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LETTER TO THE EDITOR

Comment to "Comparison of Non-liposuction and Liposuction Techniques in Single-port Endoscopic Subcutaneous Mastectomy for Gynecomastia: A Retrospective Analysis"

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We have read with great interest the article titled "Comparison of Non-liposuction and Liposuction Techniques in Single-port Endoscopic Subcutaneous Mastectomy for Gynecomastia: A Retrospective Analysis" by Yuming Shao et al. (2025) [1].

The authors compared non-liposuction and liposuction techniques during single-port endoscopic subcutaneous mastectomy for gynecomastia. We congratulate the authors for the interesting investigation, their significant cohort and excellent results. We also appreciated the authors' effort to propose a minimally invasive surgical incision, but we have some elements to discuss.

Gynecomastia is a benign enlargement of the mammary region in the male thorax. It consists in a prevalence of adipose or glandular tissue, but frequently a combination of them. Different subjects with different body types, lifestyles, and different expectations can be affected by gynecomastia.

Since scarring represents one of the most popular reasons of patients' claims, the need to minimize its visibility is strongly recommended. A 3 cm scar, located in the hairless chest area proposed by the authors, could appear more visible comparing to a 1.5 cm surgical incision located at the border of the areola. This surgical approach permits a very satisfactory vision of the surgical field resulting in an easily hidden scar, frequently located in a hairy area. Moreover, the natural difference of color between the areola and the surrounding skin minimizes the visibility of the scars. In the presence of gynecomastia with exuberant skin, the areolar approach allows also the recontouring of the extra skin [2–5]. How the authors managed extra skin of grade II b And III patients?

Certainly, liposuction represents a valid method in the surgeon's toolbox during gynecomastia correction. It allows to harvest evenly thick of the mastectomy flap. The areolar approach permits the use of quilting stitches to distribute the extra skin resulting from the mastectomy onto the new pectoral profile, reducing the need of extensive scarring. Furthermore, in the presence of areolar dystopia, the circumareolar approach allows areolar repositioning in a more suitable location.

The different tumescent solutions, depending on the dissimilar epinephrine concentration used between the two groups, could be responsible of different postoperative drain output. Did the authors considered this aspect as a possible bias during data analysis?

As you mentioned, postoperative dressings play a very important role in preventing complications such as seromas

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or hematomas. Did the authors applied the same compressive garments in both groups?

In the presence of fibrosis as reported by the authors in Simon grade III patients, did the authors considered that ultrasound-assisted liposuction could offer advantages to managed tissue adhesion?

As reported by the authors, further long-lasting investigations are required.

Declarations

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

Ethical Approval 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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