Authors’ Reply

Sir,

We are happy to read with interest the observation on our paper “An effective method of drainage of puerperal breast abscess (PBA) by percutaneous placement of suction drain”[1] and the suggestion that this method may not be popularized as a novel surgical technique outside carefully controlled clinical trials. The reader’s observation is valid and based on the current concept of approval of quality of evidence obtained for clinical treatment choices. The best evidence-based medicine decision arrives from double-blind randomized controlled trials producing the highest level of statistical power (beta) and level of significance (alpha). While this is very important other factors too require to be counted that include - honesty of reporting, biological plausibility, reproducibility and generalizability (Bellomo and Bagshaw 2006).[2]

While all these factors have limitations, overwhelming
and efficacious superiority of the result of a given treatment may make a double-blind controlled clinical trial to reprove the clinical benefits superfluous and even unethical. Take the example of ‘laparoscopic cholecystectomy’ that spread far and wide in application before comparison with “Gold Standard” open cholecystectomy was even thought of. In the same way we found the percutaneous placement of suction drain so efficient that any thought of a trial with incision and drainage (I and D) or repeated needle aspiration with or without ultrasound control was given up on the ground of the report by Eryilmaz et al [3] of randomized comparison of incision and drainage in 23 PBA with needle aspiration in 22 PBA. The findings are significant for our study as out of 23 patients who had I and D, in one patient recurrence occurred and in 16 (70%) the cosmetic result was unsatisfactory. In comparison, in the needle aspiration group 10 (45%) required multiple aspirations and in nine (41%) further incision and drainage was required. Besides the disadvantages of poor cosmesis, repeated aspirations or conversion to I and D increased the treatment period and associated morbidity. Moreover, the size of abscesses of more than 5 cm was a risk factor for recurrence. The result obtained with our method of percutaneous placement of suction drain is evidently superior without any incidence of residual or recurrent breast abscess and devoid of any scar, giving a good cosmesis for large fluctuant puerperal breast abscesses. As such we feel that there is no requirement of controlled trials with percutaneous placement of suction catheter in PBA.

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