

Inverted-T Incision Technique: A Case Report

Maha Lhaloui^{1*}; Mohamed Mrida²; Amine Lamrissi³;
Mohamed Jalal⁴; Said Bouhya⁵

^{1,2,3,4,5}Elharouchi Maternity Department, Chu Ibn Rochd, Casablanca-Morocco

Corresponding Author: Maha Lhaloui*

Publication Date: 2026/06/15

Abstract : Breast oncoplastic techniques have been described through various breast surgical procedures. Oncoplastic surgery is proposed as an alternative to mastectomy, followed by immediate breast reconstruction, without delaying adjuvant treatment, particularly radiotherapy in conservative surgery or chemotherapy.

Keywords: Mastectomy, Breast Cancer, Breast-Conserving Surgery, Oncoplastic Surgery.

How to Cite: Maha Lhaloui; Mohamed Mrida; Amine Lamrissi; Mohamed Jalal; Said Bouhya (2026) Inverted-T Incision Technique: A Case Report. *International Journal of Innovative Science and Research Technology*, 11(6), 239-241. <https://doi.org/10.38124/ijisrt/26jun428>

I. INTRODUCTION

Oncoplastic surgery is a widely used approach in breast surgery. Its techniques are adapted according to breast volume and tumor location in order to minimize aesthetic sequelae [1].

It consists of excision of the tumor mass with clear margins of healthy tissue [2].

➤ Patient Observation

A 43-year-old patient presents with a mass in the left breast.

➤ Clinical Examination:

- Left breast: A 3-cm nodule located in the upper outer quadrant.
- Right breast: no palpable nodule
- Lymph node areas: no palpable lymphadenopathy



Fig 1 Clinical Examination

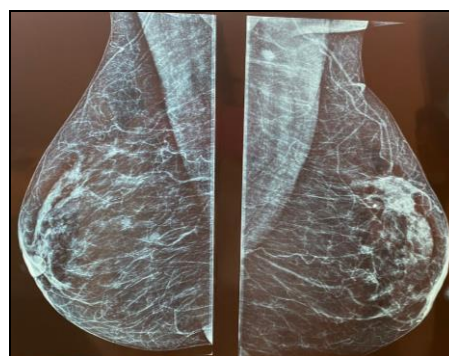


Fig 2 Mammography

➤ Spiculated Opacity



Fig 3 Breast Ultrasound Findings

Malignant mass located in the upper outer quadrant measuring 30 × 9 mm.

➤ Histopathological Examination:

Invasive breast carcinoma of no special type (NST), grade 3, luminal B subtype, HER2-negative.

- *Staging Workup:*
No tumoral cells.

- *Left Breast Tumorectomy:*



Fig 4 Surgical Exploration

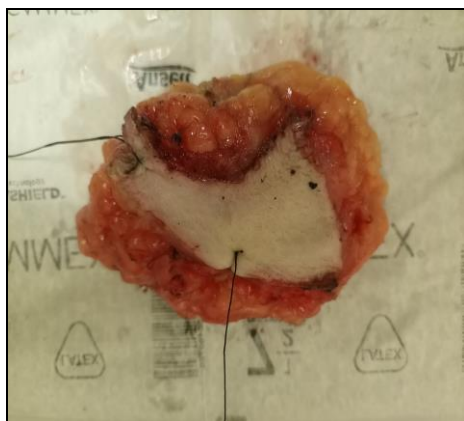


Fig 5 Operative Specimens



Fig 6 Postoperative Outcome One Week After the Left Tumorectomy Scar.

- *Histopathological Examination:*
Invasive breast carcinoma of no special type (NST) with negative surgical margins.

II. DISCUSSION

The American Society of Breast Surgeons has classified oncoplastic surgery into two levels according to the complexity of reconstruction and the amount of resected tissue [3].

- Level I: glandular reshaping techniques without the need for skin resection (mobilization of glandular flaps, repositioning of the nipple-areola complex), indicated for small-volume resections (<20% of breast volume) [4].
- Level II: reduction mammoplasty techniques with skin resection, indicated for larger-volume resections (>20% of breast volume) [5].

Failure of neoadjuvant chemotherapy may sometimes make standard breast-conserving surgery difficult, and oncoplastic surgery therefore becomes an effective alternative to avoid mastectomy [6].

Contralateral breast reduction is necessary in cases of significant reduction of the treated breast. In cases of moderate resection (<200 g), the benefit of contralateral breast reduction should be discussed [7].

In our clinical case, the inverted-T technique allowed a wide resection of the upper quadrant with remodeling using the lower quadrants and repositioning of the nipple-areola complex.

Regarding follow-up, patients who underwent immediate breast reconstruction should receive annual clinical surveillance, whether the procedure was performed for therapeutic or prophylactic purposes [8].

III. CONCLUSION

Oncoplastic surgery has become a cornerstone in the management of breast-conserving treatment for breast cancer. Breast volume and tumor location are key factors in determining the choice of surgical technique. The main benefit of these techniques today is to avoid mastectomy while achieving satisfactory aesthetic outcomes for the patient, with the possibility of contralateral breast reduction and immediate breast reconstruction.

- *Ethics Committee Authorization:*

Our institution does not find any conflict of ethics committee.

- *Author Contribution:*

Maha LHALOUI, Mohamed MRIDA: performed surgery, paper writing and picture editing Amine LAMRISSI, Mohamed JALAL, Said BOUHYA : Bibliography, written direction.

- *Guarantor*

Maha Lhaloui.

- *Research Registration Number*

No applicable data.

- *Conflicts of Interest Statement:*

No conflict of interest have been announced by the authors for to this research.

REFERENCES

- [1]. Landercasper J, et al. A reappraisal of the comparative effectiveness of lumpectomy versus mastectomy on breast cancer survival: a propensity score-matched update from the National Cancer Data Base (NCDB). *Clin Breast Cancer* 2019; 19(3):e481—93. <http://dx.doi.org/10.1016/j.clbc.2019.02.006>.
- [2]. Fisher B, et al. Twenty-year follow up of a randomized trial comparing total mastectomy, lumpectomy, and lumpectomy plus irradiation for the treatment of invasive breast cancer. *N Engl J Med* 2002; 347:1233—41. <http://dx.doi.org/10.1056/NEMoa022152>.
- [3]. Chatterjee A, Gass J, Patel K, et al. A consensus definition and classification system of oncoplastic surgery developed by the American society of breast surgeons. *Ann Surg Oncol* 2019; 26 (12):3436—44.
- [4]. Houvenaeghel G, Clough KB, Reyal F, et al. Oncoplastic breast surgery for breast cancer: oncologic and aesthetic outcomes. *Ann Chir Plast Esthet* 2013; 58(4):280—7.
- [5]. Losken A, Dugal CS, Styblo TM, et al. Oncoplastic breast surgery: the role of the rhomboid flap in partial breast reconstruction. *Ann Plast Surg* 2010; 64(5):491—5.
- [6]. Mazouni C, et al. Oncoplastic breast-conserving surgery after neoadjuvant chemotherapy: oncological safety and aesthetic outcomes. *Breast Cancer Res Treat* 2017; 165(2):283—90.
- [7]. Losken A, et al. Impact of oncoplastic surgery on oncologic outcomes in patients with breast cancer. *J Surg Oncol* 2024; 12(1):e5561. <http://dx.doi.org/10.1097/GOX.0000000000005561>.
- [8]. Haute Autorité de santé. Informer les femmes sur la reconstruction mammaire après mastectomie totale; 2023, https://www.has.sante.fr/upload/docs/application/pdf/2023-03/rapport_informer_les_femmes_sur_la_rm.pdf.