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### Post-quadrantectomy reconstruction of the mammary central quadrant by cutaneous glandular-adipose flap based on the Würinger septum

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**Introduction:** Central quadrantectomy with nipple-areola complex (NAC) resection removes a cylinder of breast tissue deep down to the pectoral muscle. This operation is required to remove any central neoplasia less than two centimeters in diameter, or any Paget disease without mass or with a mass of less than two centimeters. We show our reconstruction approach using a cutaneous-glandular-adipose flap based on the Würinger septum, between the 4<sup>th</sup> and the 5<sup>th</sup> inter-costal space, where several perforating vessels do run.

**Materials & Methods:** This study comprises 35 patients with central breast tumor, who underwent a central quadrantectomy in the Breast Pathology and General Surgery Operative Unit of the Franchini Hospital in Santarcangelo di Romagna (AUSL Area Vasta Romagna), between April 2009 and September 2013. In 16 of these cases we also carried out a reductive mastoplasty based on a superior pedicle arranged symmetrically, while in the remaining 7 cases the contralateral breast was not surgically treated.

**Results:** Neither major complications such as hematomas or infections, nor total flap necrosis took place. We refer only 3-partial necrosis of the cranial fourth of the flap. In case of a symmetrizing mastoplasty we obtained a very good aesthetic result. In the remaining cases we observed a small asymmetry, absolutely well tolerated by the patients. All the patients were satisfied.

**Conclusions:** Central quadrantectomy and breast reconstruction using a sub-cutaneous pedicular flap present a valid therapeutic option for patients affected by central breast tumors, and helps to overcome the conflict between oncologic safety and cosmetic satisfaction. This subcutaneous pedicular flap presents a very good mobilization which does not constrain, in its cranial advancing, the breast morphology. Considering the simplicity of the procedure and to the low number of side effects, we consider this method as an optimal alternative to the direct closure after the removal of the central quadrant including the nipple areola complex (NAC).