

# **Schnittränder**

## **Besondere Gesichtspunkte beim DCIS**

Dr. M. Rudas  
AKH Wien

# Breast conservation and negative margins: how much is enough?

M. Morrow  
Breast 2009

„In DCIS treated with radiotherapy, evidence that margins wider than 2mm are beneficial is lacking.“

# In der Praxis:

312 Chirurgen

RT geplant:

11% < 1mm, 42% 1-2mm, 28% ≥ 5mm, 19% > 1cm

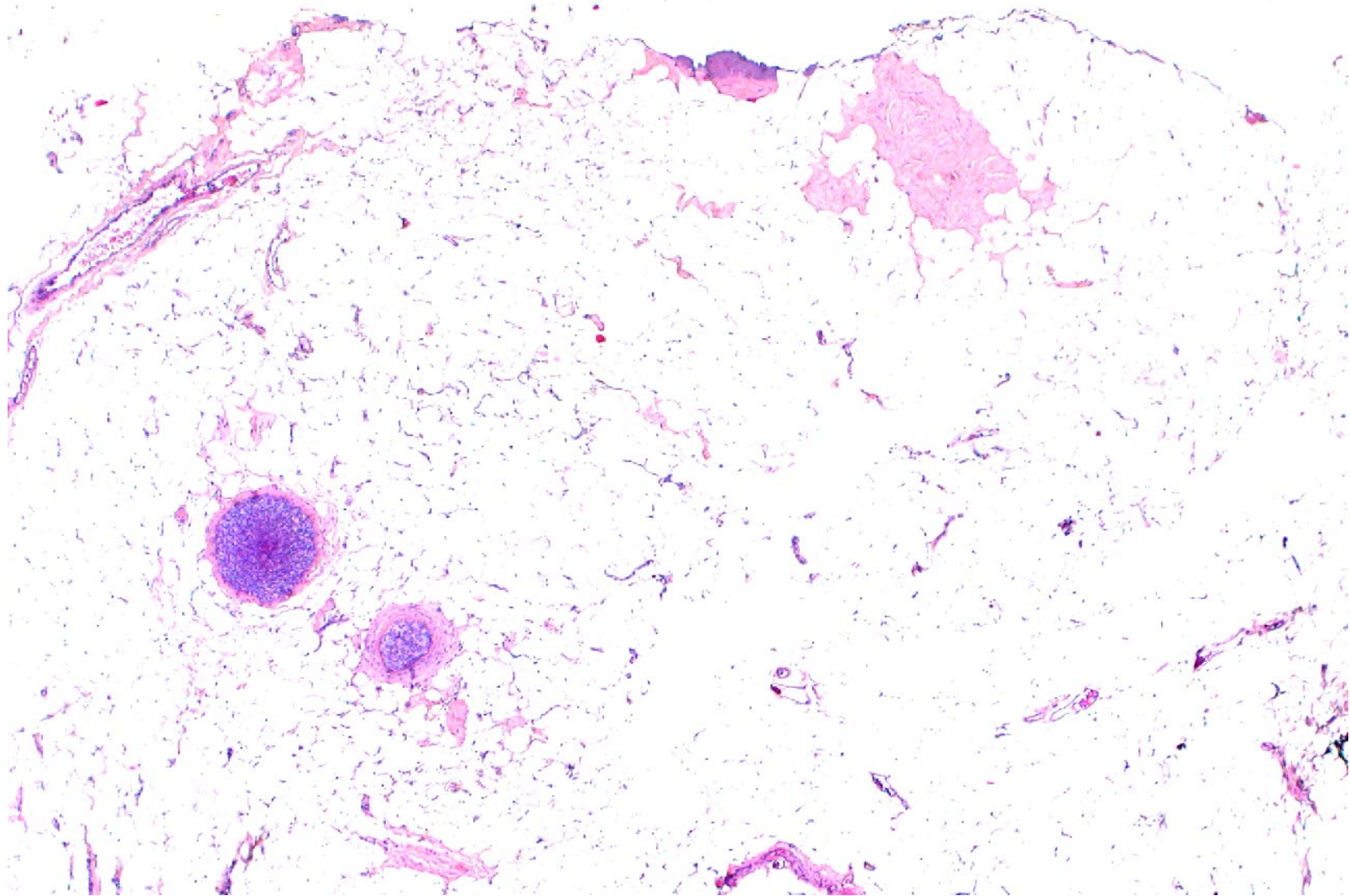
Ohne RT:

3% < 1mm, 12 1-2 mm, 25% ≥ 5mm, 61% > 1cm

What is an Adequate Margin for Breast-Conserving Surgery? Surgeon Attitudes and Correlates

