



# Reply to “Comment on: Tuberous Breast, Deformities, and Asymmetries: A Retrospective Analysis Comparing Fat Grafting Versus Mastopexy and Breast Implants”



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I would like to thank Dr. Vaccari for his positive feedback in “*Comment on: Tuberous Breast, Deformities, and Asymmetries: A Retrospective Analysis Comparing Fat Grafting Versus Mastopexy and Breast Implants*” regarding my recent article published [1].

It is a pleasure for me to see that the scientific results reported in my paper [1] are read with interest and shared by many plastic surgeons. This is the third “Comment on” and I’m so positively surprised by the attractiveness of this article [1].

At the same time, I have been invited by the Aesthetic Plastic Surgery (APS) journal, to “Reply” for the third time, and I would like to thank the APS journal for this opportunity and for the possibility to share scientific information with several colleagues and permit a constructive comparison also with the aim to build new partnerships or to develop a new protocol and/or research.

I have read with attention this last “Comment on” performed by Dr. Vaccari, and I would like to reply to him regarding the following observations performed:

“We read with great interest the article titled: “Tuberous Breast, Deformities, and asymmetries: a

retrospective analysis comparing fat grafting versus mastopexy and breast implants” by Pietro Gentile [1]. In this interesting paper, the Author compares results obtained in patients suffering from Tuberous Breast deformities, and asymmetries treated with fat grafting (FG) with those of patients who underwent mastopexy and breast implant (M-SI). The text also carries out a careful analysis of the influence of breast and chest deformities ... We think the type of surgical procedure is determined by specific factors which must be considered by both the surgeon and the patient. Patients must express their preference regarding breast volume, which has to be compatible with the surgeon’s chosen procedure, materials, and goals in breast reconstruction”

I totally agree about this affirmation.

For this reason, my commitment in the last 15 years has been to demonstrate the advantages, safety, and limits of fat grafting through systematic review (EBM level 1 study) [2], through histological and instrumental evaluation in aesthetic [3], through histological and instrumental evaluation in reconstructive [4–7], comparing these results with those obtained by other procedures such as mastopexy/reduction and/or implants analyzing also the psychological impact [8, 9] with the only aim to evaluate both, the “right approach” for every specific kind of defect (for aesthetic or reconstructive purposes) and the importance of fat grafting in tissue regeneration [10].

Regarding the affirmation “*The paper uses Grolleau’s classification, which is however not very functional in preoperative planning to identify the surgical maneuvers useful for correcting the defect. We propose a classification that analyzes 3 characteristics (type of stenosis, hypoplasia, and ptosis) and identifies 8 classes of TB: this*

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classification allows to guide the surgeon in choosing the most appropriate surgical maneuvers for each type of TB.”

I invite the author to publish and share its suggested classification that could be useful for correcting the defect. I'm interested to analyze it.

Regarding the affirmation “*In conclusion, we think that each case of TB, deformities, and asymmetries should be carefully studied and classified, opting for the most appropriate surgical method “tailored made” to ensure the best result for the patient. Among these techniques, M-SI and FG are two important weapons in the hands of the surgeon, who must use them wisely, knowing each indication and limits.*”

I totally agree about this affirmation.

#### Declarations

**Conflict of interest** The author declares that he has no conflicts of interest to disclose.

#### Statement of Human and Animal Rights, or Ethical Approval

This article does not contain any studies with human participants or animals performed by any of the authors

**Informed Consent** For this type of study informed consent is not required.

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