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LETTER TO THE EDITOR

Evaluation of Glandular Liposculpture as a Single Treatment for Grades I and II Gynecomastia

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Dear Editors,

We read with great interest the article "Evaluation of glandular liposculpture as a single treatment for grades I and II gynecomastia" by Islam Abdelrahman et al. [1] aimed at evaluating the outcome of liposuction and glandular liposculpturing as a single treatment for the management of grades I and II gynecomastia. We compliment the authors on the excellent results shown, but we have some issues to address with them.

The authors state that the consistency of the breasts and the position of the nipple–areola complex were examined preoperatively with clinical examination only. In our practice, we always perform breast ultrasound to investigate and accurately study the glandular, fat or mixed consistency of the breasts. We believe that clinical examination is very important, but it needs to be integrated with other diagnostic examinations to perform an accurate assessment of the patient preoperatively.

We find the sample size of this study quite small (18 patients) considering that grades I and II gynecomastia are the subtypes most frequently encountered. The authors do not appear to have calculated the size of the study population, which is necessary to have statistically significant results. Also, no difference is made between grades IIa and IIb gynecomastia according to Simon's classification.

Follow-up time is not mentioned in this paper. The two cases shown report a 6-month follow-up time, which is very short. Usually, long-term results are evaluated at a minimum of 2 years postoperatively, when edema is resolved and scar tissue is mature.

Although we acknowledge that the BEQ is a validated questionnaire used in the past years [2] to measure patient-reported outcomes after breast surgery procedures, we believe it is not the best option for this case series. The BEQ is designed to measure patient satisfaction after a variety of breast surgery procedures, ranging from augmentation to reduction; therefore, it is not specific for gynecomastia. The authors state that they used the BEQ version modified by Ridha et al. [2], where the questions were changed to be adapted to a male population, with the risk of altering the contents hence the validity of this instrument.

In medical research, a rigorous translation and linguistic validation study is considered an essential step prior to using a patient-reported outcome instrument in another language and/or culture [3]. Patient-reported outcome measures (PROMs) need to follow rigorous guidelines set by the World Health Organization (WHO) [4] and the International Society of Pharmacoeconomics and Outcomes Research (ISPOR) [5] to ensure the production of a version that is easy for patients to understand but without conceptual differences if compared to the original version. The authors do not seem to mention any translation or cultural adaptation process to the Egyptian population. Our

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group performed a meta-analysis of all the patient-reported outcome measures (PROMs) present in the literature and concluded that the BODY-Q is the most complete one [6]. We used this tool to investigate post-bariatric patient satisfaction after gynecomastia correction surgery [7]. We suggest that the BODY-Q, with its specific chest module, would be a better tool for measuring patient satisfaction after gynecomastia.

Glandular liposculpturing is a less invasive method to treat glandular gynecomastia, but it might generate severe irregularities of the breast contour and nipple inversion, that might lead to reintervention and, not less importantly, lower patient satisfaction. According to our experience, correction of grade I gynecomastia is possible with liposuction only, but we believe that from grade II onwards, and in every case where the glandular enlargement is predominant over the fatty component, it is necessary to perform surgical resection of the glandular tissue through a complete circumareolar approach [8] combined with liposuction to have a good result that is stable in time.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

References

1. Abdelrahman I, Steinvall I, Mossaad B, Sjoberg F, Elmasry M (2018) Evaluation of glandular liposculpture as a single treatment for grades I and II gynaecomastia. Aesthet Plast Surg 42(5):1222–1230. https://doi.org/10.1007/s00266-018-1118-x
2. Ridha H, Colville RJ, Vesely MJ (2009) How happy are patients with their gynaecomastia reduction surgery? J Plast Reconstr Aesthet Surg 62(11):1473–1478. https://doi.org/10.1016/j.bjps.2008.04.042
3. Cogliandro A, Persichetti P, Ghilardi G, Moss TP, Barone M, Piccinocchi G, Ricci G, Vitali M, Giuliani A, Tambone V (2016) How to assess appearance distress and motivation in plastic surgery candidates: Italian validation of Derriford Appearance Scale 59 (DAS 59). Eur Rev Med Pharmacol Sci 20:3732–3737
4. WHO (World Health Organization) (2009) Process of translation and adaptation of instruments. http://www.who.int/substance_abuse/research_tools/translation/en/. Accessed Sept 2018
5. Wild D, Grove A, Martin M, Eremenco S, McElroy S, Verjee-Lorenz A, Erikson P (2005) Principles of good practice for the translation and cultural adaptation process for patient-reported outcomes (PRO) measures: report of the ISPOR task force for translation and cultural adaptation. Value Health 8(2):94–104
6. Barone M, Cogliandro A, Salzillo R, Tambone V, Persichetti P (2018) Patient-reported satisfaction following post-bariatric surgery: a systematic review. Aesthet Plast Surg 42(5):1320–1330. https://doi.org/10.1007/s00266-018-1146-6
7. Barone M, Cogliandro A, Tsangaris E, Salzillo R, Morelli Coppola M, Ciarrocchi S, Brunetti B, Tenna S, Tambone V, Persichetti P (2018) Treatment of severe gynecomastia after massive weight loss: analysis of long-term outcomes measured with the italian version of the BODY-Q. Aesthet Plast Surg. https://doi.org/10.1007/s00266-018-1232-9
8. Persichetti P, Berloco M, Casadei RM, Marangi GF, Di Lella F, Nobili AM (2001) Gynecomastia and the complete circumareolar approach in the surgical management of skin redundancy. Plast Reconstr Surg 107(4):948–954