Azu M. et al, Anals of surgical Oncology, 2010

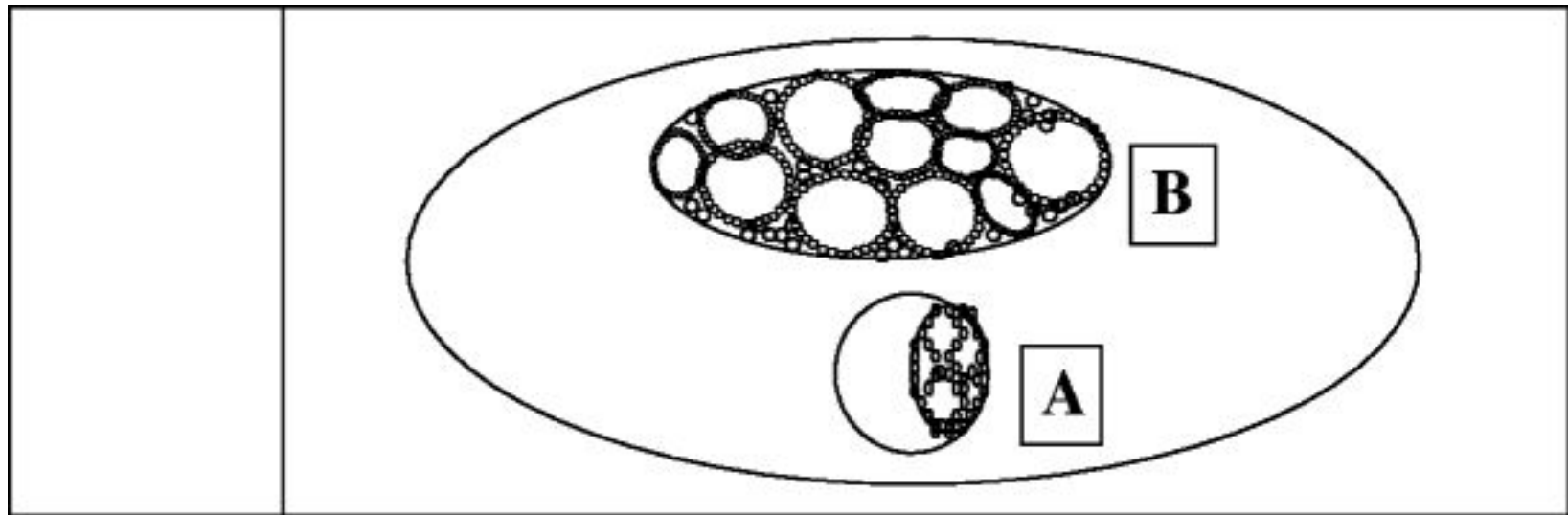
# Das alte Dilemma: DCIS, oder doch nur ADH?



# Discrepancies in the diagnosis of intraductal proliferative lesions of the breast and its management implications: result of a multinational survey

M. Ghofrani, B. Tapia, F. A. Tavassoli

Virchows archiv 2006



“A” is a single duct with unequivocal cribriform grade 1 DCIS

“B” is a duct with partial involvement by a cribriform pattern located  $<0.1$  mm from the margin.

