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Peer Review File

Article information: https://dx.doi.org/10.21037/gs-22-74

Reviewer A

Comment 1: This case report, whilst not presenting a new technique, is well-written and well-illustrated. Please can the authors define the acronyms in the figure legends.

Reply 1: Thank you for reading our case report and for your comments. We have defined the acronyms in the figure legends.

Changes in the text: ADM, IMF, NAC acronyms have been defined at first report in the figure legends, page 10, lines 192-205.

Reviewer B

Comment 2: This is not a novel idea or report and has been published on extensively before with large case numbers. See: Mosharrafa AM, Mosharrafa TM, Zannis VJ. Direct-to-Implant Breast Reconstruction with Simultaneous Nipple-Sparing Mastopexy Utilizing an Inferiorly Based Adipodermal Flap: Our Experience with Prepectoral and Subpectoral Techniques. Plast Reconstr Surg. 2020 May;145(5):1125-1133.

AND

Aliotta RE, Scomacao I, Duraes EFR, Kwiecien GJ, Durand PD, Fanning A, Moreira A. Pushing the Envelope: Skin-Only Mastopexy in Single-Stage Nipple-Sparing Mastectomy with Direct-to-Implant Breast Reconstruction. Plast Reconstr Surg. 2021 Jan 1;147(1):38-45.

Additional note: nipple grafts lose sensation as do nipple sparing mastectomies unless you are performing some type of neurotization procedure.

Reply 2: Thank you for reading this manuscript and for your comments. We agree that stating that nipple grafts lose nipple sensation is misleading because NSM also lose nipple sensation.

Changes in the text: We removed “loss of nipple sensation” from page 7, line 147 when we discuss disadvantages of free nipple grafts.

Reviewer C: This is a well written paper that presents a novel application of pre-existing techniques. Perhaps the author might be able to comment on a few points prior to acceptance.

Comment 3: What was the nature of multifocality of the disease? Given the excellent clinical response, was she a candidate for breast conservation? i.e., multiple wide excisions.

Reply 3: Thank you for reading our manuscript and for your queries. She had

multifocal disease and did not want radiation.
Changes in the text: We added a sentence on page 5, line 103-104 that states "She also did not want breast conservation therapy with radiation."

Comment 4: What was the resection volume of the mastectomy specimen? Photographs can be difficult to interpret but it looks like she may have been a candidate for a nipple-sparing mastectomy with immediate prepectoral reconstruction. In my personal experience and also in some other series, good outcomes have been reported in patients with moderate sized breasts (up to 500cc and even beyond this in certain cases).
Reply 4: Thank you for your comments. The resection volume of the mastectomy specimen was >500. Her anthropometric measurements of the breast also did not support NSM based on our previous paper (PMID: 31985611)
Changes in the text: None.

Comment 5: Another consideration is possibly the use of a staged approach with the insertion of air-filled expanders at the index operation, to minimize the weight and pressure on the mastectomy flaps. The air can then be exchanged for saline after about 2 weeks. An exchange then be carried out. However, this is an interesting approach and would certainly be useful as another possible approach for women with bigger sized breasts desiring mastectomy + implant reconstruction. Obviously, these women would have to accept the significantly more extensive operative scars.
Reply 5: Thank you for your comment. This is certainly an option. In our experience that does not afford much control. The skin may become threatened leading to exposure of the expander. Also, this does not allow for a breast lift which was something the patient wanted.
Changes in the text: None.