



Invited Response on “Combined Breast Reduction Augmentation”

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Sir

Thank you for the opportunity to respond to the letter regarding our paper entitled “Combined Breast Reduction Augmentation”. We appreciate your interest and consider that all your kind suggestions provide an interesting feedback for our readers.

We agree that reduction mammoplasty with implants and augmentation mastopexy are two distinct yet interrelated procedures that share many points in common. Both operations result in lifting of the nipple and areola, reduction in the breast skin envelope, and generally an overall improvement in the shape of the breast. Although mastopexy does not include the removal of breast fat-glandular tissue, we use the same augmentation technique in both procedures. To analyze the results and complications of our technique, we considered that including all the patients operated on with this implant-associated technique—breast reduction and mastopexy—would offer more valuable data.

It is accurate to state that the first authors who described a reduction mammoplasty with implants were Hoopes JE and Jabaley ME in 1969 and later Swanson published a

series of 24 patients in which a breast reduction with implants was performed. Our study focused on the technical aspects of the procedure and the discussion of potential complications in a cohort of 366 patients. The aim of our study was not to perform an extensive bibliographic review of the literature on the topic, but to determine the safety and efficacy of the technique performed in our clinic. Regretfully, the literature search with our keywords did not locate these two papers and reporting bias may have occurred.

Undoubtedly, it would be interesting to compare the rate of complications in these patients with those who underwent breast reduction without implants in our clinic. Unfortunately, both groups cannot be equally compared because of the enormous size difference between them. In our study period, only 8 out of 374 breast reductions or mastopexies were performed with no implants.

To conclude, we totally agree and encourage performing new research to comparatively analyze the upper pole fullness, complications and patient satisfaction in the long term after traditional breast reduction with no implants versus breast reduction with implants; further prospective studies should be conducted for this purpose.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interest to disclose.

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