1. What is your diagnosis for duct “B”?

DCIS

ADH

2. Would you recommend re-excision?

Yes

No

230 Teilnehmer

130 (56,5%) ADH

49 (37,7%) davon empfehlen

Nachresektion

100 (43,5%) DCIS

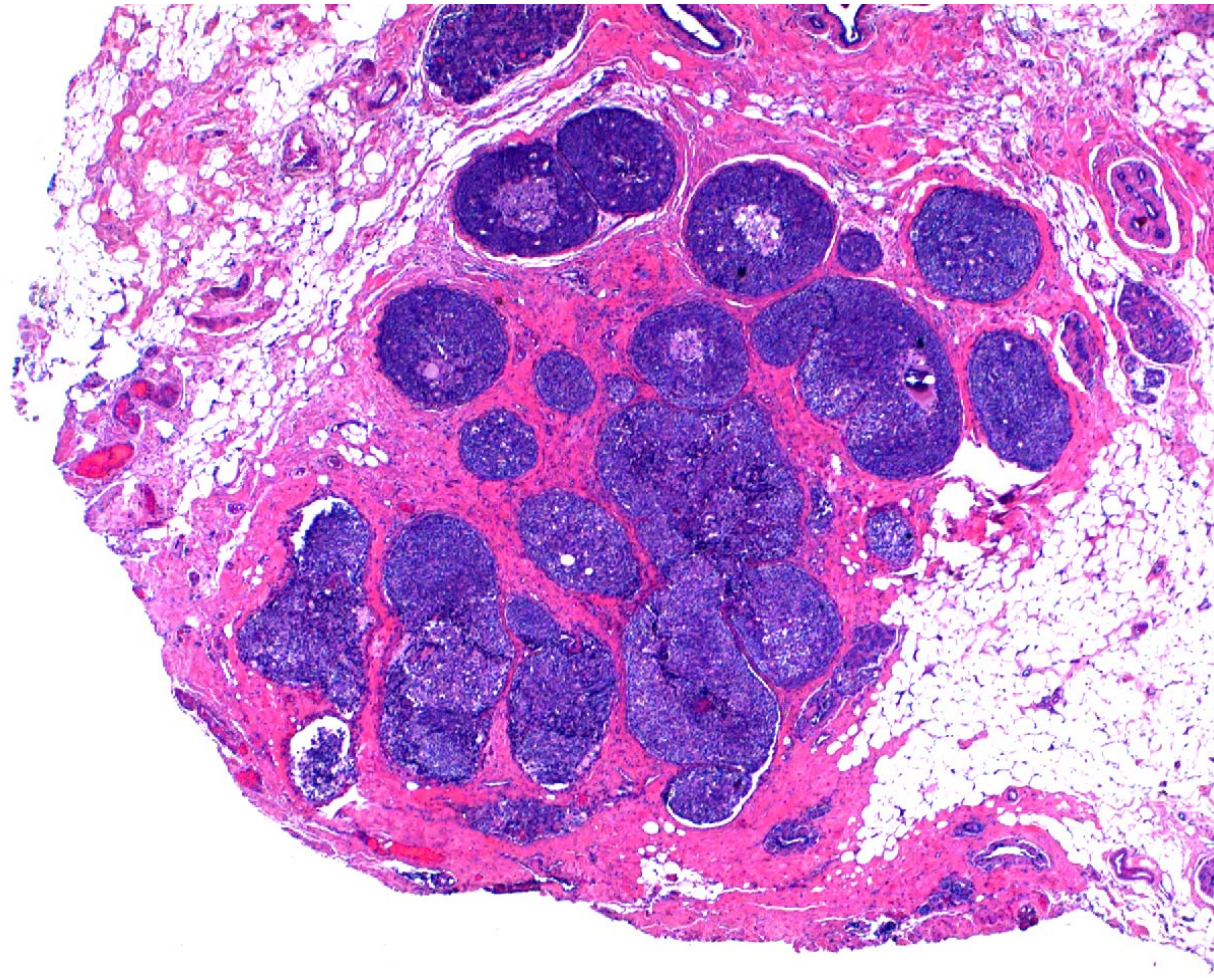
72 (72%) davon empfehlen

Nachresektion

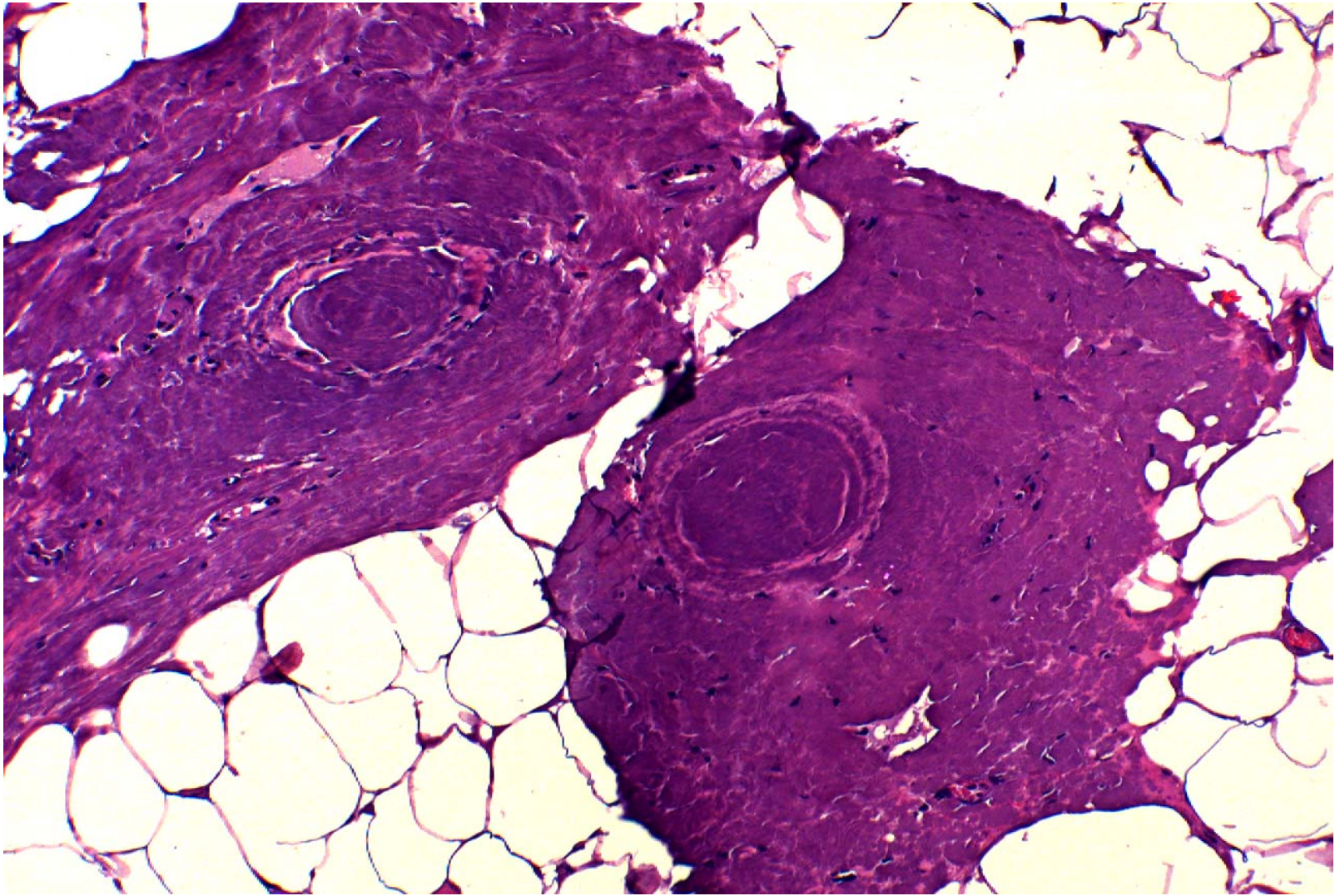
**Conclusio: ca. 50% der Teilnehmer  
empfehlen Nachresektion  
unabhängig von der Diagnose**

