

### Routine histological examination of the mastectomy scar at the time of breast reconstruction

We read with interest the paper<sup>1</sup> titled 'Routine histological examination of the mastectomy scar at the time of breast reconstruction: important oncological surveillance?' by Soldin et al. recently published by the journal (*Br J Plast Surg* 2004; 57:143-145).

We would like to compliment the authors for dealing with this issue and for presenting a well written paper and we would like to offer our own experience and views on the subject.

In a recent series of 14 consecutive breast reconstructions performed by one of the senior authors (GJZ) in a period of 4 months, one of the mastectomy scar specimens was reported as containing recurrent breast carcinoma.

This 36-year-old patient had a locally extensive carcinoma of the left breast and underwent a left Patey mastectomy in 2001. She had eight positive nodes and she received post-operative radiotherapy to the left chest wall and also had six cycles of chemotherapy. Her post-operative course was uneventful and she was referred for breast reconstruction in June 2002. Pre-operative consultation did not reveal any signs of local recurrence. She underwent a left latissimus dorsi + permanent tissue expander breast reconstruction in November 2003 and as usual the mastectomy scar was sent for histological examination.

The histological examination of the mastectomy scar revealed the presence of oestrogen-receptor-positive carcinoma in the lymphovascular spaces within the skin. Post-operative CT scanning showed no distant metastases. The patient was referred to the Breast Cancer Multidisciplinary Team meeting and it was decided to proceed with adjuvant chemotherapy (Zoladex + Arimidex).

We agree with the authors that the incidence of recurrence is low and that the discovery of microscopic scar recurrence is very rare, but we cannot agree with them that histological examination of the mastectomy scar is of no benefit.

Although it is unclear whether systemic therapy in patients with locoregional recurrence can increase the overall survival,<sup>2-4</sup> the administration of systemic therapy containing tamoxifen can significantly increase the disease-free survival of patients with isolated locoregional recurrence, compared with observation alone.<sup>5</sup>

Early intervention may therefore have a profound impact on these patients in terms of quality-of-life, by increasing the disease-free survival, and may also have some effect on the overall survival.

On the other hand, the cost incurred for the histological examination—£36/case as estimated by the authors—is minimal, compared to the total cost for the treatment of these patients, and also compared to the resources spent on the histological examination of clinically benign lesions excised in day case surgery every day throughout the UK.

In conclusion, we would like to commend the authors once again on a paper well written, but we would like to submit that histological examination of the mastectomy scar at the time of reconstruction is a necessary practice that could allow better management of patients with locoregional recurrence.

### References

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### Early arising Marjolin's ulcer: report of three cases

We read the article by Thio et al. entitled 'Malignant change after 18 months in a lower limb ulcer: acute Marjolin's revisited'.<sup>1</sup> They had found no other report to date that demonstrates such an early malignant change in a chronic wound. But we presented such a case of an early appearance of Marjolin's ulcer in the scalp.<sup>2</sup>

A 23-year-old male patient with a 6 × 8 cm