



Comment to: “A Three-Dimensional Approach to Male Chest Enhancement: A Surgical Algorithm Based on 300 Cases”

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Received: 11 July 2024 / Accepted: 24 July 2024 / Published online: 5 August 2024

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We have read with great interest the paper entitled “A Three-Dimensional Approach To Male Chest Enhancement: A Surgical Algorithm Based On 300 Cases” by Tambasco D et al [1].

The authors focus on a very innovative and important issue in gynecomastia surgery: the three-dimensionality appearance of the male thorax, following surgical correction of the disorder. The management of patients’ expectations is important to achieve a high level of satisfaction. A modern approach in gynecomastia surgery couldn’t take into account the tridimensionality conformation of the ideal chest wall, which becomes a very important aspect to achieve high grade of patient’s satisfaction.

The authors propose a very interesting algorithm including all the different types of gynecomastia disorder, including minor forms; however, we have some elements to discuss.

In the presence of the most severe conditions of gynecomastia, scored as group IV by the authors, patients, as the case reported in Figure 4, show frequently a ptotic breast appearance rather than a real gynecomastia, due to

skin laxity after huge weight loss. Since scarring and the preservation of the sensibility of the areola represent nowadays the most focused issues by patients, a circum-areolar approach could be useful to obtain a most appropriate relocation of the areola. This allows the preservation of its innervation and areola’s sensibility. This approach might avoid also a large scarring in a visible hair-less area in the inframammary fold, limiting to the lateral part of the thorax the surgical incision, to manage the extra skin, reducing the visibility of the stigmat of the procedure in a more hidden area, decreasing future embarrassment [2–5].

Fat grafting may represent a very simple method and interesting solution to recontour a satisfactory projection of the pectoralis area, but unpredictable results. The presence of several perforator vessels in the anterior and lateral part of the thorax should be considered to use the extra tissue in the lower breast pole as auto-prosthesis to define a three-dimensional appearance of the pectoral area.

This method can ensure more predictable results, reducing the incidence of multistep lipofilling procedures and the risk of oil cysts development.

Helium plasma radiofrequency technology, shortening collagen fibers, represents certainly a valuable tool to increase skin shrinking, but the use of quilting stitches should be considered to re-drape the redundant skin onto the new profile of the pectoral area, reducing the need of extra-areolar scars [6, 7].

In the presence of the prevalence of glandular tissue as in grades I and II, following author’s algorithm, how do the authors manage the solid texture of the gland only with ultrasound-assisted liposuction without adenectomy? Since gynecomastia is one of the most common reasons of malignant male breast cancer, do the authors retain safe to avoid any histopathological investigation?

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Funding The authors received no financial support for the publication of this article.

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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