Surgical Masculinization of the Breast: Clinical Classification and Surgical Procedures

Lázaro Cárdenas-Camarena¹ · Carlos Dorado¹ · Maria Teresa Guerrero¹ · Rosa Nava¹

Received: 24 June 2017 / Accepted: 13 July 2017 / Published online: 21 July 2017
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We appreciate the comments of Dr. Innocenti et al. about our work of masculinization of the mammary gland. The concepts that Dr. Innocenti handles on the importance of BMI for better results and higher patient satisfaction are valid. Obviously, the expectations of each patient will be very different depending on their physical preoperative characteristics. Patients with athletic bodies and low body mass index always demand and expect a more perfect result than those who are overweight. This type of behavior and expectations are seen in multiple cosmetic surgical procedures. Patients with a higher body mass index, who become overweight and even obese, are more tolerant in the results that can be obtained, not because the results are less adequate, but because small procedures in them

produce great changes, surpassing their physical and psychological expectations. However, we also consider that the degree of satisfaction of a surgery depends primarily on an appropriate patient medical relationship. Being clear and specific with what we can offer and the results that we can obtain, the patient will generally be satisfied. In case of not accepting the result offered, always the recommendation is not to be operated.

Fortunately, in the patients of this study we achieved a high index of complete satisfaction, close to 90%. This satisfaction is high because the correction of gynecomastia or the masculinization of the mammary gland is one of the surgical procedures in which the elimination of the mammary tissue produces the changes that the patient expects, although in many of them the scars are not as good as we always expect.

Compliance with Ethical Standards

Conflict of interest The authors have no conflicts of interest to declare in relation to the content of this article.

✉ Lázaro Cárdenas-Camarena
drlazaro@drlazarocardenas.com

¹ Innovare Cirugia Plástica Especializada, Av. Verona 7412
Villa Verona, Zapopan, Jalisco, Mexico