EARLY AND LATE EFFECTS IN HYPO FRACTIONATION VERSUS CONVENTIONAL FRACTIONATION RADIOThERAPY IN EARLY BREAST CANCER

Objective: To evaluate acute morbidity, radiation dermatitis and pneumonitis, of Patients treated with whole breast hypo fractionated radiotherapy (RT) after breast-conserving Surgery (BCS), compared to conventional RT and to confirm the equivalence in terms of late effects between two the fractionation schedules of radiotherapy

Methods: Sixty patients with T1-3a breast cancer who underwent breast conserving surgery (BCS) were included in the study. Half of the patients received whole breast irradiation, consisting of 50 Gy/25f/5w+boost 10Gy/5f/1w to tumor bed (group A). The other half received 45Gy/15f/5weeks+boost 10Gy/5f/1w to tumor bed (group B). The two groups were comparable otherwise. Early skin reaction were graded according to the Common Terminology Criteria for Adverse Events version 3.0 by the investigators and late cosmetic results were evaluated with the SOMA-LENT scoring system

A comparison was done between the incidence of these reactions and different variables as: total radiation dose, number of surgically dissected nodes etc.

The majority of patients (64.1%) had grade 0 /II radiation reaction, and 35.9% had grade III/IV reaction. On univariate analysis, there was no statistically significant difference between the two radiation arms regarding the incidence of radiation reaction

In conventional group (13%) (Grade 0). Moreover, 15 (50%), 5(17%) and (20%) had Grade I, II and III radiation dermatitis, respectively. With the hypo fractionated RT). Furthermore, 8 (60%), 5(17%) and 4 (13%) had Grade I, II and III radiation dermatitis, respectively. Regarding radiation pneumonitis (6%) of conventional fractionation group had Grade I radiation pneumonitis .5(17%) had grade II. Pneumonitis graded III or more was not observed. No patient treated with the hypo fractionated schedule had symptomatic radiation pneumonitis. In SOMA-LENT scoring system Pain. In 3(9%) and (6%) of both groups respectively had grade2-3. No grade 4 pain was reported. (6%) of group A and (9%) of group B had grade 2 breast edema. No patient of either group had grade 3-4 breast edema. (17%) and (27%) had grade 1-2 and grade 2 fibrosis in group A and B, respectively.

Telangiectasia grade 2 and grade 1-2 were reported in (6%) of both groups A and B, respectively. (17%) in group A had grade 2 and grade3 arm edema, respectively. In-group B only 2 patients had grade 2 , One patient had atrophy in group 1 while no cases were seen in conventional group and no skin ulceration was seen in either groups

Conclusions: Preliminary results showed that Radiation dermatitis and pneumonitis in patients treated with the Hypo fractionated schedule is acceptable. Especially, radiation dermatitis by the hypo fractionated Schedule is milder than that by the conventional schedule and that supports the use of a shorter fractionation schedule of 45Gy/15f/5w plus boost in patients with breast conserving surgery. The study is still going on to study the late effects on a larger number of patients for final evaluation of this regimen.

Key Words: Hypo fractionation - Breast cancer â€“ Early Skin reaction â€“ late Cosmetic result
Body Image Disturbance and Surgical Decision Making in Egyptian Post Menopausal Breast Cancer Patients.

Abstract

BACKGROUND: In most developing countries, as in Egypt; postmenopausal breast cancer cases are offered a radical form of surgery relying on their unawareness of the subsequent body image disturbance. This study aimed at evaluating the effect of breast cancer surgical choice; Breast Conservative Therapy (BCT) versus Modified Radical Mastectomy (MRM); on body image perception among Egyptian postmenopausal cases.

METHODS: One hundred postmenopausal women with breast cancer were divided into 2 groups, one group underwent BCT and the other underwent MRM. Pre- and post-operative assessments of body image distress were done using four scales; Breast Impact of Treatment Scale (BITS), Impact of Event Scale (IES), Situational Discomfort Scale (SDS), and Body Satisfaction Scale (BSS).

RESULTS: Preoperative assessment showed no statistical significant difference regarding cognitive, affective, behavioral and evaluative components of body image between both studied groups. While in postoperative assessment, women in MRM group showed higher levels of body image distress among cognitive, affective and behavioral aspects.

CONCLUSION: Body image is an important factor for postmenopausal women with breast cancer in developing countries where that concept is widely ignored. We should not deprive those cases from their right of less mutilating option of treatment as BCT.

Pentoxifylline and Local Honey for Radiation-Induced Burn Following Breast Conservative Surgery.

Abstract

INTRODUCTION: Breast-conserving therapy is currently the standard of management of breast cancer cases. Radiotherapy is an integral part of it; however, it has several complications. Radiation induced burn is a common complication of radiotherapy that requires more effective lines of management rather than the classically used ones. We investigated whether the addition of pentoxifylline (PTX) alone or in combination with topical honey is effective in its management compared to the standard measures.

METHODS AND MATERIALS: In this prospective study, patients were randomly allocated into three groups each of 50 cases. Group A received standard burn treatment (control group). Group B received additionally 400 mg PTX twice daily. Group C received the same treatment as Group B with adding topical purified honey ointment. Patients were assessed initially and subsequently after 4 and 12 weeks, for projected coetaneous surface area (PCSAs) of burn, pain severity, limitation of movement and exudation.

RESULTS: There was a striking regression of the mean PCSAs of lesions among groups
CONCLUSION: Combination of PTX and honey is an ideal measure for treatment of radiation-induced burn following breast conservative surgery.

