



The Boundaries of Beauty

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Aesthetic surgery provides care for patients desiring to enhance their overall appearance, if the term is permitted, “their beauty.” As in many other areas of medicine, there have been developed many scales to measure outcomes in plastic surgery. One can evaluate quality of life, functional outcomes, and many other objective parameters. Even for aesthetic surgery, experts have developed valuable and validated systems to study outcomes. However, when it comes to patient’s desires, is there a limit on what we can actually deliver as medical professionals? Are there any boundaries on what we are able to offer from our wide array and arsenal of surgical tools? Most importantly, when it comes to a patient who has undergone several aesthetic procedures (and a nice result has already been achieved), at what point is it enough?

Body dysmorphic disorder (BDD) is a very well-characterized entity by mental health professionals, describing both neurobiological and psychological factors involved in its etiopathogenesis. In fact, diagnostic criteria have been described and established in the diagnostic and statistical manual of mental disorders.¹

Some of the features of BDD include: appearance preoccupations, compulsive behaviors, intrusive thoughts, and distress and functional impairment. Even psychiatric comorbidity has been described.² Also, there is a brand new term called digitized dysmorphia proposed by experts in the field of Social Sciences and Humanities as a condition within the spectrum of BDD. A term proposed to talk about an individual with the possibility to digitize and virtually modify their bodies (through digital modification apps).³

Unreasonable expectations and poor communication are the main reasons for patient dissatisfaction after a given aesthetic surgical procedure. Should we add the factor of an underlying condition such as BDD, the possi-

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bilities of a poor outcome increase (despite the surgeon’s best effort).

Recently, some attention in the field of biology has been focused again on research regarding the vomeronasal organ, an often neglected organ.⁴ This organ, is part of the accessory olfactory system and in many vertebrates, is related to the processing of chemosignals such as sexual pheromones, that is, it has an important role in mediating sociosexual behaviors in most mammals (surely rudimental on humans).^{5,6} Hypothetically speaking (and with the evident wish of relating a satiric example), imagine that this notable academic knowledge is heard by a pseudoscientific social media scammer and “influencer.” Now imagine this person begins to expose false claims on the potential of this organ for lust and aphrodisiac purposes in humans. It will take certain time before we would have patients in our offices asking for a vomeronasal organ enhancement or enlargement?

As plastic surgeons, we should always take into consideration the boundaries of beauty, a frontier, identify when a desired aesthetic result has already been achieved, when several aesthetic procedures (noninvasive or surgical) have been performed and a good outcome has been obtained, whether it is a facial rejuvenation procedure, an augmentation mammoplasty, or a body contouring surgery. Having the wonderful opportunity to help our patients both at the physical and emotional level is one of the best rewards as board-certified physicians and plastic surgeons. Never should we forget the main bioethical principles that govern our honorable profession “autonomy, justice, beneficence, and nonmaleficence.”

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