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LETTER TO THE EDITOR

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Reply to Rana Nadeem's Letter to the Editor

To the Editor:

Thanks for the letter in response to our article and would like to clarify the issues raised in his letter.

The aim of our study was to evaluate the prepectoral or muscle sparing technique with the Braxon Acellular Dermal Matrix.[1] We observed that the use of preshaped acellular dermal matrix for a complete breast implant coverage in selected patients is safe and gives satisfactory results with good cosmesis.

It must be emphasized that we carefully selected patients for this technique based on Association of Breast Surgeons and British Association of Plastic, Reconstructive and Aesthetic Surgeons guidelines.[2] Hence also patients whose anticipated mastectomy weight was less than <600 g were included in the study.

Berna et al. was a preliminary study,[3] which used the first-generation mesh (acetone-based preservation using thicker mesh), while the European study is based on the second-generation mesh (preservative free and 0.6 mm thick). The low complication rates achieved in our study is related to careful patient selection as according to the British guidelines, meticulous technique, and surpassing of the learning curve and surgery carried out by senior consultant surgeons. It must also be noted that we carefully selected patients preoperatively for this technique and hence carried out prepectoral implant based breast reconstruction as planned.

We observed in our study that the mesh becomes completely soft and pliable after adequate hydration and implants up to 540 cc (round up to 500 cc and anatomical up to 540 cc) can be used without any difficulty. It is also important to have snug implant mesh wrap to reduce the dead space and the formation of seroma. Hence, Rana has inaccurately stated in his letter that the mesh may not accommodate implants of 440 cc, which is contrary to European and British experience.

It is evident that there is variability in the rate of capsular contracture between our study and Maruccia et al.[4] We selected patients who did not anticipate to have postoperative radiotherapy in contrast to Maruccias series as 20% of patients had postoperative radiotherapy. Thus, radiotherapy could account for the observed differences in outcome.

Our follow-up was short and we planned to publish our long-term outcome in due course. Interestingly, Berna et al.[5] has recently published a 0% of capsular contracture observed in his preliminary series with a 4-year long follow-up. However, the issue about the complete or partial implant coverage was already studied by Ksander et Schmitz in their publications.[6,7] They observed that complete coverage of the breast implant with collagen reduces significantly the risk of developing capsular contracture.

Although we observed no major rippling in our series as follow-up was short and patients were carefully selected, it could be considered a problem of prepectoral breast reconstruction when the patient is very thin. Becker observed rippling in 6.4% of his patients too. This is why we advocate a careful patient selection. Anyway the occurence of rippling can be adjusted by lipomodeling.[8]

Although it was not the aim of our study, the technique is cost-effective as it is a single surgery with short operating times, reduced donor site morbidity, early recovery associated with minimal postoperative pain, and high patient satisfaction.[9]

Thus, the prepectoral or muscle sparing technique is safe, feasible, and avoids the adverse effects of submuscular implant-based breast reconstruction adding a whole dimension. However, it is paramount importance to continue to collect and analyze our long-term data to enhance our knowledge about this novel technique.

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