**ORIGINAL**

Abstract: Lower axillary lymph node dissection (lower parts of both the level I and II elements below the second intracostobrachial nerve) and level I and II lymph node dissection were performed on breast cancer patients (n=54), and the results with the two methods were compared in terms of the status of detected lymph node metastases. For Stage I, N0 cases, the results for pathological classification lymph node metastases (pN) were in agreement between the two dissection methods. And, the occurrence of operated arm swelling wasn’t recognized when a side effect was examined with the case (n=28) that only lower axillary dissection was carried out in case of an operation for breast cancer. Accordingly, it was surmised that lower axillary dissection provides accurate pN information for Stage I, N0 cases. These results indicate that lower axillary dissection has the potential to become an effective, standard surgical procedure for breast cancer patients whose preoperative disease stage is Stage I.


Keywords: early breast cancer, axillary dissection, sentinel node biopsy
Comparison of Pathological Classification of Lymph Node Metastases (pN) in Lower Axillary Dissection and Level I and II Node Dissection (Table 2)

Comparison of Pathological Classification of Lymph Node Metastases (pN) in Lower Axillary Dissection and as a Function of Preoperative Disease Stage (Table 4)
Comparison of Pathological Classification of Lymph Node Metastases (pN) in Lower Axillary Dissection and Level I and II Node Dissection as function of preoperative lymph nodes status (Table 6)

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