# Beispiele

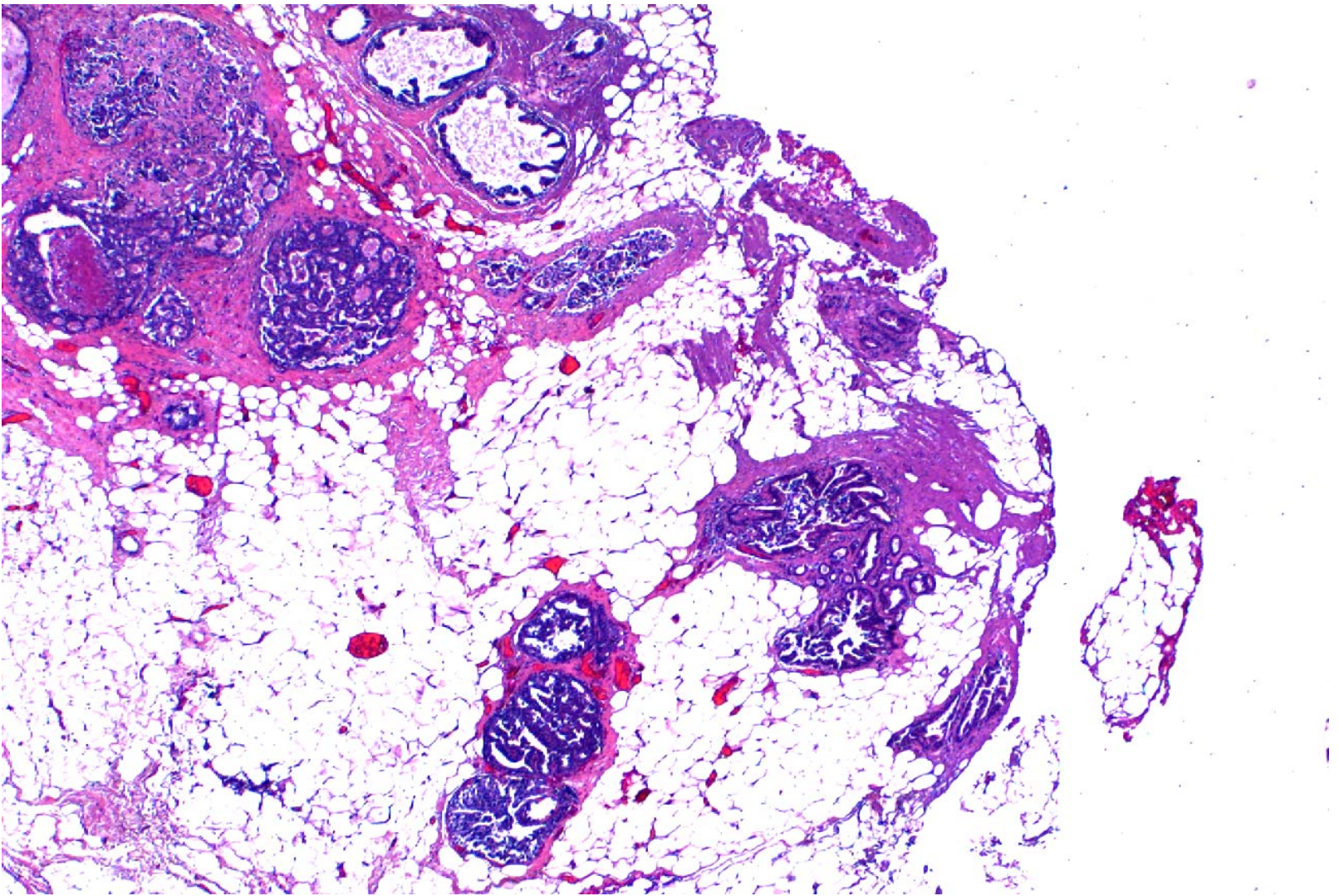
RR lateral positiv:



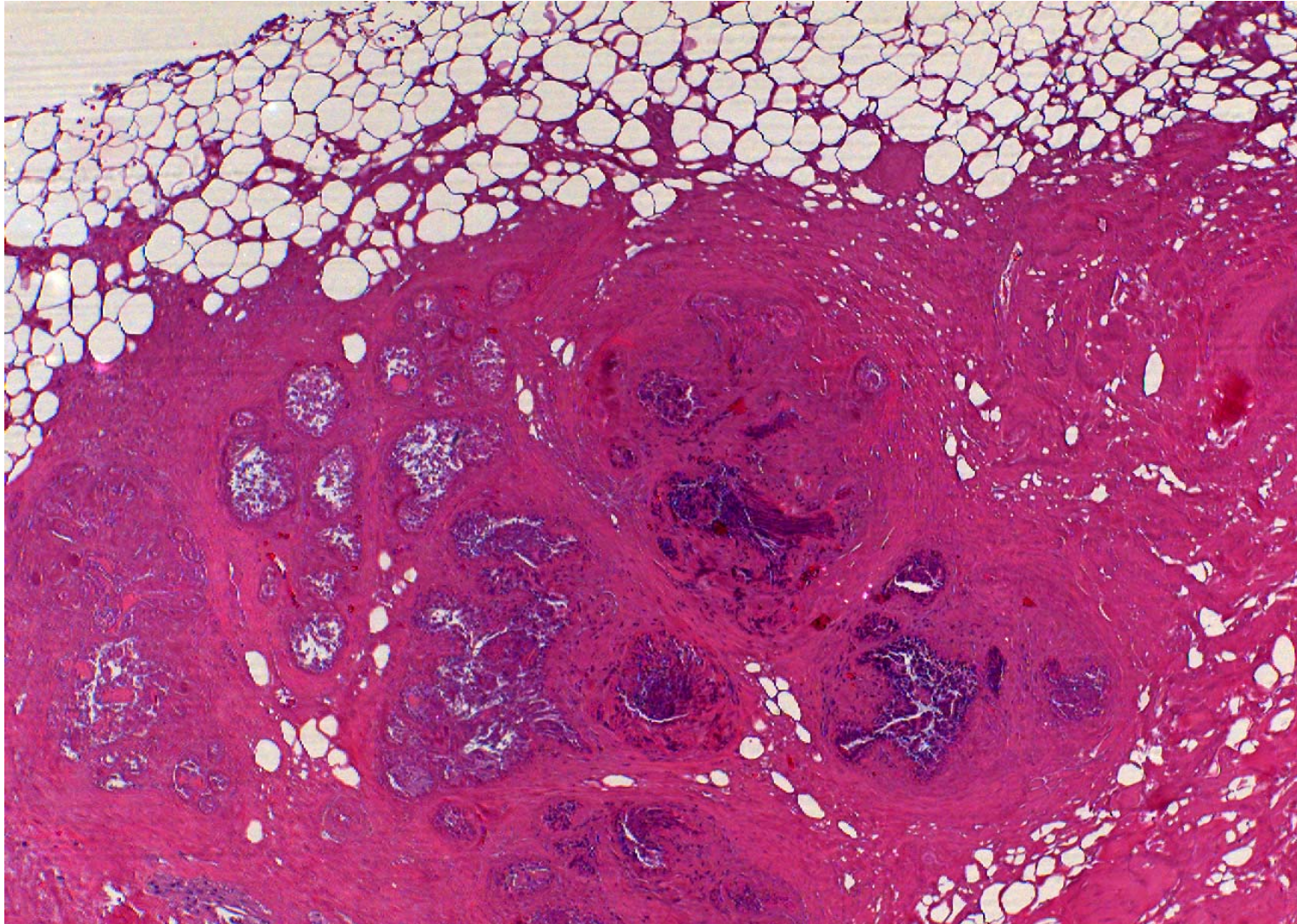
Nachresektion: R1? Rx?



