

possibly be qualified to perform all of them well. Furthermore, many of these procedures were developed by other specialties, especially medical/surgical ones such as dermatology, otolaryngology, and ophthalmology. It is quite amusing to dermatologists when plastic surgeons suggest that dermatologists should not be allowed to perform the very procedures that they developed. In fact, many dermatologists feel that indeed it is the plastic surgeons who are thoroughly unqualified to perform many of these procedures.

Clearly, as van der Meulen states, we have reached a crossroads in the definition of surgical specialties. I doubt that his dream of completely reorganizing specialty designations and training is feasible at this time. However, what certainly is obtainable is a spirit of cooperation and interspecialty exchange of knowledge. This can occur only in a climate in which each specialist respects the others for their knowledge, talents, and abilities. Without this atmosphere of mutual respect, we will all slide down the slippery slope of disdain from the vantage point of our perplexed patients.

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PROPHYLACTIC MASTECTOMY, OOPHORECTOMY, HYSTERECTOMY, AND IMMEDIATE TRANSVERSE RECTUS ABDOMINIS MUSCLE FLAP BREAST RECONSTRUCTION IN A BRCA-2-NEGATIVE PATIENT

Sir:

We read with great interest the article by Spear et al. in the February 1999 issue of the Journal (*Plast. Reconstr. Surg.* 103: 548, 1999). We compliment the authors on a well-written article, and we would like to submit our own views on the subject.

Prophylactic mastectomy has been the object of controversy since the late 1970s. The recent identification of genetic alterations associated with hereditary breast cancer has again brought the role of prophylactic mastectomy back into discussion. According to our view, apart from the recent developments in medical genetics, the reappraisal of prophylactic mastectomy can also be attributed to the development of alternative options of breast reconstruction, mainly involving autologous tissue transfer, that provide results far superior to those produced by prostheses.

One of the main concerns in prophylactic mastectomy was that of the aesthetic outcome and, closely associated with that, the psychological aspects of a mutilating operation. The current armament of the plastic surgeon with regard to breast reconstruction includes free transverse rectus abdominis myocutaneous flaps,¹ free deep inferior epigastric perforator flaps,²⁻⁴ and superior gluteal artery perforator flaps,^{5,6} all of

which produce results far superior to those achieved by implants and with far fewer long-term complications.

We have been offering the free deep inferior epigastric perforator flap to our patients as the first choice for breast reconstruction, and we have recently dealt with a case of a patient at high risk for developing breast carcinoma, in collaboration with the breast surgeons. The patient was BRCA-2 negative but had a very strong family history of breast cancer (her grandmother, her mother, her two aunts, and her sister had all died of breast carcinoma). The patient was offered the option of bilateral prophylactic mastectomies with immediate bilateral free deep inferior epigastric perforator flap reconstruction coupled with free nipple grafting, which she accepted. The aesthetic result is quite good and the patient feels happy with her decision.

In conclusion, we would like to submit that the development of state-of-the-art breast reconstruction techniques producing aesthetically acceptable results has, according to our view, contributed to the reappraisal of prophylactic mastectomy, offering patients an acceptable alternative to their own breasts.

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A NEW EXTENDED EXTERNAL OBLIQUE MUSCULOCUTANEOUS FLAP FOR RECONSTRUCTION OF LARGE CHEST-WALL DEFECTS

Sir:

I have several comments about the published article by Moschella and Cordova in the April 1999 Journal (*Plast. Reconstr. Surg.* 103: 1378, 1999).

The authors, in an attempt to present "a new" technique have used words such as "a new extended," and "different from other external oblique flaps" as if to distance themselves from their predecessors who have described and used this