Diagn Interv Radiol 2017; 23: 86

Simple breast cysts: should we treat or not?

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We read with great interest the article entitled "Effectiveness of single-session ultrasound-guided percutaneous ethanol sclerotherapy in simple breast cysts" by Ozgen (1), which has been recently published in *Diagnostic and Interventional Radiology*. However, we would like to address some limitations. First, simple breast cysts do not need any follow-up, as they do not show malignant transformation. Therefore, they do not require any treatment, particularly in asymptomatic patients (2). In this study, minimum lesion volume was reported as 4 mL. Such a small lesion probably does not cause complaint in the patient. Secondly, in cases treated for pain relief, it would be interesting to see how much benefit was obtained, whether the symptoms improved after the treatment, and which symptoms were resolved after the ethanol injection treatment. Thirdly, in this article, the intervention was performed on three asymptomatic patients. The reason for ethanol injection treatment in these patients remains to be elucidated. Furthermore, after the ethanol injection treatment, ultrasonography was performed at one week, one month, three months, and six months for all patients and at 12 months, 18 months, and 24 months for all available patients. However, the follow-up of patients with simple breast cysts with repeated ultrasonography is not a cost-effective management modality, and not acceptable. Although ethanol injection might be used as an alternative for the treatment of recurrent breast cysts (3), selection of patients and duration and frequency of follow-up should be arranged meticulously.

Conflict of interest disclosure

The author declared no conflicts of interest.

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Received 13 May 2016; revision requested 13 June 2016; last revision received 18 July 2016; accepted 20 July 2016.

Published online 6 December 2016.
DOI 10.5152/dir.2016.16257

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Dear Editor,

We agree that simple breast cysts do not require follow-up. However, even benign lesions without possibility of malignant transformation might need treatment. Therefore, simple breast cysts have been treated and will probably be treated in the future, especially in symptomatic patients.

In our study, all patients were treated due to patients' request even if they were asymptomatic. Symptoms of the patients were lump (61%) and pain (29%). It was mentioned that out of eight patients complaining of pain, five became asymptomatic, two mentioned significant relief, whereas no change in pain was noted in one. Since average residual volume of all cysts treated was 0.4 mL with a 95% mean volume loss and all cysts became invisible at six months, none of the cysts was palpable at end of the follow-up.

Follow-up of the patients were performed in a frequent fashion to closely observe the outcome of the therapy. The patients were not charged for follow-up examinations. Results of the study also suggest that there is no need to closely follow-up patients after ethanol sclerotherapy for simple breast cycts.

Published online 6 December 2016.
DOI 10.5152/dir.2016.1