



Invited Response on: Comment on Double Space Augmentation Mastopexy—A Reflection After 15 Years

Lincoln Graça Neto¹ · Ana Clara Minguetti Graça¹ · Fabíola Lupion¹



Received: 8 April 2021 / Accepted: 13 April 2021 / Published online: 28 December 2022
© Springer Science+Business Media, LLC, part of Springer Nature and International Society of Aesthetic Plastic Surgery 2022

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.

Dear Editor,

Regarding the letter received, here are some necessary considerations.

The author mentions, not only in relation to this text, but also in Mansur's paper [1] commentary, all the difficulties of augmentation mastopexy surgery. In fact, the paragraphs of both letters are identical, which surprises us [2].

In the sequence, the author states that we do not describe the excision of the flaccid and excess of tissue from the lower pole, for that it is enough to note that this topic is part of the Pitanguy or Arie-Pitanguy's technique, as highlighted in the work methodology. Both techniques are known worldwide [3, 4].

Regarding the follow-up of up to 18 months after surgery, it is known to every surgeon with minimal experience of breast surgery that the recurrent ptosis and bottoming out occurs until around the 8th month of postoperative [3], so we do not see the need for a longer follow-up than that proposed by us in this paper.

We completely disagree with the observation of flatness in the lower pole of figures 9 and 12, if the reader observes and sees that the nipple areola complex is in the breast cone, which is currently being sought in augmentation mastopexy surgery [3, 4].

Regarding the concept of beauty of Brazilian women who aim to have a marked cleavage, also highlighted by the author, it is worth emphasizing that this is our environment and here our work is being developed and we do not seek to standardize a unique and worldwide technique, but rather to describe our experience [3, 4].

Declarations

Conflict of interest The authors have 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.

References

1. Mansur AEC, Graf RM, Fadul R Jr, Balbinot P, Nasser IG, de Paula DR, Maschio AG, Chahine F, Atiyeh B (2020) Simultaneous Augmentation mastopexy: an innovative anatomical approach-the fascioglandular flap for improved lower pole support. *Aesth Plast Surg* 44:1414–1420
2. Botti C (2020) Invited discussion on: simultaneous augmentation mastopexy with an inferiorly based fascioglandular flap: a modification of the balcony technique. *Aesth Plast Surg* 44:1421–1422
3. Graça NL (2020) Treatment of breast ptosis by placing subfascial silicone implants followed by inverted “T” mastopexy. *Rev. Bras. Cir. Plást.* 35(3):269–275
4. Graça Neto L, Daniel M (2020) Double space augmentation mastopexy - A reflection after 15 years. *Aesthetic Plast Surg* 45(2):491–497

✉ Lincoln Graça Neto
lgracaneto@hotmail.com

¹ Curitiba, Paraná, Brazil

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.