5. Yoon AP, Kane RL, Hutton DW, Chung KC. Cost-effectiveness of recurrent dupuytren contracture treatment. *JAMA Netw Open* Oct 1 2020;**3**(10):e2019861.

Manal I.A. Patel
University of Cambridge School of Clinical Medicine, Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0SP, UK

Irshad A. Patel
Department of Plastic and Reconstructive Surgery, Royal Devon & Exeter Hospital, Barrack Road, Exeter, EX2 5DW, UK
E-mail address: mp778@cam.ac.uk (M.I.A. Patel)

https://doi.org/10.1016/j.bjps.2021.01.018

Plastic surgery in the time of Coronavirus in Italy. Maybe we should say: "Thanks Darwin we are Plastic Surgeons!"

Dear Sir,

We read with great interest the article: Plastic Surgery in the time of Coronavirus in Italy. Can we really say "Thanks God we are plastic surgeons?", by Elia et al.[1]

Lately, Intensive Care Units, Infectious Disease, Pneumology and Hygiene services played the main role in facing the pandemic. Nowadays, in the middle of the virus backfire, some specialties look somehow doomed to step back from the race for worldwide population salvation and face a second break of the daily activities.[2]

If during the first pandemic peak, the total admission rate to Italian plastic surgery units decreased,[1] we now risk to pay the overwhelming consequences of Covid-19 reorganization on waiting lists and management of those pathologies not considerable again as priorities, but still representing a worsening necessity. In fact, while stopping the pandemic remains mandatory, other serious and life-impacting diseases affect the population and plastic surgeons, among others, play a crucial role in guaranteeing a proper treatment. In this regard, Elia et Al. registered an increase of admissions due to hand trauma related to home accidents and domestic burn injuries.[1]

Nonetheless plastic surgery is versatile, a "border" specialty, playing a key role in oncologic surgery as well. Inspired by the Authors, we reviewed the database of a newborn multidisciplinary Oncologic and Reconstructive Breast Surgery Departments, reporting the number of surgical procedures performed from March 9th to May 18th 2020 in comparison to the trends registered before and after the pandemic onset.

During the two months of Italian lockdown, we counted 76 undeferrable breast surgeries (average 38/month), including oncologic demolitions, autologous/heterologous reconstructions and revision surgeries. 266 procedures (average 38/month) were performed in the first seven months (August 2019-March 2020), confirming surprisingly no impacting reduction rates due to the pandemic.

In the following six months (May 19th-November 26th 2020), we registered 215 undeferrable breast surgeries (average 36/month), −5% than during the lockdown. T-test was applied and p-value < 0.05 was considered significant. Despite a slight variation in our surgical activity, no statistically significant differences were evidenced among these periods. Though, if we consider minor or deferrable surgeries such as lipofilling or surgical revisions, 118 surgeries (17/month) were performed in the previous seven months while only 3 surgeries during lockdown, with a −97,5% rate. In the 6 months after the lockdown, 119 deferrable surgeries (20/month) were carried out (+97,5%) (**Figure 1**). Concerning only not urgent surgeries, we highlight a statistically significant difference among these periods.

In the battle against breast cancer during COVID-19, plastic surgeons answered present to the call of duty, ensuring the continuity of their surgical activity and a comprehensive oncologic and reconstructive treatment.

Moreover, the role of plastic surgeons in the Breast Units evolved, increasing in importance along with the concept of the "*aesthetic cancer cure*". The meaning of "*oncoplastic surgery*" goes far beyond the simple concept of both oncologic and plastic surgeries combination. It indicates a dynamic way of patient's care, with efficacious cancer surgery together with preservation or improvement of the breast aesthetic. An optimal result is achieved when the entire multidisciplinary skillset is at disposal. Usually, Italian Breast Unit surgical team is composed by general and plastic surgeons, who provide independent skills.

However, what if a single surgeon, dual-trained in breast oncology and plastic surgery, would handle the entire surgery? This thorough figure would benefit from a comprehensive understanding of the breast cancer treatment, leading to wider offer of oncological and reconstructive options and higher rates of successful outcomes.

We identify with this philosophy and have standardized it in our daily practice. Over the years our multidisciplinary group has developed this perspective, shared and consolidated mutual skills with good results, achieving the maintenance of constant volumes of surgical activity in the field of breast surgery, even during the lockdown.

Shaterian et al.[3] report that a dual-trained surgeon performing the entire surgery is associated to improved patient care and breast reconstruction rates, if compared to traditional team-approach.

