

Tuberous Breast Deformity Correction: 12-Years Experience

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Dear Sir,

We read with great interest the article titled: “Tuberous breast deformity correction: 12-years experience” by Vitaly Zholtikov et al. [1]. The authors propose their experiences in tuberous breast correction with a large number of cases, showing very good results. We totally agree with the authors that not only tuberous breast deformity is caused by a thickening of the superficialis fascia but also a parenchyma fibrosis is involved in the disorder as demonstrated by the histologic investigation reported in their paper, but we have something to discuss.

Tuberous breast is a rare congenital breast deformity, appearing at puberty uni- or bilaterally, with a wide range of clinical aspects consisting in various degrees of a single pathological entity including minor forms that are not always easy to recognize [2–4]. Only a topographic consideration of the malformation could not be enough to plan an adequate surgical strategy to correct each type of malformation. Besides the localization, the defect, the volume, the quality and the consistency of the parenchyma are essential elements, and they must be considered [5, 6].

In the presence of hypotrophic ptotic and very mobile parenchyma, both volume increment and breast reshaping is necessary and we totally agree with implant inset according to dual plane Jhon Tebbetts technique, but in this case, a smooth round implant should be considered. Moving superiorly, the muscle offers optimal soft tissue coverage of the upper part of the prosthesis even in thin patients, avoiding the visibility of the upper edge of the implant and avoiding at the same time any constriction of the lower part of the implant by the muscle itself, thus allowing the full expansion of the constricted area of the breast. Moreover, the pressure of the muscle on the top of the implant makes the soft gel inside the implant very similar to the anatomical shape. In my personal opinion, the real difference between anatomical and round implants is very evident only in the presence of big implants and their use is out of order during tuberous breast correction. Furthermore, smooth implant is nowadays out of the risk of ALCL. Personally, I think that anatomical implants could be reserved only in the presence of subglandular inset of prostheses.

Compliance with Ethical Standards

Conflict of interest The authors declare that they 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.

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