

than 30% of breast volume the cosmetic outcome following breast conservation therapy is inferior due to significant disfigurement of treated breast. Recently special plastic surgical approaches have been described to improve the cosmetic outcome in such patients.

Three types of oncoplastic surgical techniques are described to manage post breast conservation surgical defects 1) Volume displacement techniques, 2) Volume displacement with mammoplasty and 3) Volume replacement technique using Mini latissimus dorsi flap (MLDF). In volume displacement methods the adjoining uninvolved vascularized breast parenchyma is mobilized in to the partial mastectomy defect and in volume replacement method a mini LD flap is used to obliterate the defect^{10,11}. Avoidance of poor cosmetic appearance after wide excision by oncoplastic methods will increase the number of women who can be treated with breast-conserving surgery by allowing larger breast excisions with improved cosmetic results that potentially achieve widened surgical margins around the cancer.

Conclusion :

Evolution of breast cancer surgery during the last century has witnessed many mile stones. Radical ablative surgery for control of cancer was widely practiced during the early part of the century and during the 70s and 80s Breast conservation therapy has emerged as the treatment of choice for early breast cancer. Early detection and effective locoregional and systemic therapy options have improved breast cancer survival and the current emphasis is on quality of life issues. Recent exciting developments in the field of oncoplastic breast surgery will play a major role in the surgical management of breast cancer in future¹². We at our center offer the whole range of breast oncoplasty procedures to breast cancer patients and in future more high volume breast cancer centers in India should initiate breast oncoplasty programs.

References

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Pregabalin

Pregabalin-a new neuromodulator, is a novel compound that has analgesic, anticonvulsant, and anxiolytic effects. Pregabalin (3 isoboutyl & aminohutyricacid) is a analog of major inhibitory neurotransmitter GABA, but is functionally unrelated to it. Pregabalin does not bind to GABA or GABAB receptors and is not converted metabolically to GABA or to GABA agonist. Pregabalin's pharmacologic properties are the result of presynaptic binding to the alpha, 2-delta subunit of voltage sensitive calcium channels.

Pharmacokinetics : After oral administration, pregabalin is quickly and extensively absorbed and displays linear pharmacokinetics. Maximal plasma concentrations were achieved in approximately one hour. The extent of absorption is independent of food intake. It is not bound to plasma proteins. More than 90% of drug is eliminated unchanged in urine; elimination half life is approximately 6 hours. Dose reduction is required in patients with GFR<60 ml/min. For haemodialysis patient, a supplemented dose of 25-100 mg is required immediately after dialysis. No dose adjustment is required in hepatic impairment.

Indications : It is effective in neuropathic pain associated with post herpetic neuralgia diabetic peripheral neuropathy, in partial epilepsy as adjunctive therapy, in generalized and social anxiety disorders.

Drug Profile

Adverse Effects : Most adverse events caused by pregabalin are mild to moderate in intensity and occur within 1st or 2 week of treatment. Somnolence and dizziness are most common side effects. Peripheral oedema, ataxia, headache, asthma, infection, mouth dryness, diarrhoea are some of the frequent side effects. It is also associated with a dose related weight gain in 14% of cases. Other adverse effects include peripheral edema, blurring vision, decreased libido, ataxia, impaired memory, paresthesias, euphoria etc.

Warning & Precautions : Dizziness and somnolence associated with pregabalin treatment may increase after injury in elderly people who should avoid driving or operating complex machinery; drug should not be used during pregnancy, in lactating mothers; the drug may potentiate the effects of ethanol and lorazepam.

Dosage : The drug is administered 2-3 times daily; starting a dose of 150 mg/day; the recommended effective dose is 300-600 mg/day. The therapeutic effect is usually observed during the first week of treatment; dose reduction is needed in elderly patients.

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