Is bilateral mastectomy justified for treatment of breast cancer with bilateral axillary lymphadenopathy but detectable primary lesion in only one breast?

The purpose of surgery in the treatment of breast cancer is to ensure local control.

Lymphnode involvement is due to lymphatic spread and not haematogenous spread.

Contralateral lymphnode involvement is N3 and not M1.

Bilateral breast cancer does not occur regularly but is seen from time to time.

Occult primary lesions do occur in the breast.

Confirm that enlarged contralateral lymphnodes are malignant

Evaluate contralateral breast adequately.

Contralateral nodal involvement is usually seen only in advanced breast cancer.

Lymphatic spread to the contralateral axilla takes place through the superficial dermal plexus or the deep facial plexus.

Contralateral modified radical mastectomy takes care of a possible occult primary, of microscopic (in transit) disease as well as the involved axilla and ensures adequate locoregional control.