## DISCLOSURE

*The authors have no financial interest to declare in relation to the content of this communication.*

## REFERENCES


1. Paolini G, Amoroso M, Longo B, Sorotos M, Karypidis D, Santanelli di Pompeo F. Simplified lipostructure: A technical note. *Aesthetic Plast Surg.* 2014;38:78–82.
2. Kazama T, Fujie M, Endo T, Kano K. Mature adipocyte-derived dedifferentiated fat cells can transdifferentiate into skeletal myocytes in vitro. *Biochem Biophys Res Commun.* 2008;377:780–785.
3. Petit JY, Rietjens M, Botteri E, et al. Evaluation of fat grafting safety in patients with intraepithelial neoplasia: A matched-cohort study. *Ann Oncol.* 2013;24:1479–1484.
4. Bills JD, Derderian C, Barker J, Lowe A, Lavery LA, Davis KE. The role of estrogen in the modulation of autologous fat graft outcomes. *Plast Reconstr Surg.* 2015;135:103e–113e.
5. Delay E, Gounot N, Bouillot A, Zlatoff P, Rivoire M. Autologous latissimus breast reconstruction: A 3-year clinical experience with 100 patients. *Plast Reconstr Surg.* 1998; 102:1461–1478.


## Tuberous Breast Deformity: Classification and Treatment Strategy for Improving Consistency in Aesthetic Correction

***Sir:***

We would like to congratulate Dr. Kolker and Dr. Collins for their excellent and well-supported article on tuberous breasts,[1] a deformity that has troubled us for more than a decade.[2,3] It is very interesting that, although the authors followed a different surgical approach for the management of the lower pole of the breast, the results produced with their technique are similar to ours.

We would like to offer a few thoughts with regard to the fibrous ring that according to our experience is the root of the problem of this deformity. We have produced histologic proof of the existence of this fibrous ring,[3] and we believe that it is always present, either fully developed or in some cases underdeveloped. Dividing this ring is of paramount importance for the correction of the tuberous breast deformity.

Type III deformities, according to both the Grolleau classification[4] and the classification presented by the authors, present the reconstructing surgeon with a very difficult problem: covering the lower pole of the newly reconstructed breast with (the nonexistent) breast tissue. Lately, we have tried using acellular dermal matrix in one patient with good results, but we need to collect more experience to reach valid conclusions on the matter. Our series presented in 2010[3] included two patients that developed a double-bubble deformity, probably because of the shortage of good-quality skin, and perhaps it would be a good idea to use tissue expanders in the future as the authors suggested.

One last area of debate is the use of drains. We have not been using drains for several years now in our cases, without any hematomas, and we attribute this to the preoperative infiltration of breast tissues with lidocaine and epinephrine.[5] Once again, we would like to congratulate the authors on an excellent publication.

DOI: 10.1097/PRS.0000000000001427

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## DISCLOSURE

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## REFERENCES


1. Kolker AR, Collins MS. Tuberous breast deformity: Classification and treatment strategy for improving consistency in aesthetic correction. *Plast Reconstr Surg.* 2015;135:73–86.
2. Mandrekas AD, Zambacos GJ, Anastasopoulos A, Hapsas D, Lambrinaki N, Ioannidou-Mouzaka L. Aesthetic reconstruction of the tuberous breast deformity. *Plast Reconstr Surg.* 2003;112:1099–1108; discussion 1109.
3. Mandrekas AD, Zambacos GJ. Aesthetic reconstruction of the tuberous breast deformity: A 10-year experience. *Aesthet Surg J.* 2010;30:680–692.
4. Grolleau JL, Lanfrey E, Lavigne B, Chavoin JP, Costagliola M. Breast base anomalies: Treatment strategy for tuberous breasts, minor deformities, and asymmetry. *Plast Reconstr Surg.* 1999;104:2040–2048.
5. Mandrekas AD, Zambacos GJ. Preoperative infiltration with lidocaine and epinephrine for breast reduction. *Plast Reconstr Surg.* 1999;103:2087.


## Reply: Tuberous Breast Deformity: Classification and Treatment Strategy for Improving Consistency in Aesthetic Correction

***Sir:***

We would like to thank Drs. Mandrekas and Zambacos for their very kind comments and compliments, and for their outstanding prior work on aesthetic correction of tuberous breast deformity.[1,2] In their correspondence, they have raised excellent points for discussion, including (1) differing approaches to the lower pole, (2) a fibrous ring hypothesis, (3) management of soft-tissue deficiency, (4) tissue expander use, and (5) the use of drains, on which we are very pleased to comment.

In addressing this varied and complex developmental deformity, it is clear that numerous paths