Drainage of puerperal breast abscess by percutaneous placement of suction drain should not be popularized as a novel surgical technique outside carefully controlled trials

Sir,

I read with great interest the article by Tewari et al.[1] It indeed can be an option in cases of puerperal breast abscess; however, the small sample size of only 30 patients over a six-year period cannot be considered representative of the results highlighted by the authors.

The excellent results reported by the authors have to be looked at with caution since their study has a definite selection bias. Further, eight weeks follow-up seems inappropriate to comment on recurrence, distortion of breast parenchyma and cosmeses. Late recurrences up to one year have been reported.[2]

The basic flaw in the author’s technique is the blind insertion of the trochar without ultrasound guidance. Even in the hands of the best clinicians, it is unusual for blind closed drainage of any abscess in a single sitting to result in a 100% cure without any residual abscess or other complications.[3] The facilities for ultrasound are available even in the primary health centers in India and the use of ultrasound would definitely minimize the chances of residual abscess if the authors intend to promote the use of this technique in primary health centers in the remote areas.

The author’s technique therefore cannot be applied to all patients with puerperal breast abscess outside carefully controlled trials and Level I evidence is required before it can be accepted as a standard procedure.

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REFERENCES