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EDITOR'S INVITED COMMENTARY

Reply to Commentaries on: Opinions on the "Trick" Technique to Reposition the NAC in Female-to-Male Transexuals

Sara Tanini[1] · **Giulia Lo Russo**[1]

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Dear Editor,

We read with great interest the authors' comments on our paper [1], in which we proposed and described our tip and trick to reposition the nipple areola complex (NAC) and to create an aesthetically pleasing male chest in transmen [2], and we would like to clarify some of the points raised.

We chose water polo players because they have a defined chest contour, and it is easier to identify the pectoralis major muscle. The pectoralis major muscle is an ideal landmark for chest masculinization surgery; it is easily and rapidly identifiable before and during the surgical procedure, and it is present in each individual regardless of gender or body type. Using the anatomical features of these athletes, we have demonstrated a relationship between the position of the NAC and the pectoralis major muscle. Once this correlation was verified, we developed our ''trick'' technique to find the NAC position, which is intuitive, practical and easily applicable in the operating room without using formulas and numbers. The use of our trick based on the repositioning of the NAC using the pectoralis major muscle as the only landmark, instead of using other measurements such as height of the patient, height of the nipple, distance between nipples, chest circumference, distance from sternal notch to nipple and distance from the umbilicus to suprasternal notch, allows us to obtain great aesthetic results even after postoperative high-intensity exercise. Indeed, with postoperative workout the muscle becomes hypertrophic and the NAC position, following the below muscle, moves in a lateral and symmetrical position, creating an athletic and aesthetically pleasing male chest.

Currently, we are in the process of preparing new papers that will describe how and why in our experience of 100 cases we have found out how the use of two different techniques can solve the majority of the cases [3]. To date, various operative procedures have been reported including liposuction, a semicircular, transareolar, concentric circumareolar and extended concentric circular approach, inferior pedicle tunnelized NAC and a double incision method with NAC grafts. Based on our surgical practice, on the analysis of complications, on the high level of satisfaction and on the great aesthetic results we used the double incision mastectomy with free NAC grafting in large size breasts but also in medium-small breast volumes. An exception is small breasts with really very good skin elasticity in which we recommended the emiperiareolar or periareolar approach.

Compliance with Ethical Standards

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

References

1. Ouyang YY, Li CC, Liu CJ (2018) Opinions on the "trick" technique to reposition the NAC in female-to-male transsexuals. Aesthet Plast Surg. https://doi.org/10.1007/s00266-018-1220-0

✉ Giulia Lo Russo
giulialorusso70@gmail.com

[1] Department Plastic and Reconstructive Microsurgery, Careggi Universital Hospital, Florence, Italy

2. Tanini S, Lo Russo G (2018) Shape, position and dimension of the nipple areola complex in the ideal male chest: a quick and simple operating room technique. Aesthet Plast Surg 42(4):951–957

3. Lo Russo G, Tanini S, Innocenti M (2017) Masculine chest-wall contouring in FtM transgender: a personal approach. Aesthet Plast Surg 41(2):369–374