Reviewer's report

Title: Partial mastectomy using manual blunt dissection in early breast cancer

Version: 1 Date: 1 June 2015

Reviewer: Edward Chang

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In the manuscript, the authors describe a technique using blunt dissection to free the breast tissue from the overlying skin and then completing the partial mastectomy through limited incisions either around the nipple-areolar complex or from the incision made to perform the sentinel node biopsy. They have demonstrated a long history of this technique and in a large number of patients which excellent success rates. They demonstrate low risk of complications with minimal blood loss and relatively short operative times.

Overall, the authors should be commended for their results.

Major Criticisms

How many patients ultimately were found to have node positive disease and required a completion axillary dissection?

How did the authors choose the size limitation for partial mastectomy for invasive disease to be 3cm? This seems to be an interesting cut off as this can be a T2 tumor and could be a stage II cancer. What about for patients with DCIS with larger areas of disease beyond 3cm?

I imagine this technique may be easier to accomplish in smaller breast patients as occurs in the Asian population; however, I suspect this technique will be more difficult to achieve in larger breast patients or patients with ptosis. In these patients, the incision will not likely be able to be placed either in the axilla or around the nipple-areolar complex. The authors should address the limitations of their incisions to the patient population.

The authors still need to use electrocautery to remove the remainder of the tumor following the superficial dissection. Did the authors consider sharp dissection of the entire partial mastectomy? Many surgeons in practice will infiltrate the breast with local anesthetic or a tumescent type solution and then complete the partial mastectomy or even an entire mastectomy with sharp dissection alone. What do the authors feel is the benefit of their technique over the other techniques?

The authors describe the use of local flaps for reconstruction, how many patients underwent reconstruction with a flap? Particularly in small breast patients, removal of specimens even through a limited incision can create significant contour deformities. For example, it would appear that the patient in the figures had a specimen removed that was 7cm x 4cm x 3cm. While the scars are quite acceptable, one would suspect that she will have hollowing in that area particularly following radiation.
Minor Criticisms

The surgical technique for sentinel node biopsy can be shortened as these are well-described surgical techniques that detract from the focus of the paper which is the technique in performing the partial mastectomy with small incisions and a blunt manual superficial dissection.

Did any patients need to have a re-excision for close or positive margins?

The complications can be stated as (hematoma n=3, wound infection n=1) rather than (postoperative bleeding three times, wound infection one time)

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have no disclosures or competing interests