

Evaluation of Male Breast Glandular Liposculpturing, Response on Commentary

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Dear Sir,

We appreciate the interest in our recent publication [1], and we are thankful for the opportunity to respond as we would like to clarify some of the points raised.

The preoperative clinical examination is considered the most important in the evaluation of gynaecomastia. We acknowledge using ultrasound in those clinically relevant patients where a mass is suspected by clinical examination, as stated by Cooper et al. [2] radiological examination of the male breast is not indicated when there is diffuse enlargement with no related clinical findings. We have elaborated more about the authors comments in previous response letters [3, 4].

We appreciate the comment regarding sample size, even though it is unclear why it was raised. The magnitude of the improvement, as evaluated by the Breast Evaluation Questionnaire, was big enough to achieve significance on a

sufficient level ($p = 0.001$). Furthermore, we analysed the differences between the scores before and after the operation with the Wilcoxon matched pairs test, whereby the patients served as their own controls and, consequently by this design, the required number of patients to achieve significance was halved compared with a design with independent groups.

It is possible that the relatively short duration until follow-up can be a disadvantage on our study provided that the issues that were scored less than “satisfied” would improve over time. In all our study population, the tissue oedema fully resolved within 2–3 months which should not be considered as an obstacle in performing a proper evaluation. Regarding the maturation of scar tissue, eight of the patients in our study were very satisfied with the appearance of the scars, two were satisfied, and another two were neither satisfied nor dissatisfied. It is possible that all of the patients would be very satisfied if they were asked again after another year. Nevertheless, one of the points with using this technique is that the scars are small and located on a non-prominent place on the body, which can explain the high level of satisfaction even after a relatively short period after the operation.

The Breast Evaluation Questionnaire has been validated in breast surgery [5] and gynaecomastia [6]. We think that it is appropriate to use a diagnose specific instrument when studying a specific diagnostic group. It is important to use the questions that are adequate for the specific population. When using more generic instruments, the risk of dropouts can increase if the questionnaire is perceived to be irrelevant to the individual.

We thank the commenting authors for sharing their experiences of the two strategies used for gynaecomastia grades I and II. These experiences are, however, based on a

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case series reporting in a narrative way on this issue. We would welcome randomized studies, or at least studies that present comparable results, for example, using the Breast Evaluation Questionnaire [6] to enable a more fact-based discussion.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interest to disclose.

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