

Complete dissection of axillary lymph nodes (DALN) can be sidestepped in chosen cases of invasive breast cancer patients with confined lymph nodal disease and having conventional breast surgery, nevertheless, for node positive mastectomy patients, complete dissection of axillary lymph nodes remains the model procedure, Avoidance of complete dissection of axillary lymph nodes is reliable in many node-positive patients and can be substituted with limited axillary lymph node dissection which consists of elimination of Sentinel lymph nodes and other grossly palpable lymphatics without further axillary devastation. A prospective study of 55 women patients diagnosed with invasive breast cancer underwent mastectomy with conservative dissection of axillary lymph nodes between September 2012 and December 2014 in Al-yarmouk teaching hospital and private hospitals in Baghdad, the recorded information included patient age, menstrual history, drug history, family history, tumour staging, number of axillary lymph nodes excised, postoperative medical therapy, adjuvant radiotherapy, recurrence and local complications including lymphedema, Fifty five patients underwent mastectomy with limited axillary lymph node dissection, all are females, the mean age was 38 years, 43 patient (78.2%) were invasive ductal carcinoma and 12 patients (21.8%) invasive lobular carcinoma, the mean follow-up period was 2 years, a mean number of eight lymph nodes were removed, there were 1 patients (1.8) % with local chest wall recurrence but no single case of axillary recurrence. Lymphedema development occurred in 2 patients (3.6%) and was associated with significant number of the removed lymph nodes ( $P=0.05$ ) and postoperative radiotherapy ( $P=0.005$ ).