Letter to the Editor

Reliability of the sentinel node mapping according to time from surgery in breast cancer patients with previous excisional biopsy: Comment on Sabaté-Llobera et al. study

Fiabilidad de la biopsia del ganglio centinela en función del tiempo de la cirugía en pacientes con cáncer de mama con la biopsia por excisión previa: comentario sobre el estudio de Sabaté-Llobera et al.

Dear Editor,

We read with the great interest the recent outstanding article by Sabaté-Llobera et al. in the current issue of Revista Española de Medicina Nuclear e Imagen Molecular on the influence of time from the surgery on the reliability of sentinel lymph node biopsy (SLNB) in breast cancer patients with previous excisional biopsy (EB).

They reported 100% sentinel lymph node visualization and no lymphatic relapse during the follow up in both studied groups including patients with up to 29 days elapsed between EB and SLNB and those with 30 days or more time interval between both procedures.1

We totally agree with their conclusion regarding the independent reliability of superficial injection of the radiopharmaceutical during SLNB from the time elapsed between EB and SLNB procedures.

Actually EB of the primary breast lesions is not considered a contra-indication for sentinel node mapping anymore. Based on the systematic review of Javan et al., sentinel lymph node mapping of breast cancer patients with the previous history EB was associated with considerably high pooled detection rate of 91.3% [95% CI: 89.2–93.1%], which was similar to patients without previous EB [92.8%] [95% CI: 91.1–94.3%]. They also reported odds ratio and risk difference of 1.16 and 0.002, for sentinel lymph node mapping failure in patients with and without previous EB, respectively.2

In a recent study by Marrazzo et al., no axillary recurrence was observed in breast cancer patients with history of EB in a median follow up time of 63.5 month, which is also in accordance to the Sabaté-Llobera et al. study.3

In another study by Asadi et al., breast cancer patients who were candidate for EB underwent two sets of lymphoscintigraphy imaging (before and after the surgical biopsy). Comparing results of two lymphoscintigraphy sets showed that sentinel lymph nodes were detected in the same locations which proved the reproducibility of sentinel node mapping before and after EB.4

Another relevant study by Aliakbarian et al. evaluated the effect of time interval between EB and SLNB in breast cancer patients. They reported that the time of sentinel node visualization was related to the time interval between EB and SLNB. With shorter time interval, the time of sentinel node visualization would increase which is due to impeding effects of edema or hematomas in the breast on the lymphatic flow. However, overall detection rate was not affected by the time interval between EB and SLNB which is in accordance with the results of Sabaté-Llobera et al. study.5

In our opinion the study of Sabaté-Llobera et al. is an important addition to the medical literature regarding SLNB in breast cancer patient with previous EB and the authors should be commended in this regard. Their results again show that EB is not a contra-indication for SLNB in breast cancer patients, especially the time interval between EB and SLNB does not affect the accuracy of this technique.

References


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