# Block gedreht



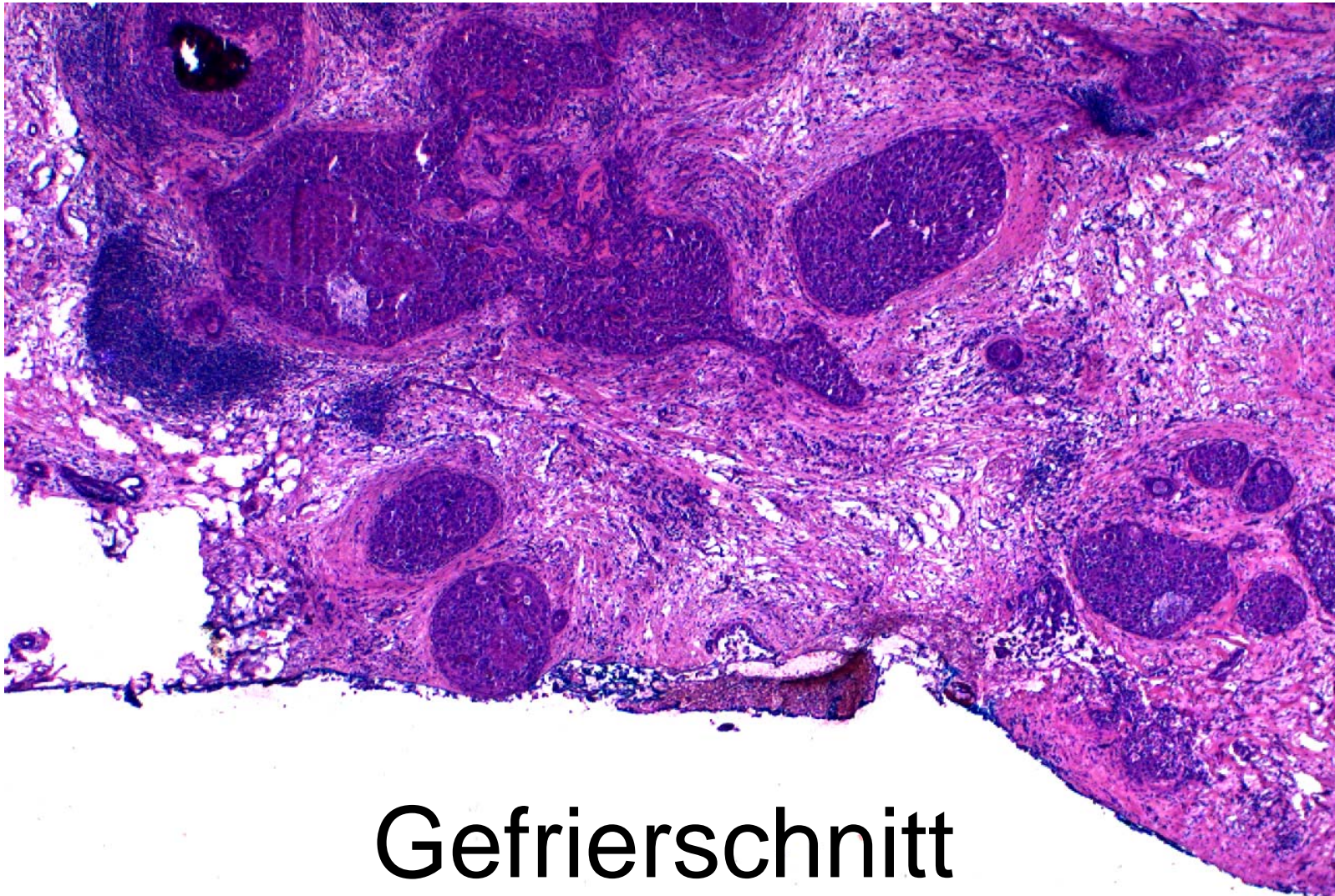
# Reexcision nach 3 Wochen



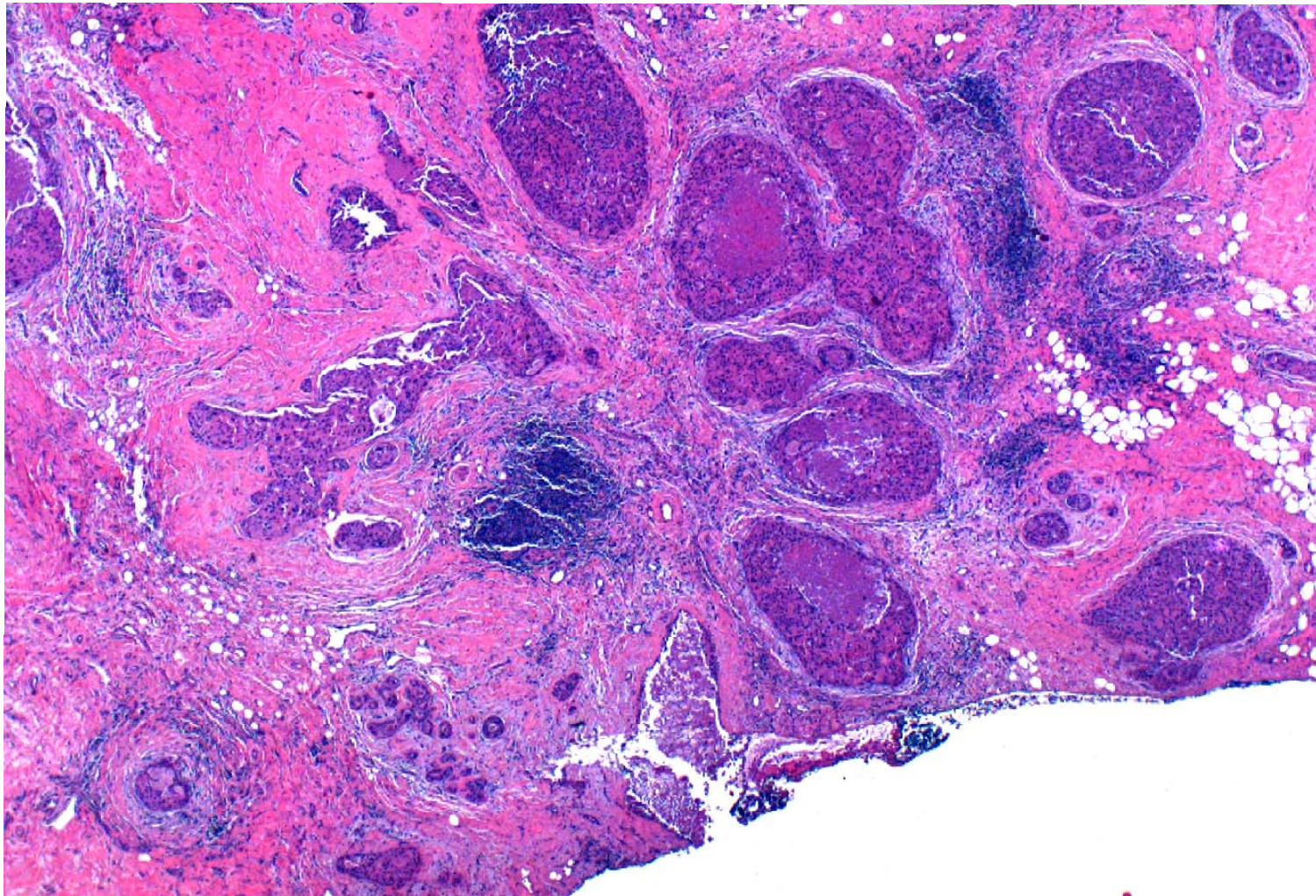
# Gefrierschnitt zur RR Bestimmung beim DCIS?

