Reviewer's report

Title: Preliminary experience improving the outcomes of primary augmentation using porcine acellular dermal matrix, including a novel technique for internal scarless mastopexy, in patients with poor-quality mammary soft-tissue support at increased risk of capsular contracture: a consecutive case series

Version: 2 Date: 27 July 2013

Reviewer: Benoit Blondeau

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

new surgical technique

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

Comments
The definition of “poor quality mammary soft-tissue support” is somewhat vague and the reviewers may understand that this is a difficult status to quantify; for many reasons, especially because the author and other authors on the topic may not have been able to identify all the factors. The relationship between the risk
factors above-mentioned and the complications, similarly, may not allow the reader to transform it into a causal relationship.

The author mentions the use of PADM to manage, in second intention, complications attributed to poor quality mammary soft-tissue, addressing the complications. Yet the intention to use the mesh as a component of the 'standard' operation in selected patients seems unsupported in face of the assumptions related to the capacities of the mesh.

The management of the patient in case#1 may need some clarification
• What is the support for vancomycin followed by 7 days of another antibiotic?
• What is the support for the antibiotic solution?
• Finally is there a benefit to start celecoxib two days before the operation?

Patients # 2 and 3 do not seem to have received the same treatment, is there a reason for such a different management?

In two occasions, the author mentioned the unpublished data about 25 revision cases. This is an important support argued by the author, yet undocumented.

There is no doubt about the passion of the author for the topic. The causality between action (use of PADM) and results (no complications) is not well supported for several reasons:
• Mainly, the methodology of the report (weak case report) does not match the strong claim (of the benefit of using preemptively PADM)
• But also, the absence of strong quantification of poor quality soft tissue needed to compare patients and assign a risk

The reviewers understand that all the above may not be possible, refuting a strong conclusion.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests