

New trends on fibrin glue in seroma after axillary lymphadenectomy for breast cancer.

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Publication Date: 2009

Abstract:

BACKGROUND: Axillary lymphadenectomy remains an integral part of breast cancer treatment, yet seroma formation occurs in 15-85% of cases. Among methods to reduce seroma magnitude and duration, fibrin glue has been proposed in several studies with controversial results. **PATIENTS AND METHODS:** Ninety patients underwent quadrantectomy or mastectomy with level I/II axillary lymphadenectomy; a suction drain was fitted in all patients. Fibrin glue spray were applied to the axillary fossa in 45 patients; the other 45 patients were treated conventionally. **RESULTS:** Suction drainage was removed between post-operative (p.o.) days 3 and 4. Seroma magnitude and duration were significantly reduced (p 0.004 and 0.02, respectively), and there were fewer evacuative punctures, in patients receiving fibrin glue compared with the conventional treatment group. **CONCLUSIONS:** Use of fibrin glue does not always prevent seroma formation, but does reduce seroma magnitude, duration and evacuative punctures.