Mammary Prosthesis Capsules

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We read the report on the short study by Xue et al. [1] with interest. In their cohort of 14 patients (18 breasts) with adverse capsular contracture (ACC), Baker grade 3 or 4, their technique appeared to achieve good correction and contracture alleviation during a mean period of 29 months.

It was difficult, however, to elucidate a significant difference in procedure from that reported by Maxwell et al. [2] in October 2009. In this larger series of 198 patients with revision of submuscularly placed prostheses, 97.5 % were converted to a Baker grade 1 capsule, with only three patients experiencing a complication. The series did, however, include concurrent mastopexy for 94 patients (47 %) and acellular dermal substitute placement for 56 patients (28 %).

Both articles trumpet the minimal invasiveness of not performing a total capsulectomy in addition to avoiding the difficulties and potential complications of posterior capsule dissection from the ribs and intercostal muscles. This technique does leave a pair of raw surfaces, one of which is the often rather vascular capsule, so hemorrhagic sequelae and later capsular contracture may not be less frequent. The issue of whether leaving the capsule in situ is capsulogenic in itself has yet to be clarified, considering the evidence of persistence [3] and a markedly reduced ACC recurrence

with total capsulectomy compared with capsulotomy, at least in the subglandular plane [4]. Furthermore, a case has been reported in which a complete capsule left after explantation subsequently filled with seroma and was mistaken for a retained device at radiologic imaging [5].

All this serves to highlight the dearth of published material relating to the submuscular plane, in which the majority of implants currently are placed. We would be most interested to learn whether anyone has any experience with anterior capsulectomy alone whereby the posterior capsule is left but only a single raw surface, the “neosubpectoral plane,” remains anterior to the prosthesis.

References

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