

Sentinel lymph node biopsy after primary chemotherapy; less is more!

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ABSTRACT:

Background:

Sentinel lymph node biopsy (SLNB) after primary chemotherapy for node-positive breast cancer patients has been gaining popularity recently as part of the de-escalation of treatment. Aim: While our primary aim was to assess the outcome of post-primary chemotherapy sentinel lymph node, our secondary aim was to look into our sentinel lymph node the identification rate using patent blue dye only technique. Patients and methods: We have conducted a prospective non randomised study on 86 patients who were diagnosed with invasive breast cancer and axillary lymph nodes metastasis (on ultrasound scan guided core biopsy), treated with primary chemotherapy followed by surgery during the period between September 2016 to September 2019, three patients were then excluded due to chemotherapy intolerance (one patient) and poor tumour response/disease progression (2 patients).

Results: 30.2% of our patients had complete pathological response, and our Sentinel lymph node identification rate was 79.1% although we have only used Patent blue dye technique. Most of our patients (78%) had wide local excision, and 34.9% did not need completion axillary lymph node clearance due to downstaging following primary chemotherapy. Conclusion: We have found sentinel lymph node following primary chemotherapy for invasive breast cancer disease to be a safe, reliable technique, with acceptable identification rate, even when using patent blue dye technique only.

KEY WORDS

Sentinel lymph node, Neoadjuvant chemotherapy, Patent blue dye.