



Combined Breast Reduction Augmentation

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Dear Sir,

We read with great attention the article from Manero et al. entitled ‘Combined Breast Reduction Augmentation’. The authors describe their experience with combined breast reduction and breast augmentation using implants [1].

This is a very interesting and important technique designed to improve upper pole fullness and give anterior projection through the use of breast implants during reduction mammoplasty. The authors report a favorable complication profile and patient satisfaction rating with this technique, as well as no increase in physical symptoms or recovery time postoperatively compared to traditional reduction mammoplasty alone.

It is important to differentiate reduction mammoplasty with implants from augmentation mastopexy with implants. Mastopexy does not include the removal of breast

fat–glandular tissue; rather, only the removal of skin, to achieve lifting of the nipple–areola complex and of the breast as a whole. The use of implants during a mastopexy, while being a challenging procedure, is very common and has been widely described in the literature [2–4].

Manero et al. state that the use of combined reductive augmentation of the breast has been described in just *one* other publication, in 2018 [1, 5].

However, through our literature search we found that the first authors to describe a reduction mammoplasty technique with implants were Hoopes and Jabaley [6]. In their paper entitled ‘Reduction mammoplasty: amputation and augmentation’ they described two cases of breast reduction with simultaneous placement of implants. The breasts are literally amputated and implants are placed on the superficial surface of the pectoralis musculature and the nipple–areola complexes are free-grafted in place.

Furthermore, Manero et al. failed to cite Swanson who in 2014 published his experience with breast reduction with implants in 24 patients [1, 7].

Swanson et al. [7] compared the rate of complications after undergoing reduction mammoplasty vs reduction mammoplasty with implants, without finding any statistical difference in complications between the groups. Patients belonging to both groups reported feeling pleased with the results improving their self-esteem. Making this comparison in a wider patient sample may help us to develop a well-informed guideline and decrease possible small sample size biases.

Manero et al. [1] only described the rate of complications in patients who underwent combined breast reduction with implants, without comparing outcomes with reduction alone. As a consequence, we cannot approach to recommend this combined procedure over traditional breast

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reduction neither can we say that the rates of complications (i.e., dog ears, poor scarring, capsular contracture, etc.) and others mentioned in the article are significantly lower with this technique compared to stand-alone reductive mammoplasty techniques under the same circumstances. Further prospective studies should be conducted for this purpose.

In summary, while this important study by Manero et al. certainly adds valuable data to the existing literature on combined reduction mammoplasty plus implant augmentation, we encourage readers to recognize the prior works cited above on this topic which were not mentioned in the text of the referenced article. This combined approach, as has been shown in these multiple studies, is an effective treatment option for patients desiring increased upper pole fullness while still achieving vertical breast reduction. Further studies are encouraged in order to better quantify patient satisfaction and complication data on this evolving technique.

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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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