Ja, ABER...

Pro

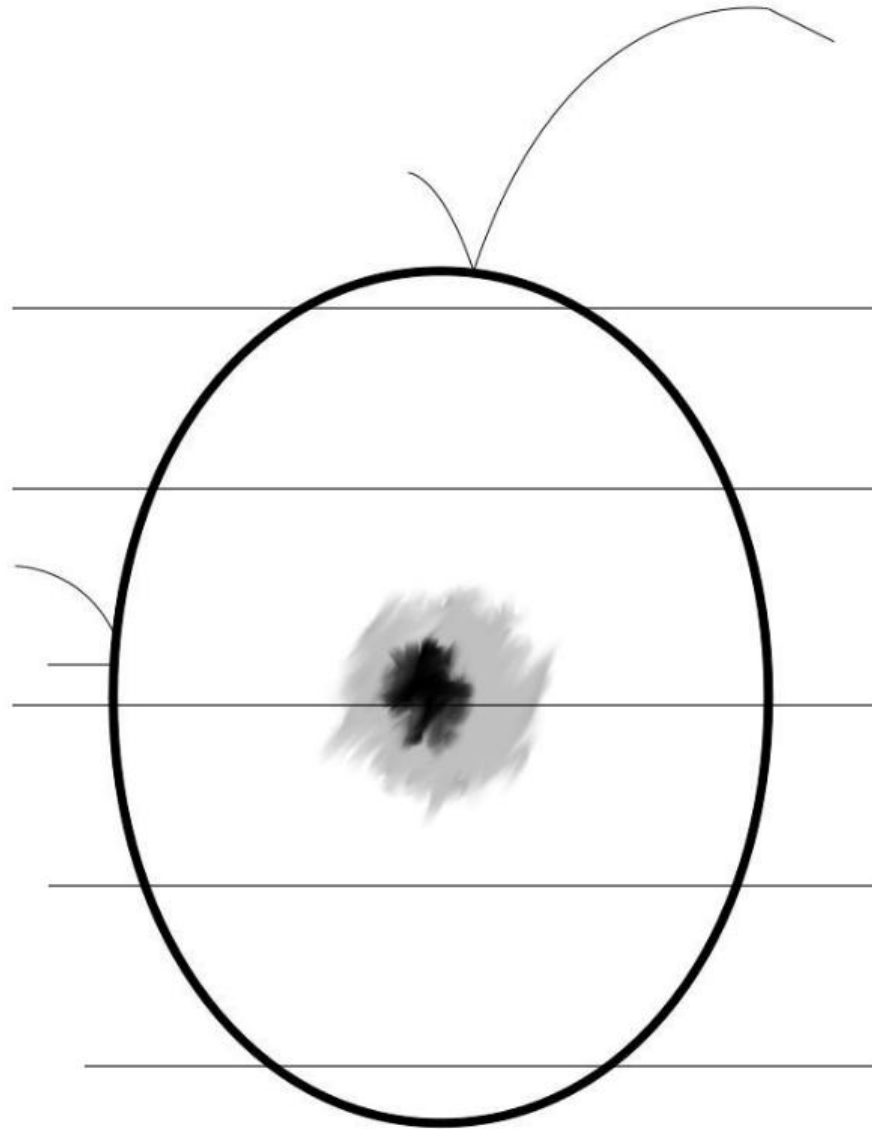


Gefrierschnitt

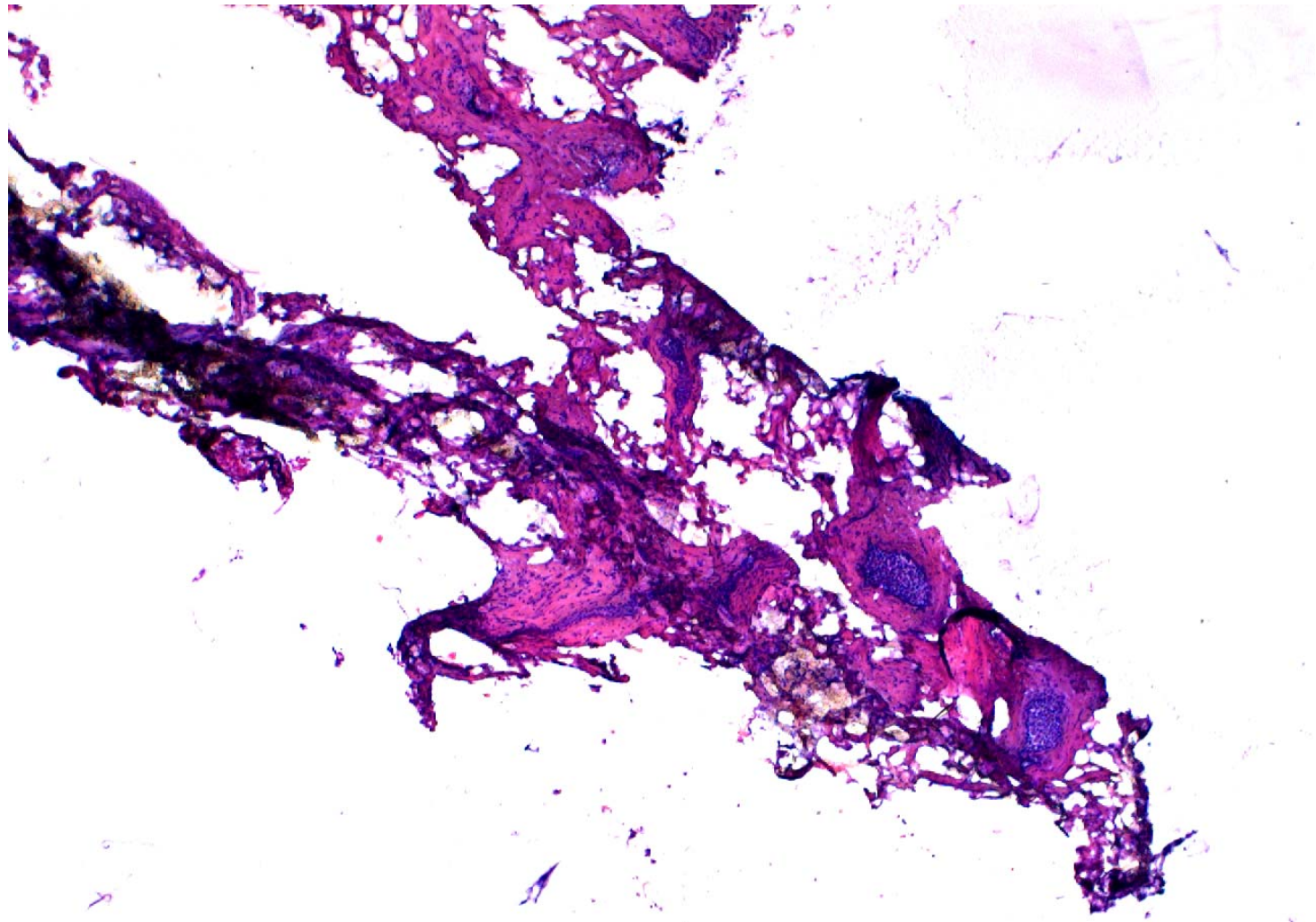


