TO THE EDITOR:
The article by Neto et al entitled “Self-Esteem and Functional Capacity Outcomes Following Reduction Mammaplasty” (Aesthetic Surg J 2008;28:417–420) addresses a subject of great interest, as indicated by the many studies in the literature focusing on this topic. It seems that one could predict with relative certainty that an increase in self-esteem and functional capacity would be found following reduction mammaplasty, but such studies are warranted to further understand and document actual outcomes.

The results of the study by Neto et al are in accordance with earlier studies. The authors mention that 17 patients complained of back pain after undergoing reduction mammaplasty, but possible causes of such pain were not discussed. Could it be phantom pain? Following amputation, many patients experience a phantom limb phenomenon. In the present scenario, could such complaints be related to the mammaplasty itself or to a psychogenic cause? It would be useful to ascertain whether the pain had a physical cause or was psychogenic in origin. A history of the psychological status of the subjects was lacking in the study. If this were known, it might be easier to identify and exclude psychogenic cases.

The authors excluded all subjects with a body mass index (BMI) $>30$ kg/m$^2$. Would a BMI $>30$ kg/m$^2$ have altered the results? A previous study reported the interesting finding that women with mammary hypertrophy benefit physically and psychologically after surgery, regardless of their BMI.\(^1\) In the present study, no reasons were given for reanalysis of the variables 6 months after surgery. No detailed clinical history of the hypertrophied cases was included, but research studies have clearly defined hypertrophy in terms of clavicle–nipple distance and nipple–inframammary fold distance.\(^2\) Would the results have varied if the reanalysis of variables had been undertaken at a different time?

Two additional points are worth mentioning. First, the maximum age for the inclusion criteria was mentioned as 55 years, but no minimum age for the subjects was mentioned. Second, it cannot be postulated that muscle tension increases when hypertrophy of the breast is present and vice versa. Results should be supported with adequate electromyographic studies.

Finally, in the Discussion section, the authors mention the term “scapula super-charge,” which is not well understood and could have been explained in more detail.

Overall, Neto et al have written an interesting article, the conclusions of which could benefit patients undergoing mammaplasty and surgeons treating patients in the postoperative period. This is an important topic and the findings of this study are sure to initiate further debate.

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DISCLOSURES
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REFERENCES

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