Letter to the Editor

Dear Editor,

I read with considerable interest the article “Oncoplastic breast surgery: Initial experience in an oncology centre” by Sharma et al¹ published in MJAFI 2014; 70:175–178. Having gone through this article, I have the following comments:

Breast conservation surgery combined with radiation has been proven to be as effective as mastectomy in terms of overall survival.² However for breast conservation to be maximally effective, the cancer must be resected with adequate or wide surgical margins while simultaneously maintaining the breast's shape and appearance, goals that may prove challenging and in some settings seem to be conflicting.

In 1994, Werner P Audretsch was one of the first to advocate the use of “oncoplastic surgery” for repair of partial mastectomy defects by combining the techniques of volume reduction with immediate flap reconstruction.³ Although initially used to describe the partial mastectomy combined with large myocutaneous flap reconstruction using the latissimusdorsi or the rectus abdominis muscles, oncoplastic surgery now more commonly describes a series of surgical approaches that utilize partial mastectomy and breast-flap advancement to address tissue defects following wide resection. Some of the widely utilized techniques have been employed by the authors very effectively though I feel going strictly by nomenclature patients undergoing MRM followed by reconstruction should not be classified under oncoplastic breast surgery.

The indications, as well as the contraindications, for oncoplastic surgery are the same as those of traditional breast conservation surgery and hence are usually offered to patients who are candidates for breast preservation. It was alarming to see that all patients in the study were young (mean age 33.4 yr), cancers in whom are known to be aggressive in behavior and hence should be treated aggressively. I wonder if MR mammography was employed in these young patients to assess their tumors accurately.

It would also be helpful to know if any localization techniques were employed preoperatively, especially in patients undergoing surgery after neoadjuvant treatment. The individual oncoplastic techniques are well described and the authors have achieved good results in terms of cosmesis and post operative complications. Wound infection, fat necrosis and delayed healing are vexing and often delay adjuvant treatment. Another dreaded complication is to get one of the resected margins positive in the final histopathology requiring revision of margin which is rather difficult in these patients as

the tumor cavity orientation has been distorted during the rotation. I have faced this problem twice especially when the histology is invasive lobular carcinoma where negative margins are difficult to achieve. I am cautious to offer oncoplasty in such patients. A positive margin will usually result in mastectomy. The authors have been meticulous in their resection and have not faced this situation. I would also like to know what was the cutoff negative margins in mms that the authors aimed for and achieved.

The techniques of Oncoplastic breast surgery are easily learnt; however for large myocutaneous flaps it is always helpful to seek the expertise of a reconstructive surgeon. Outcomes in literature atleast appear to be equivalent to standard breast conservation techniques however long term results are required to truly evaluate these techniques. A follow up of 5 months is rather short in Oncology to evaluate results but I am sure these patients would be on close follow up for years to come.

REFERENCES

1. Sharma MM, Chauhan A. Oncoplastic breast surgery: initial experience in an Oncology Center. *Med J Armed Forces India*. 2014;70(2):175–178.
2. Veronesi U, Cascinelli N, Mariani L, et al. Twenty-year follow-up of a randomized study comparing breast-conserving surgery with radical mastectomy for early breast cancer. *N Engl J Med*. 2002;347(16):1227–1232.
3. Audretsch BO, Masetti R, Silverstein MJ. Reconstruction of the partial mastectomy defect: classification and method. In: Spear SL, ed. *Surgery of the Breast: Principle and Art*. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2006:179–216.

Contributed by
Col Puneet Takkar
Senior Advisor (Surgery & Oncosurgery), Command Hospital (SC),
Pune 411040, India
E-mail address: drtakkar@gmail.com

Available online 10 July 2014

DOI of original article: <http://dx.doi.org/10.1016/j.mjafi.2013.12.004>

0377-1237/\$ – see front matter
© 2014, Armed Forces Medical Services (AFMS). All rights reserved.
<http://dx.doi.org/10.1016/j.mjafi.2014.06.004>