Paraffinschnitt

# Contra



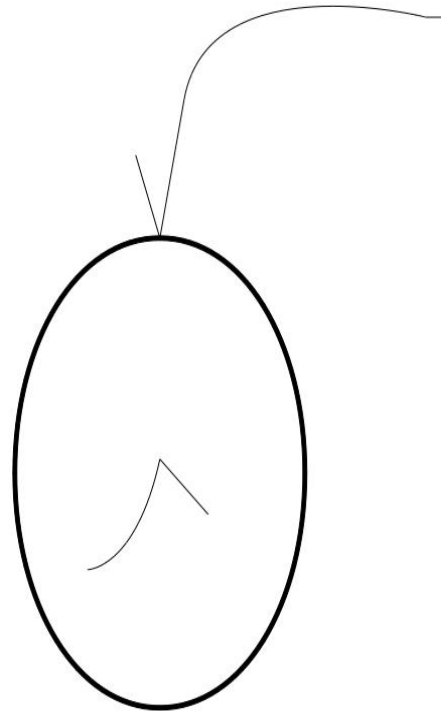
# Gefrierschnitt



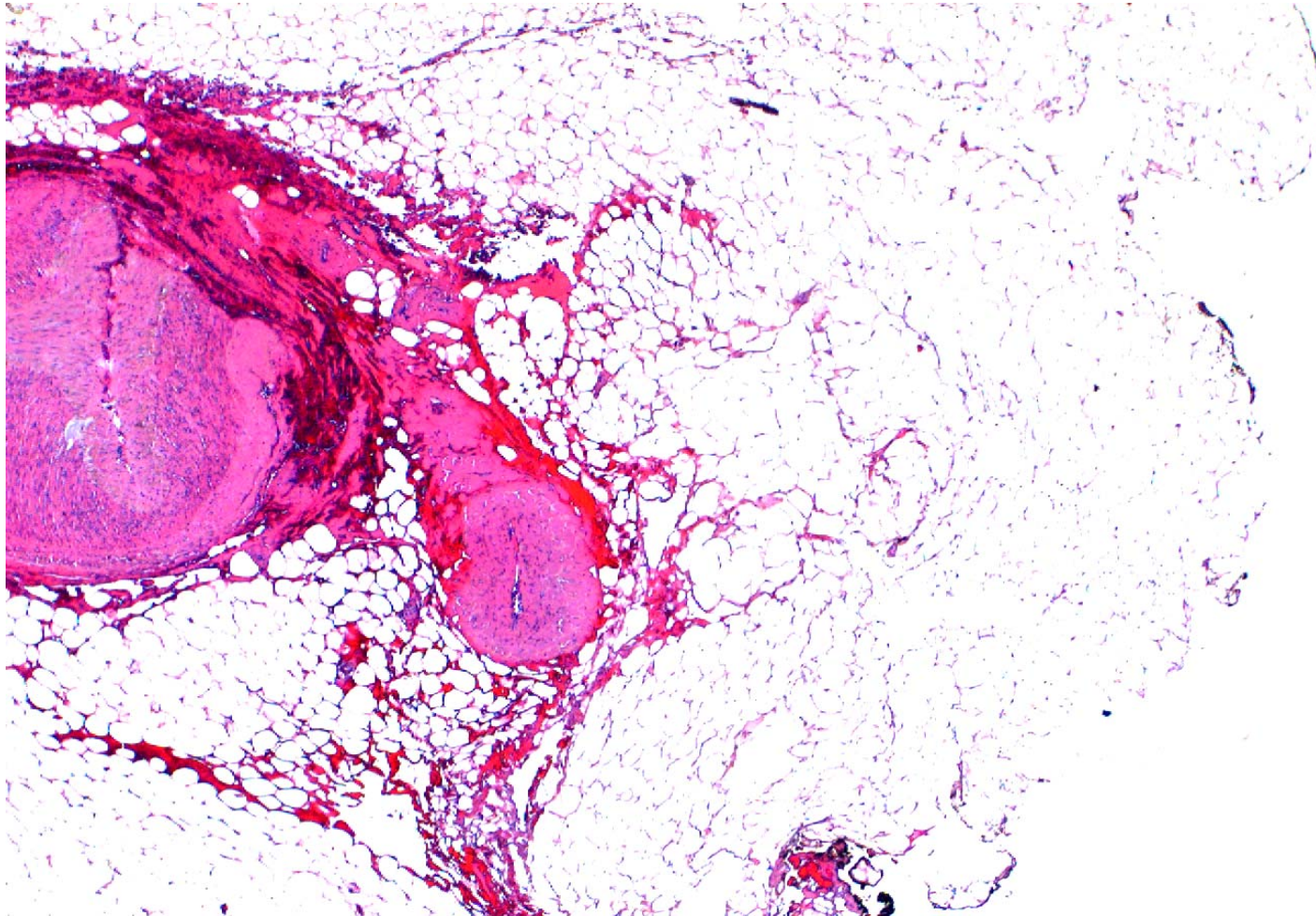
