

Previous breast and axillary procedures for benign conditions:

- surgery may have disruption or alteration to the normal pattern of lymphatic drainage, which may increase the false negative rate of SLNB.



Male breast cancer:

- it is acceptable to proceed with SLNB in men



Pregnancy :

- SLNB is best avoided in women who are pregnant because of potential teratogenic effects on the developing fetus from isosulfan blue dye



MANAGEMENT

AFTER BIOPSY:

No further axillary treatment in patients who meet **all** of the following criteria :

- Clinically negative nodes based on an adequate clinical node evaluation, including imaging when necessary.
- A T1 or T2 (≤ 5 cm) primary breast cancer .
- Fewer than three metastatic sentinel lymph nodes on SLNB.
- Patients undergoing breast conserving surgery followed by whole-breast irradiation.

A completion ALND is required for patients who have:

1. Three or more metastatic sentinel lymph nodes on SLNB.
2. One or two metastatic sentinel lymph nodes on SLNB but who do not desire whole-breast irradiation.



CONCLUSION:

- In the modern treatment of breast cancer, the sentinel lymph node biopsy indication is present in many clinical circumstances, instead of classical axillary lymphadenectomy. It presents the advantage of conservative surgery, which significantly decreases the rate of postoperative complications, offering the patients a better quality of life and reducing the costs of patients care after surgery.

- There is sustained work for the improvement and extension of the indications specific for the method,



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