

# Avoiding an Axillary Dissection by performing a Sentinel Lymph Node Biopsy for Early Breast Cancer

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**Abstract :** The use of a sentinel lymph node biopsy (SLNB) has resulted in many patients being able to avoid an axillary lymph node dissection to the early stage breast cancer. We examined the results of a SLNB by the dye method, and evaluated the validity of avoiding the need to perform axillary lymph node dissection in patients. We performed a SLNB for 91 primary breast cancer patients (T1-2N0-1M0) using blue dye (patent blue violet) that was injected subdermally above the tumor or subareolar. After a feasibility study of 40 cases, twenty-two patients with negative sentinel lymph nodes diagnosed by a frozen section could thus avoid an axillary node dissection. As for the identification rate of the sentinel lymph node, it was 60.0% in the first 20 cases, but later improved to 93.0% in latter series of 71 cases, thus confirming the learning curve. There were four false negative cases in 51 intraoperative diagnosed cases, but three in four could be diagnosed if the lymph nodes around the blue node were considered to be sentinel lymph nodes. No patients who avoided axillary dissection had local or distant recurrence. As a result, avoiding an axillary lymph node dissection by instead performing a SLNB using blue dye was thus considered to be appropriate.

**Key words :** Breast cancer, Axillary lymph node dissection, Sentinel lymph node biopsy