Breast reconstruction following mastectomy

Sir,
I read with interest your article “Post mastectomy immediate breast reconstruction experience in a high volume center in India”1. I congratulate authors for such excellent results. General surgical tradition has dismissed breast reconstruction following mastectomy as frivolous, unnecessary and not in the patient’s best interest. But development of successful and reliable techniques of breast reconstruction in carefully selected group of patients has resulted in the most positive, rewarding and dramatic improvement in self-esteem and self-confidence among patients. Among the pedicle flaps TRAM flap is a gold standard for breast reconstruction and have been used extensively with low complication rate. Initially breast reconstruction was offered only to patients with stage II and I but now indications are extended to even those with limited life expectancy, who may benefit from the improved quality of life. Regarding your article I have following queries.

1. I have also used TRAM flap for post mastectomy breast reconstruction. In my experience I have seen many patients who have midline infraumbilical post caesarian scar mark. In these cases the random area of flap usually gives problem in terms of its vascularity. Have you encountered any such patients in your series, if so, than what was the result in these cases?
2. It is unceivable that with such high volume work and regular follow-up, authors have not shown any pre and postoperative photographs.
3. You have offered immediate breast reconstruction in stage III carcinoma breast; it is locally advanced cancer with high chances of local recurrence. Would it not be better to offer delayed breast reconstruction in these patients? In your study what was the local recurrence rate beneath the flap and how did you detect it.

I again appreciate your effort and hope that this article will stimulate other centers for reconstruction of breast following mastectomy.

Pawan Agarwal
Assistant professor, Plastic surgery unit, Department of Surgery, N.S.C.B. Government Medical College, Jabalpur - 482003, India.
E-mail: drpawanagarwal@yahoo.com

REFERENCE

Laparoscopic surgery of inguinal hernia in children- experience with 110 repairs

Sir,
This has reference to the article “Laparoscopic surgery of inguinal hernia in children- experience with 110 repairs” by Sanjay Oak et al IJS 2004;66:70-4.

The authors have concluded that laparoscopic surgery is

(1) Cost effective (detailing the cost of supplies, operative time, length of study (Or should it be “length of stay”?)), early return to unrestricted activity, reduction in the period of absence for the parents)
(2) Cosmetically superior
(3) Safe
(4) Feasible for bilateral repair in the same sitting

BUT COMPARED TO WHAT?

Authors have not mentioned the main disadvantage that it makes the surgery transperitoneal which could well be done without entering the abdomen in open surgery.

Pawan Agarwal
Assistant professor, Plastic surgery unit, Department of Surgery, N.S.C.B. Government Medical College, Jabalpur - 482003, India.
E-mail: drpawanagarwal@yahoo.com