



Response to Comment on: Tuberos 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. Bishara Atiyeh and Dr. Saif Emsieh for their positive comments “*Comment on: Tuberos Breast, Deformities, and Asymmetries: A Retrospective Analysis Comparing Fat Grafting Versus Mastopexy and Breast Implants*” regarding my recent article published [1].

I’m very glad to know that my articles and related scientific results are read, analyzed, and commented on. This is the core of medical science.

At the same time, for scientific duty, I must highlight in the “Comment on” performed by Dr. Bishara Atiyeh, and Dr. Saif Emsieh that it would have been more interesting to compare the opinions of colleagues with the related scientific data.

In fact, in the “Comment on” there is no scientific data to support the opinions advanced by the authors. I invite the authors to publish scientific data to support their opinions and to have a scientific comparison.

Additionally, I must highlight that in the “Comment on” also there are errors: the text part of the comment “*Therefore, the use of 60 ml syringes and the recommendation of ‘gentle technique’ with slow movements can*

undoubtedly not provide the recommended fat tapes for an optimal interface between graft and recipient” is not correct in the interpretation and understanding of my article and my technique -Gentle technique-. I have clearly described in my article the use of 10mL and 5mL, and not 60mL syringes for fat grafting as otherwise reported by the authors. Please read the related study of “Gentle—technique” [2].

Regarding the heterogeneity of the deformities and heterogeneity of the protocols, the aim of the article [1] was “*to compare, the results obtained in tuberos breast and asymmetry correction using FG, with those obtained using M-SI, analyzing the influence of breast and chest deformities (asymmetry, hypoplasia, volume differences, and NAC asymmetry, pectus carinatum and excavatum) and the low body mass index (BMI)*” [1]. For these reasons, as stated [1] “*The patient’s clinical features and deformities have been deeply analyzed aiming to identify a list of factors that could have downgraded the outcome of the procedure and identify the incidence of each of these deformities. The number of pre-operative deformities for each patient was determined, and the relationships between the sub-optimal results and these deformities were evaluated. Pre-operative deformities were considered complicating factors and were then classified into major or minor factors. Major complicating factors (M-CFs) were those that singularly led to a suboptimal outcome, and minor factors (m-CFs) were those that led to a suboptimal outcome if they were present in combination (Table 2).*” [1].

The aim of the work [1] (the first retrospective case-control study published in the literature on this specific topic) was to demonstrate, as done, in two groups of patients affected by tuberos breast and asymmetries

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(detected and analyzed in detail) the advantages and limitation of two different procedures (Fat grafting—FG vs. Mastopexy with silicone implants—M-SI). So, appears to be clear which is the aim of the work with related limitations, which are detailed described in the “Study limitation section” of the work [1] as reported: “*Performing a deep analysis of the results obtained during this investigation, several limitations led to the presence of bias in the present work. Firstly, regarding the FG group, a lack of a single standardized protocol for the isolation methods of ASCs has been highlighted, as well as standardized enrichment or purification procedures. A total of three procedures, two based on enrichment of FG performed by mechanical ASCs isolation (centrifugation with filtration), and the digestion method (enzymatic), while one based on purification (without enrichment or centrifugation) have been analyzed. This difference may influence the fat maintenance percentage. Secondly, regarding the M-SI group, the differences in terms of implant positioning (sub-muscular or sub-glandular), and the incision (peri-areolar or peri-areolar and vertical, or inframammary) makes the group not homogeneous.*

In each case, the bias has been limited by the “tailor-made approach” for every patient, in which the choice of the incision during mastopexy, definitive prosthesis, and the related positioning plane was performed based on the degree of the TB (I -no mastopexy only inframammary fold incision for breast implanting; II—periareolar incision + SI; III—periareolar and vertical incision + SI), tissues available (sufficient gland = sub-glandular plane/very thin thickness grade of the gland and related tissues = sub-muscular plane/low thickness grade of glands and soft tissues = dual plane).

The present investigation appears as the first retrospective case-control study in this field, and for this reason, additional perspectives study and/or controlled trials will be necessary.”

Regarding your affirmations “Thus, enzymatic or mechanical digestion of aspirated fat as described by Gentile with relatively expenses devices is most probably not indicated”, and “Simple decantation and draining the infranatant fluid are all what is needed for optimal fat graft preparation” citing the work of Khouri RK [3], I’m so happy to know that you have the “magic wand” to obtain a purified and ASC-enriched fat grafting without enzymatic digestion and/or mechanical digestion (centrifugation, filtration, fragmentation etc.) that are currently considered the most documented scientific techniques as reported in PubMed:

307 articles indexed in PubMed using the keyword “fat grafting centrifugation” <https://pubmed.ncbi.nlm.nih.gov/?term=fat+graft+centifugation&sort=date>

153 articles indexed in PubMed using the keyword “fat grafting filtration” <https://pubmed.ncbi.nlm.nih.gov/?term=fat+graft+filtration&sort=date>

98 articles indexed in PubMed using the keyword “fat grafting enzymatic” <https://pubmed.ncbi.nlm.nih.gov/?term=fat+graft+enzymatic&sort=date>

Versus

Only 42 articles indexed in PubMed using the keyword “fat grafting decantation” <https://pubmed.ncbi.nlm.nih.gov/?term=fat+graft+decantation&sort=date> that the authors Dr. Bishara Atiyeh, and Dr. Saif Emsieh suggested as “*all what is needed for optimal fat graft preparation*”

So, before to perform similar affirmation, I would like to invite again the authors Dr. Bishara Atiyeh, and Dr. Saif Emsieh to publish scientific data to support, and additionally to perform a Systematic review (EBM level 1 study) to demonstrate their affirmation.

Currently, the number of scientific information published in PubMed does not support your affirmation.

Declarations

Conflict of interest The author declared no potential conflicts of interest concerning the research, authorship, and publication of this article. The author declares that he has no conflicts of interest to disclose.

Human and Animal Rights 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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