In Reply: Refining Tumor Resection Techniques for Managing Inferior Pole Breast Malignancies

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TO THE EDITORS:

We welcome the comments of Tan regarding our article, “Triangle Resection with Crescent Mastopexy: An Oncoplastic Breast Surgical Technique for Managing Inferior Pole Lesions.” We described a strategy for avoiding “bird beak” breast deformities following resection of inferior pole breast lesions, particularly those that required removal of the skin overlying the tumor for margin clearance. In their Letter to the Editor, “Refining Tumour Resection Techniques for Managing Inferior Pole Breast Malignancies,” Tan described an alternative approach for resection of inferior pole lesions that may be more suitable for smaller or non-ptotic breasts. Tan joined us in challenging the prevailing “one incision for all lesions/breasts” approach commonly employed by surgical oncologists and emphasized the value of having a range of surgical options for different lesions and for different breast shapes and sizes.

A critical distinction between our triangle resection and the techniques described by Tan is that the latter techniques would not address adequately the two main challenges that we discussed in the triangle resection paper: large volume inferior pole resections and lesions that require removal of

overlying skin for margin clearance. Both the “golf-tee” and “diamond-shape” techniques preserve the skin over the tumor and would be unsuitable for superficial lesions that require skin removal for margin clearance. Furthermore, combining either the “golf-tee” or the “diamond-shape” techniques with approximation of the medial and lateral parenchymal pillars, following a large-volume resection, might result in poor cosmesis due to skin redundancy or excessive narrowing of the base of the breast.

Tan commented that the triangle resection poses a challenge to the mastectomy ellipse in the circumstance when completion mastectomy is needed. However, the challenge posed by the triangle resection is no different than that posed by the diamond-shaped approach. However, both the triangle and the diamond-incisions may be easily incorporated into the mastectomy using the “inverted-T” reduction incision, which produces a superior cosmetic result compared with the elliptical incision when combined with breast reconstruction.

What’s most valuable about the discussion promoted by Tan’s letter is the importance of having well-trained breast surgical oncologists equipped with multiple surgical strategies for various clinical scenarios.