As breast surgery definitely seems to follow this trend, the big question is: which specialty will be playing this role in the future?

According to Tagliacozzi and Zeis, Plastic surgery as it was conceived might not last forever. It is to be considered a dynamic and historical science, that has to modify its conclusions over time as knowledge changes.[4]

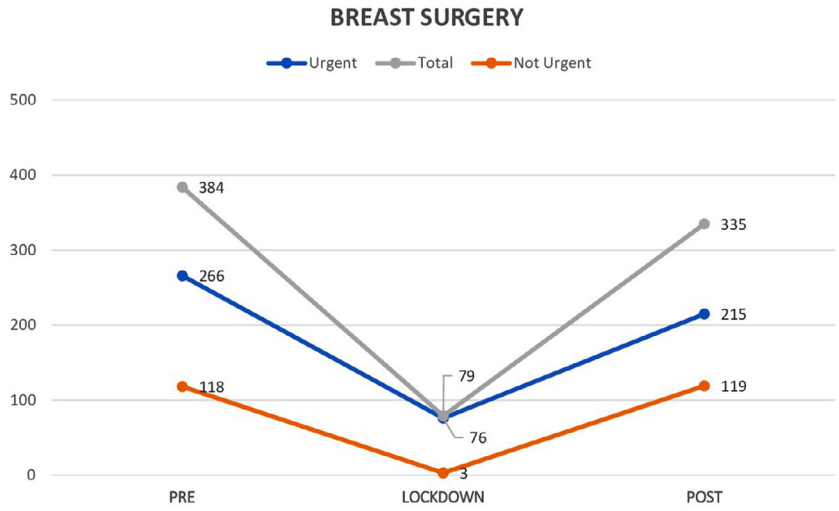

Figure 1 Data analysis from the newborn multidisciplinary Oncologic and Reconstructive Breast Surgery Departments (August 1°, 2019). The graphic shows the numeric trend of breast surgeries seven months before, during the two months of lockdown and six months after. The grey line shows the total numbers of surgeries performed, the blue one shows only urgent procedures, and the orange one shows not urgent procedures.

The Covid-19 disaster pushed us all to broaden our competences reconsidering our role in patients care, remarking how resilience is mandatory to face the new challenges of a constantly developing environment. In the Darwin's Origin of Species, it is not the strongest that survives, nor the most intelligent. It is the one that is most adaptable to change.[5]

Funding

None.

Ethical approval

Not required.

Declaration of Competing Interest

The authors have nothing to disclose.

Acknowledgments

We here acknowledge Valeria Nesi (Breast Unit Case Manager) and Carla Chiarucci (Breast Unit Data Manager), for their technical support in data collection and analysis, that resulted fundamental in the current study.

References

1. Elia R, Giudice G, Maruccia M. Plastic surgery in the time of Coronavirus in Italy. Can we really say "Thanks God we are plastic surgeons? *J Plast Reconstr Aesthet Surg* 2020:S1748-6815 30414-9.
2. Wu M, Wang J, Panayi AC. Plastic surgery during the COVID-19 Pandemic: the space, equipment, expertise approach. *Aesthet Surg J* 2020;**40**:NP574-7.
3. Shaterian A, Saba SC, Yee B, et al. Single dual-trained surgeon for breast care leads to higher reconstruction rates after mastectomy. *World J Surg* 2013;**37**:2600-6.
4. Al-Benna S, Bruce-Chwatt A, Gohritz A. The origins of modern plastic surgery. *J Plast Reconstr Aesthet Surg* 2020;**73**:2086-102.
5. Megginson. Lessons from Europe for American Business. *Southwest. Soc. Sci. Q.* 1963;**44**:3-13.

Marco Marcasciano
Department of Oncologic and Reconstructive Breast Surgery, "Breast Unit Integrata di Livorno, Cecina, Piombino, Elba, Azienda USL Toscana nord ovest", Leghorn, Italy. Via dell'Esquilino 38, 00185 Roma, Italy

Juste Kaciulyte, Francesco L.R. Mori, Federico Lo Torto, Diego Ribuffo
Sapienza University of Rome, Policlinico Umberto I, Department of Surgery "P.Valdoni", Unit of Plastic and Reconstructive Surgery, Roma, Italy

Donato Casella
Azienda Ospedaliera Universitaria Senese, UOC Chirurgia Oncologica della Mammella, Siena, Italy
E-mail address: dott.marcomarcasciano@gmail.com (M. Marcasciano)

https://doi.org/10.1016/j.bjps.2021.01.010