll" Operation for Giant Fibroadenomas

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Key Words: giant fibroadenomas, cosmetic surgery

Cosmesis is an important consideration when making breast incisions, especially in the young adult. Excision of giant fibroadenomas poses a significant surgical challenge and is generally performed through large submammary incisions (1), which may produce unacceptable scaring.

We present a simple new technique in which we removed giant fibroadenomas through a small circumareolar incision in five consecutive patients.

TECHNIQUE

A 4-cm semicircular circumareolar incision was made. Breast skin was mobilized over the lump, and an incision was made down to the lump. The mass was mobilized using the index finger until it was completely free from surrounding breast tissue. The mass was then grasped using a towel clip and pulled up to the skin, and an oblique incision was made into the fibroadenoma (Fig. 1). This incised portion was rotated out of the incision, and the lump was progressively incised and rotated (Fig. 2) until the entire mass was rotated out of the incision in a "Swiss roll"-type fashion (Fig. 3).

DISCUSSION

Giant fibroadenomas, which are greater that 5 cm (2), should be treated by local excision (3,4). This is a simple undertaking via a submammary incision. However, the scar produced is large and may not be hidden

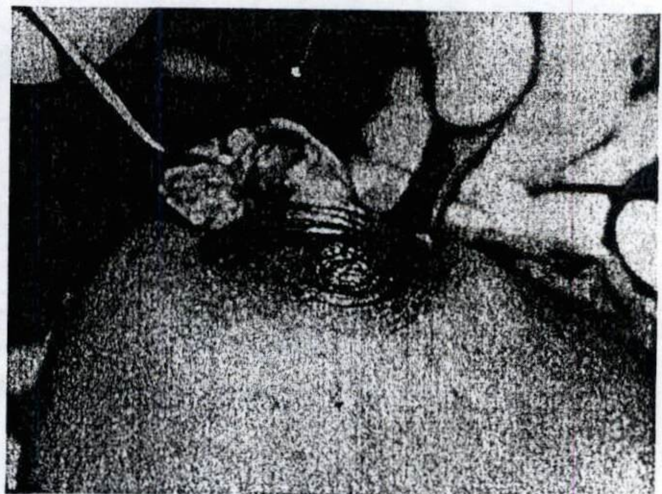

Figure 1. The fibroadenoma was gasped with a towel clip and brought to the wound. It was incised and rotated.

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The Breast Journal, Volume 8, Number 1, 2002 1–2

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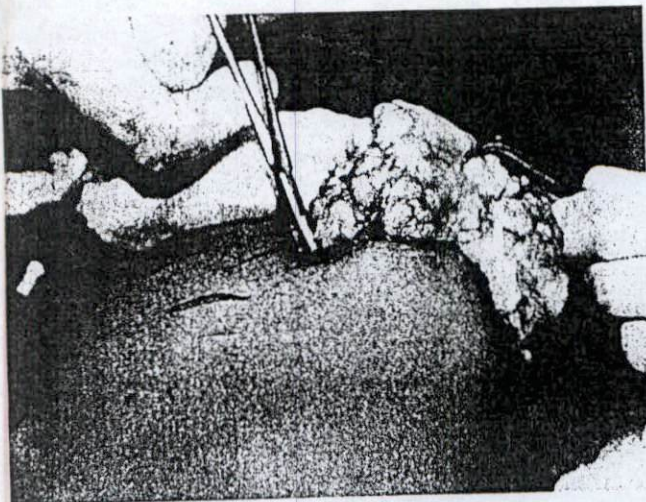

Figure 2. The lump was progressively incised and rotated out of the wound.

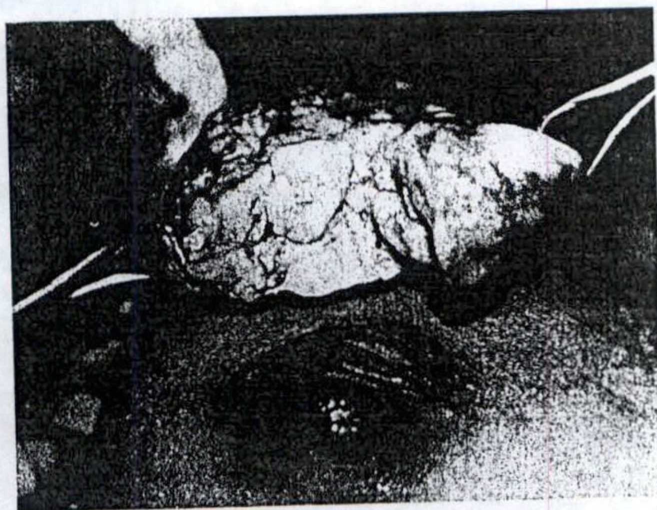

Figure 3. The mass was excised in toto and could be likened to a Swiss roll.

by the nonpendulous smaller breast. Healing of the submammary incision may be worse in Blacks, who are more prone to keloid and hypertrophic scarring; however, it is this group that is more prone to developing fibroadenomas. Furthermore, excision of upper quadrant tumors via the submammary incision is virtually impossible without hemorrhage and deformity of the breast.

One recognized alternative is to fragment the fibro-adenoma in situ and then remove the fragments. However, there is the obvious risk of leaving pieces back. The Swiss-roll operation, if carried out correctly, prevents this complication and allows access to tumors in all quadrants of the breast.

Although some authors believe that circumareolar incisions could lead to extensive duct damage, careful planning of the incision could minimize this risk (5). Indeed, in our experience, we have never seen this complication. Our Swiss-roll operation allows these large tumors to be removed through a cosmetically acceptable small incision.

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