

Proliferative Lesions Found at Reduction Mammoplasty: Incidence and Implications in 995 Breast Reductions

Sir:

Reduction mammoplasty is a procedure that can mainly be related to macromastia or that can be aimed at symmetrization of the unaffected breast after oncologic breast reconstruction. Mastroianni et al.¹ are to be congratulated for their work in the presentation of breast cancer and proliferative lesion cases found in breast reduction specimens over a 12-year period and for highlighting the importance of routine pathologic examination of breast specimens.

As a tertiary center for breast reconstruction and postbariatric surgery, our plastic surgery department deals with a great number of reduction mammoplasty cases. For this reason, we are aware of the highly psychological burden of an unsuspected cancer diagnosis in a previous healthy patient or—even worse—in a previous breast cancer patient. Moreover, from a surgeon's prospective, we know how these findings are important for patient management and their treatment plan.

From March of 2014 to February of 2019, we operated on 210 female patients for reduction mammoplasty. Ninety-three patients underwent monolateral breast reduction and 117 underwent bilateral breast reduction. The median age was 50.5 years. Fifty-five patients were obese, and 85 had previous cancer in the contralateral breast. The histologic reports underlined two carcinomas in situ in patients without any comorbidity and 12 proliferative lesions in nine patients (four patients with previous breast cancer and one obese patient).

To try to reduce the number of unsuspected cancers found during reduction mammoplasty, our department follows a preoperative protocol both for aesthetic and for reconstructive procedures. This protocol is based on clinical examination of the breast on the day of the last outpatient appointment and on the day of the operation. Even if controversial,^{2,3} we request preoperative mammography for every patient; echography can also be performed according to the radiologist. Both preoperative images must be not older than 3 months. All of the specimens removed during the mammoplasty are sent for screening and the pathologic reports are explained to the patient during the 1-month follow-up appointment. In the event of a positive pathologic report, we discuss the case at the breast unit multidisciplinary meeting to plan further treatment if needed.

We believe is of paramount importance to try to reduce as much as possible the number of tumor lesions discovered de novo during standard reduction mammoplasty, especially in patients with a history of breast cancer, because of the great psychological impact an unsuspected diagnosis can have. By following this preoperative protocol, we try to spare patients extra operations, being as oncologically safe as possible. Moreover, we suggest patient counselling to minimize the psychological impact.

DOI: 10.1097/PRS.00000000000006210

Elena Pescarini, M.D.

Eva Kohlscheen, M.D.

Vincenzo Vindigni, M.D., Ph.D.

Clinic of Plastic Surgery
Department of Neuroscience
Padua University Hospital
University of Padua
Padua, Italy

Correspondence to Dr. Pescarini
Via Giustiniani 2
35128 Padova, Italy
elena.pescarini@gmail.com

DISCLOSURE

The authors have no financial interest to declare in relation to the content of this communication.

REFERENCES

1. Mastroianni M, Lin A, Hughes K, Colwell AS. Proliferative lesions found at reduction mammoplasty: Incidence and implications in 995 breast reductions. *Plast Reconstr Surg.* 2019;143:271e–275e.
2. Greco R, Noone B. Evidence-based medicine: Reduction mammoplasty. *Plast Reconstr Surg.* 2017;139:230e–239e.
3. Ortiz-Pomales YT, Priyanka H, Newell MS, Losken A. Reduction mammoplasty and breast cancer screening. *Clin Plast Surg.* 2016;43:333–339.

Reply: Proliferative Lesions Found at Reduction Mammoplasty: Incidence and Implications in 995 Breast Reductions

Sir:

My colleagues and I thank the authors for their letter in relation to our article, “Proliferative Lesions Found at Reduction Mammoplasty: Incidence and Implications in 995 Breast Reductions.”¹ We agree with the authors that a preoperative protocol including imaging and physical examination is mandatory for all patients with a history of breast cancer. However, routine imaging of patients younger than 40 years is controversial. Mammography in young patients has a high rate of false-positive and false-negative results secondary to the density of the breasts, which may lead to unnecessary procedures and biopsies, anxiety, and potentially out-of-pocket expenses if insurance does not cover the imaging. We follow recommendations by the American College of Radiology and the American Cancer Society in obtaining mammography in patients starting at age 40 years. If the authors have had a low rate of false-positives, false-negatives, and anxiety associated with their imaging protocol in low-risk young patients, and furthermore if they have found a significant number of cancer and proliferative lesions on imaging before the reduction mammoplasty in this cohort of patients, they should share their results in the literature for others to consider.

DOI: 10.1097/PRS.00000000000006211