Ann Surg Oncol (2011) 18:S256
DOI 10.1245/s10434-010-1298-3

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

LETTER TO THE EDITOR

Authors Reply to "Should Indications for Skin-Reducing Mastectomy be Expanded?"

TO THE EDITORS:

We thank Lazzeri and colleagues for their insightful comments and concur with their recommendations. Radiotherapy is increasingly offered to women after mastectomy for breast cancer to decrease risk of local recurrence.[1] Breast reconstruction with breast implants after radiation can prove troublesome because of subsequent capsular contracture, infection, and unsatisfactory cosmetic results.[2] Therefore, there often is reluctance to offer patients delayed implant reconstruction after radiotherapy, thereby reducing reconstructive options to those based on autologous tissue.

Although many women do achieve good results with delayed autologous reconstruction, many are unsuitable or unwilling for the same and would instead be better suited to an immediate, single-stage option. For this reason, the senior author (PM) offers immediate breast reconstruction with a skin-reducing mastectomy (SRM) and implant or expander in selected patients. Patients are fully counselled regarding the possibility of suboptimal outcomes that could require revisional surgery.

The advantages of SRM are that most of the breast skin is preserved, healing is rapid and the institution of adjuvant therapy is not delayed. Factors that lead to adverse outcomes after implant-based reconstruction have been elucidated previously, but patients often behave idiosyncratically and some do not require further reconstructive surgery.[3] If further revision surgery is entailed, the skin envelope is preserved and all options are still available, including less invasive alternatives, such as lipomodeling. We therefore see it as entirely plausible that SRM will provide good long-term results even for advanced tumor stages.

We have performed this reconstructive technique in more than 100 patients and have recently begun to investigate subjective and objective aesthetic outcomes after SRM. Although it is understood that complications, such as capsular contracture may take years to develop, we nonetheless await our results with interest.

Amit Nair, MS, MRCS, and Pilar Matey, FRCS
Department of General Surgery, New Cross Hospital, The Royal Wolverhampton Hospitals NHS Trust, Wolverhampton, UK
e-mail: nair.amit@doctors.org.uk

Published Online: 28 August 2010

REFERENCES

1. Vilarino-Varela M, Chin YS, Makris A. Current indications for post-mastectomy radiation. *Int Semin Surg Oncol.* 2009;6:5.
2. Lee BT, A Adesiyun T, Colakoglu S, et al. Postmastectomy radiation therapy and breast reconstruction: an analysis of complications and patient satisfaction. *Ann Plast Surg.* 2010;64:679–83.
3. McCarthy CM, Mehrara BJ, Riedel E, et al. Predicting complications following expander/implant breast reconstruction: an outcomes analysis based on preoperative clinical risk. *Plast Reconstr Surg.* 2008;121:1886–92.