Letter to the Editor—Quilting

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Dear Editor,

We read the article by Awad et al. [1] with great interest. First of all, we would like to congratulate the authors for a well-conducted study. Seroma after modified radical mastectomy is a common problem and it adds a lot to patient's morbidity. Quilting may reduce the incidence of seroma formation by decreasing the dead space beneath the flaps.

We were just curious to know whether both groups were age and stage matched. Few other demographic profiles like BMI, presence of hypertension, tumor size, and number of positive lymph nodes resected need a mention in the text as these factors may affect volume of drainage and seroma formation [2, 3].

Regards

Reply from the authors

We are glad to know that our article has got the chance to be of concern for you. We appreciate much your points of concern. In fact, both groups in our study did not show any statistically significant difference regarding patients' demographic data, associated comorbidities, or tumor characteristics. We did not include these data in the original article as we believe that there is no general agreement that these factors can significantly influence the formation of postmastectomy seroma. In the literature, there is no proven association between the incidence of seroma formation and patient's age, presence of hypertension or diabetes mellitus, tumor size, number of retrieved lymph nodes, lymph node positivity, or tumor stage. Body mass index (BMI) might be the only accused factor of influence in some studies, with moderate evidence in others. However, seroma has been encountered in not a few numbers of cases with normal BMI in our clinical practice. We assumed that including those negative parameters

within the study would consequently dictate their mentioning in the "Discussion" section, which might deviate the reader away from our main target, i.e., surgical technique. Instead, we included in the "Introduction" section a statement of previous studies, reporting that the only statistically significant factor influencing the incidence of seroma formation was the type of surgery. However, after discussion with my co-authors, we agree that these data can be supplemented to the original article if this will help in relieving any confusion to some interested readers.

Thank you again for the valuable remarks.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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