Skin Sensory Function in Post-Bariatric Patients—Implications for Selection of Post-Bariatric Abdominal Body-Contouring Techniques

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Sir,

With great interest I have read the article “Skin Sensory Function in Obesity and After Obesity (Post-Bariatric Patients)” by Bussolaro et al. [1]. The authors describe a phenomenon that is encountered clinically quite frequently in patients presenting for post-bariatric abdominal body contouring after massive weight loss: patients complain about a decreased sensitivity in the abdominal draping apron. With their results, Bussolaro et al. base this subjective complaint on measurable data by the Semmes-Weinstein test.

This finding has major implications for the post-bariatric or plastic surgeon since a large armamentarium of different abdominal body-contouring techniques has been described [2], all of which, depending on the specific technique used may further impair abdominal sensory function [3]. In case that pre-existing abdominal scars further compromise abdominal sensitivity, as is the case among others after open gastric bypass, the selection of a contouring technique that preserves abdominal sensory function by considering the existing scar’s position and orientation (vertical or horizontal) is of major clinical importance and may reduce later patient complaints. Our group has described a clinical treatment algorithm addressing this problem in the presence of abdominal scars [4]. In the case of a pre-existing horizontally orientated scar in the upper abdomen in a massive weight loss patient, for example, who presents for abdominal contouring, a Fleur-de-Lys abdominoplasty (T)

technique with horizontal to vertical scar transposition may preserve abdominal sensory function for two reasons which include: (1) The area of lowest sensitivity in the lower abdomen may be resected completely for its excess tissue and (2) the hypaesthetic area around the pre-existing horizontal scar is resected as well and through the transformation into a vertically oriented scar the lateral intercostal and lumbar nerves may re-innervate the respective areas, as pre-existing subdermal fibrosis is removed and thus new nerve sprouting may be facilitated.

In the light of these facts, the study by Bussolaro et al. is not only of mere academic interest, but it presents sound data that may be a basis for post-bariatric contouring procedure selection.

Conflicts of interest The author declares that he has no conflicts of interest.

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