

LETTER TO THE EDITOR

Priority Claim *First Lymphovenous Anastomosis Performed for Breast Lymphedema in 2016 and 2017*

To the Editor:

We would like to reply to the article "Successful Relief of a Male Breast Lymphedema by Supermicrosurgical Lymphaticovenular Anastomosis," which was recently published in your journal by Ayestaray and Chrelias.¹

Although we have read the article with great interest, we were rather astonished that the authors state that lymphaticovenular anastomosis has not been described for the treatment of breast lymphedema. Also, further on in the article, they also state that the technique has not been reported for female breast lymphedema.

In 2016, we described a case of breast

important differences should be mentioned. While they performed preoperative magnetic resonance imaging to assess breast edema in their patient, this was not necessary in our case of breast lymphedema secondary to breast cancer given the extensive swelling of the breast. In the case described in our first publication,² no preoperative lymphatic mapping was performed, and in our second case,³ we performed preoperative lymphatic mapping by means of indocyanine green lymphography. Ayestaray and Chrelias¹ on the contrary reported that not only periareolar lymphatic mapping was performed by indocyanine green but also by means of injection of patent blue dye. However, besides the well known risk of anaphylaxis linked to the injection of several contrast agents, the authors do not comment on the need to inject patent blue dye in the periareolar area particularly because they used microscope-integrated near infrared videoangiography. Also, in our cases,^{2,3}

for breast lymphedema in women as well as in men.

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