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Letters

Outcome of Different Timings of Radiotherapy in Implant-Based Breast Reconstructions

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Sir:

In the article entitled "Outcome of Different Timings of Radiotherapy in Implant-Based Breast Reconstructions" (*Plast Reconstr Surg*. 2011;128:353–359), Nava et al. report a higher failure rate in reconstruction patients undergoing irradiation with tissue expanders compared with postexpansion reconstruction patients undergoing irradiation with implants. The timing of irradiation is definitely a consideration; however, there are other factors to be considered. For example, there are differences between the expanders and implants used in this study. The expanders have large rigid integral injection ports and may be underfilled. Underfilling of expanders is common during the expansion process. In addition, the texturing of the saline expanders may contribute to irritation during expansion. These differences may be factors contributing to the increased complication rate with expanders versus implants.

Figure. No caption a...

Underfilled textured saline expanders and implants are known to fold, resulting in a rough point that can irritate and even break down tissue. In addition, the rigid port can be a source of pressure on compromised flaps and prevent complete emptying of the expander should it be necessary.

In my patients, I use the smooth Spectrum adjustable implant for expansion.[1] This device has a remote injection port and thus closely resembles a standard saline implant. The Spectrum device can be placed virtually empty if necessary, with no rigid pressure points. Furthermore, if folds occur when it is underfilled, there is less irritation, as the surface of the device is smooth.

I prefer having irradiation carried out during expansion, as the Spectrum device volume can be adjusted to satisfy the radiation therapist and avoid excessive tension on the skin flaps during irradiation. Should capsular contracture occur, an open capsulotomy is performed and the Spectrum adjustable implant is overexpanded to splint the newly forming capsule. In my experience, recurrence of capsular contracture is extremely low. This low recurrence is attributable to the irradiated fibroblasts having a lower ability to form a contracting capsule, similar to the effect of radiation on keloids. Once the capsule has matured, the volume is reduced and the fill tube and remote port are removed. If desired, the Spectrum adjustable implant can be replaced with a silicone gel implant at this stage.

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DISCLOSURE

Dr. Becker has a financial interest in adjustable implants and is a consultant for Johnson & Johnson. He is a paid consultant of Mentor Worldwide LLC and has received royalties from Mentor, and he is a consultant for Greer Medical.

REFERENCE

1. Becker H. One stage immediate breast reconstruction with adjustable implants. In: Spear SL, ed. Surgery of the Breast: Principles and Art. 3rd ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins; 2011:357–375.

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