Invited Response on: “Autologous Fat Grafting with Percutaneous Fasciotomy and Reduction of the Nipple–Areolar Complex for the Correction of Tuberous Breast Deformity in Teenagers”

Nina S. Naidu¹

Received: 27 March 2020 / Accepted: 28 March 2020 / Published online: 14 April 2020
© Springer Science+Business Media, LLC, part of Springer Nature and International Society of Aesthetic Plastic Surgery 2020

Level of Evidence V This journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors www.springer.com/00266.

We thank the authors for their insightful comments on our article “Autologous Fat Grafting with Percutaneous Fasciotomy and Reduction of the Nipple–Areolar Complex for the Correction of Tuberous Breast Deformity in Teenagers [1].” The authors have expressed concern over the peri-areolar scar and suggest that scarring may not be an appropriate trade-off for younger patients [2].

We appreciate the authors’ references to their own papers which have described the use of a peri-nipple incision for the correction of tuberous breast deformity and gynecomastia reduction [3, 4]. We especially see the utility of this technique for gynecomastia reduction, where a visible scar on the chest noticed during social situations can be stigmata of surgery. We do question however whether or not sensation is affected by an incision so close to the nipple. Loss of sensation, in our opinion, can be a more problematic issue for patients than visible scarring.

We agree that the natural areola does not consist of a perfect circle with a well-demarcated border between the pigmented areola and breast skin. To that end, this author begins a scar reduction regimen with patients immediately after surgery, which includes silicone scar gel or strips, microneedling beginning at 6 months after surgery to soften any hypertrophic scarring and blur the areolar edges, and intensive pulsed light as needed for pigmented scars.

Inevitably, some degree of scarring is a trade-off with any surgical procedure. Patients are informed of this risk as well as shown photographs of other patients as representative examples of what to expect prior to surgery. Nonetheless, we do thank the authors for their kind comments and suggestions.

Compliance with Ethical Standards

Conflict of interest Nina Naidu is a shareholder in Ideal Implant, Inc.

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.

References

1. Gutierrez-Ontalvilla P, Naidu SN, Blanco EL, Condino Brito E, Ruiz-Vall A (2020) Autologous fat grafting with percutaneous fasciotomy and reduction of the nipple-areolar complex for the correction of tuberous breast deformity in teenagers. *Aesth Plast Surg* 44:264–269
2. Atiyeh BS, Chahine F (2020) Autologous fat grafting with percutaneous fasciotomy and reduction of the nipple-areolar complex for the correction of tuberous breast deformity in teenagers. *Aesthetic Plast Surg*. <https://doi.org/10.1007/s00266-020-01700-7>
3. Atiyeh BS, Hashim HA, El-Douaihy Y (1998) Kayle DI Perinipple round-block technique for correction of tuberous/tubular breast deformity. *Aesthet Plast Surg* 22:284–288
4. Atiyeh BS, Chahine F, El-Khatib A, Janom H, Papazian N (2015) Gynecomastia: simultaneous subcutaneous mastectomy and areolar reduction with minimal inconspicuous scarring. *Aesthet Plast Surg* 39:916–921

✉ Nina S. Naidu
drnaidu@naiduplasticsurgery.com

¹ New York, USA