RR ant



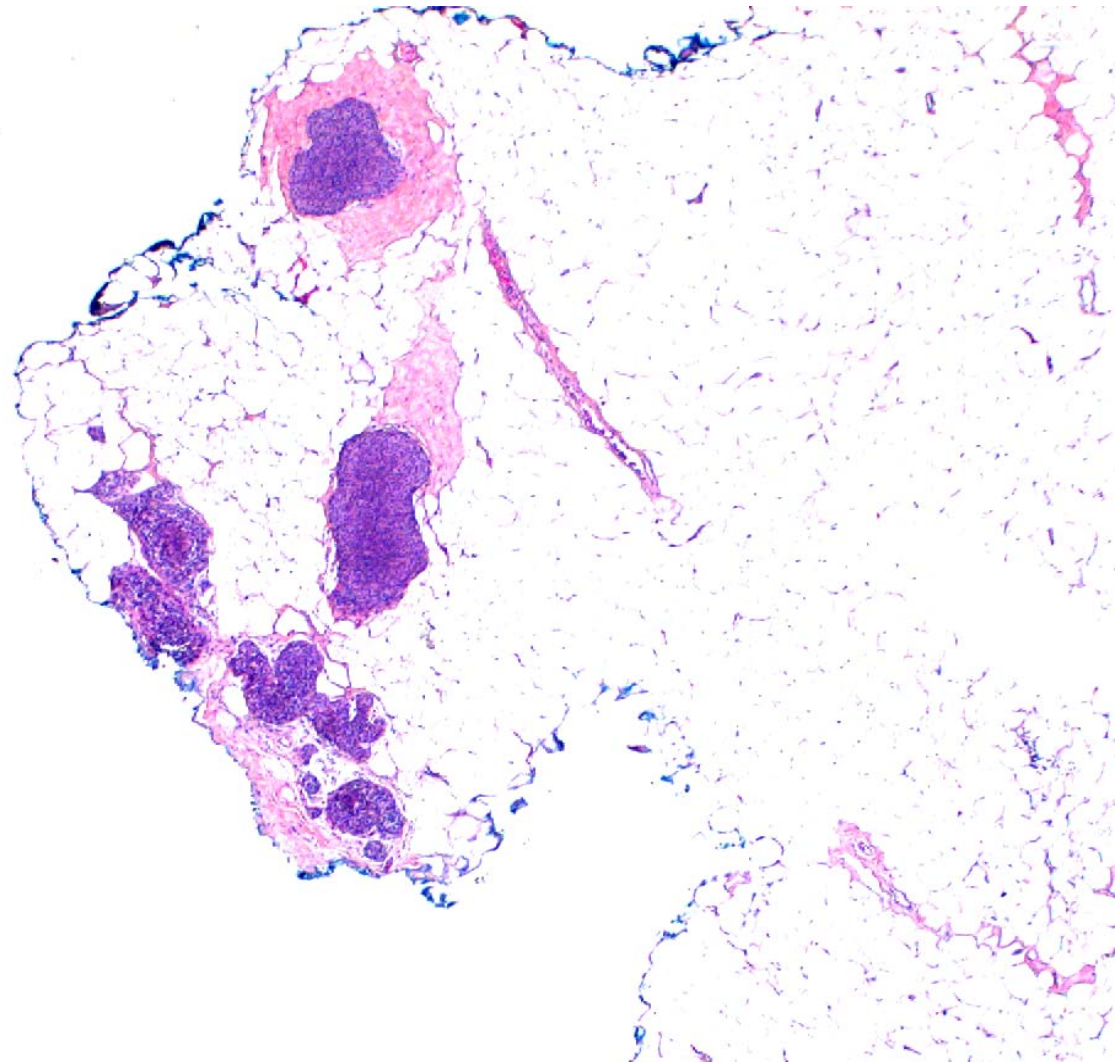
# Nachresektat anterior?



RR ant



# Faden kurz



# Nachresektat, RR cranial

