

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/asj-23-37>

### REVIEW COMMENTS

#### Reviewer A

**COMMENT:** The paper is well-written and interesting to a global audience.

**REPLY:** Thank you very much for your positive review.

#### Reviewer B

**COMMENT:** Overall, this is an interesting and well-constructed case report. However, I believe it could benefit from a significant linguistic review. Though the entire manuscript should be proofread for linguistics, below are a few specific examples. Thank you for the opportunity to peer-review this work.

Page 3 (Line 64): Please consider changing “nowadays” to “currently.”

Page 3 (Line 67): Please consider changing “in case” to “in the case of.”

Page 5 (Line 109): Please consider changing “the patient came to our attention” to something else.

Page 5 (Line 110): Please consider elaborating on the specific number of breast reconstruction procedures this patient had previously undergone considering the case report nature of this work.

Page 5 (Lines 113-114): Please consider changing “A little volume” to more professional verbiage. Good description of the initial “touch-up” procedure

**REPLY:** Thank you very much for your positive review. The manuscript has been completely revised for linguistics and consequently adjusted.

**CHANGES IN THE TEXT (highlighted in red):**

Page 3 (Line 64)

Page 3 (Line 67)

Page 3 (line 81)

Page 3 (Line 83)

Page 5 (Line 109)

Page 5 (Line 110)

Page 5 and 6 (Line 114-115)

#### **Additional modifications:**

Page 5 (Line 106-107)

Page 5 (Line 112-113)

#### Reviewer C

**COMMENT:** The aesthetic result of this salvage reconstruction are so poor and unacceptable to me that I would never even consider using this approach if I encountered a similar patient. This is butchery- not breast reconstruction

**REPLY:** Thank you for your review. Unfortunately, we cannot agree with your opinion. The patient had previously undergone four failed surgeries and she rejected any microsurgical approach. The soft tissues of the anterior thoracic wall were critically corrupted, with scar tissue deleting the

common landmarks of the breast. Implant-based reconstruction could not be taken into account given the previous failed attempts and the patient did not have enough fat to donate for a complete reconstruction with autologous fat grafting. The only option left was, in our experience, a perforator flap-based reconstruction. Prior to surgery we have scanned the thoracic wall searching for viable perforators that could give us any possible alternatives for reconstructing the breast mound and the only trustworthy ones were the IMA and the SEAP described in the manuscript. The patient was fully aware that an “aesthetic” breast reconstruction was not an achievable goal but her main focus was to obtain breasts of similar volume so that she could wear bras and feel at ease with her everyday clothing. At the end of the first touch-up surgery she is happy with the results obtained so far and willing to continue.

Regardless of the opinion you have expressed, which we respect and embrace, we would like to point out that the way it was expressed was very disrespectful and despicable.

Kind Regards.

### **Reviewer D**

**COMMENT:** While I commend the authors for a case well done, it is not clear what is unique here at all.

These are commonly used flaps, and common indications for these flaps.

The technique was standard, and the results were acceptable, but not overly aesthetic.

There is nothing presented by the authors to highlight any unique information to warrant this case report

**REPLY:** Thank you for your review. We have deepened this aspect, trying to highlight what we feel was unique for this particular case.

### **Changes in the text:**

Page 3, Lines 56-60