**Gestational Gigantomastia**: A Review Article and Presentation of a New Surgical Management Option.

**Abstract**

**BACKGROUND:** Gestational gigantomastia is a nightmare to pregnant women. The currently available surgical intervention is either reduction mammoplasty or simple mastectomy. Reduction mammoplasty carries high risk of recurrence. Simple mastectomy is a mutilating option for a benign condition.

**METHODS:** A thorough literature research was performed for all reported gestational gigantomastia cases. In addition, this study presents a case that was diagnosed and treated at the authors’ center.

**RESULTS:** The patients’ age mean age was 26.8 years. Surgical intervention is the only currently available curative option. The authors were able to introduce an alternative surgical technique: bilateral subcutaneous mastectomy (BSCM) with latissimus dorsi muscle flaps (LDF) and free nipple areola complex grafting (FNAG).

**CONCLUSION:** Despite being a benign condition, gestational gigantomastia could turn to be a catastrophe. BSCM with LDF and FNAG represents an excellent alternative breast saving surgical option. It offers the advantage of restoring normal breast shape with no fear of future recurrences.

**Partial splenic embolization versus splenectomy for the management of hypersplenism in cirrhotic patients.**

**Abstract**

**BACKGROUND:** Hypersplenism occurs in patients with chronic liver disease, and splenectomy is the definitive treatment. However, the operation may be hazardous in patients with poor liver function. In recent years, partial splenic embolization (PSE) has been widely used in patients with hypersplenism and cirrhosis. This study was conducted to assess the safety and efficacy of PSE compared to splenectomy in the management of hypersplenism in cirrhotic patients.

**METHODS:** This study comprised 40 patients with hypersplenism secondary to cirrhosis. They were divided into two groups, each including 20 patients. The first group of patients were treated by PSE using polyvinyl alcohol particles to achieve embolization of at least 50% of the distal branches of the splenic artery. Postembolization arteriography and computed tomography were performed to document the extent of devascularization. Patients in the second group were treated by splenectomy with or without devascularization and left gastric ligation according to the presence or absence of esophageal varices.
RESULTS: There was marked improvement in platelet and leukocytic counts in both groups, and the counts remained at appropriate levels during the follow-up period. All patients in the first group had problems related to postembolization syndrome that abated by the first week. One patient in the first group died from myocardial infarction. No deaths occurred in the second group. Asymptomatic portal vein thrombosis developed in one patient in the first group that was treated with anticoagulation, and another patient developed splenic abscess treated by splenectomy with a good outcome. In the second group, three patients developed portal vein thrombosis, one of them being readmitted 4 months postoperatively with mesenteric vascular occlusion; that patient underwent a resection anastomosis with good outcome.

CONCLUSIONS: Partial splenic embolization is an effective therapeutic modality for the treatment of hypersplenism secondary to chronic liver disease. It is a simple, rapid procedure that is easily performed under local anesthesia; and it allows preservation of adequate splenic tissue to safeguard against overwhelming infection.

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Abstract
BACKGROUND: Occupational health and safety (OHS) is considered one of the most important factors for a sustainable development; however, it is often considered a luxury by decision-makers. This article compares OHS systems of 18 countries at different stages of development.

METHODS: In an international summer school, structure of the national OHS system, definition of occupational accidents and diseases, procedures for compensation claims, outcome (expressed as incidence of occupational accidents) and training opportunities were presented.

RESULTS: National OHS systems ranged from non-existent to systems implemented almost 200 years ago. Priorities, incidence of occupational accidents and training opportunities varied. Common problems included the lack of OHS service for small enterprises and in rural areas.

CONCLUSIONS: International training programs like this summer school might enhance the exchange about OHS opportunities around the globe and contribute to improved workers health.

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1.Dye assisted lymphatic sparing subinguinal varicocelectomy. A prospective randomized study

Dye assisted lymphatic sparing subinguinal varicocelectomy. A prospective randomized study.
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Abstract

BACKGROUND: Division of lymphatic vessels during varicocelectomy could lead to hydrocele formation and decrease in testicular function due to testicular edema. We determined if the use of methylene blue combined with optical magnification reduces the incidence of post-varicocelectomy hydrocele.

METHODS: Consecutive patients treated for varicocele at our institution were evaluated for inclusion. Participants were randomly allocated to receive either subinguinal varicocelectomy after 2 ml intratuminal space injection of methylene blue and group 2 in whom no mapping technique was adopted during subinguinal varicocelectomy. After surgery, the patients were assessed at 2 weeks, 6 and 12 months for hydrocele, testicular edema, varicocele recurrence, atrophy, pain or other complications with mean follow-up was 15 ± 7 months.

RESULTS: Eighty patients with varicocele were randomized and completed the study. There were no intra complications in either group. In group (1) no patient had a hydrocele after surgery. By contrast, in group (2) there were four cases of secondary hydrocele (10%; P = 0.041)); no testicular hypertrophy was observed following lymphatic sparing surgery; One patient in each group had varicocele recurrence. Pregnancy was reported in 30 patients (37.5%) during the follow-up period, 17 of them (42.5%) were group (1) difference was not significantly different among both groups.

CONCLUSIONS: Subinguinal varicocelectomy using combination of optical magnification and lymphatic staining (methylene blue) offers simple and quick preservation of the draining lymphatic vessels and avoids secondary hydrocele formation. ClinicalTrials.gov ID: NCT01259258.