

Nipple Is Not Elevated with Breast Augmentation

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Sir:

With great interest we followed the discussion of Swanson¹ with Forte et al² regarding Forte et al's³ claim that breast augmentation (BA) brought about nipple elevation. Swanson's⁴ plea against this claim had been previously supported by his favorite argumentation—matching of photographs. The presumed nipple elevation constitutes the key element in all known algorithms of BA planning.

What surely is of great importance here is rendering all these algorithms pointless. The fact that the nipple does not go upward with BA has been one of the discoveries we have made when we started to match photographs of our patients according to Swanson's⁴ ideology. It takes certain efforts to discipline your way of taking pictures to observe equal focus distances, angles, etc. But the efforts provide huge advantages in understanding postoperative breast transformation in validation of your preoperative planning and predictions. The best matching of pre- and postoperative pictures are provided automatically by the Canfield Mirror 7.1.1 (Canfield

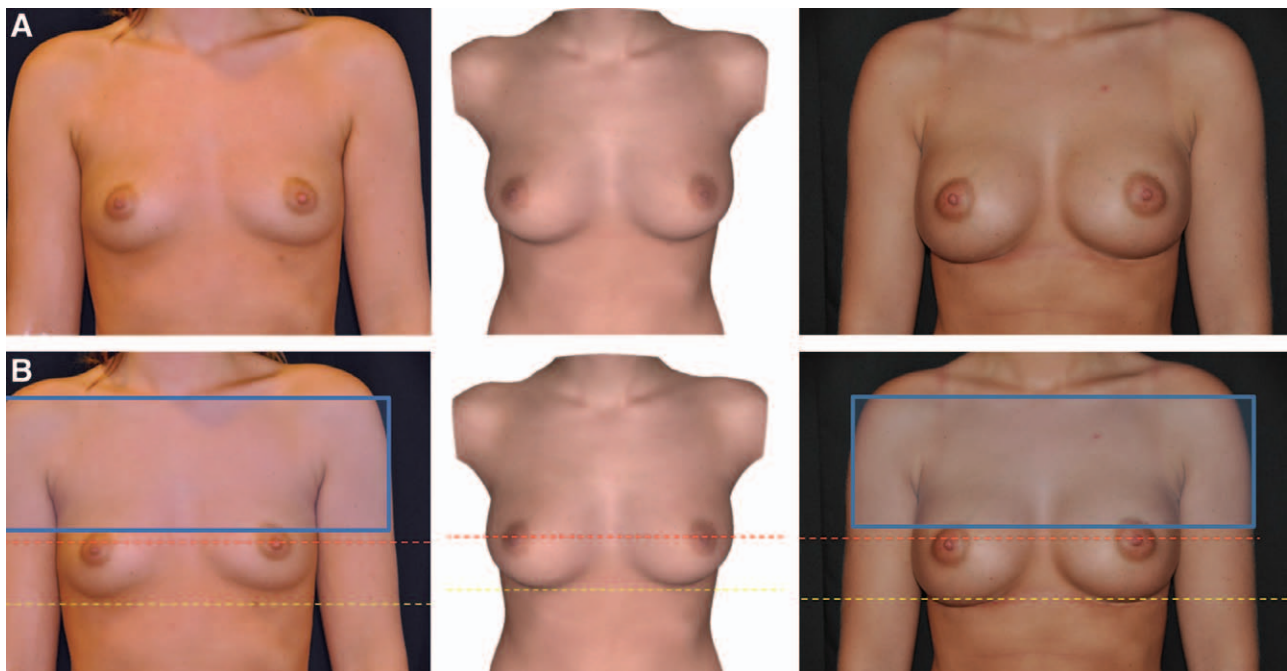


Fig. 1. A, The fragment of the first slide in the PowerPoint presentation (Supplemental Digital Content 1 in the work of Donfrancesco et al⁵), with 20 examples of patients who underwent BA after 3D simulation. B, Same images after matching for size in the same program with the blue rectangles and the yellow dotted line through the mole under the left breast. The red dotted line shows the same nipple level preoperatively (left), in 3D simulation (middle), and 6 months after BA (right). Part A is reprinted with permission from Donfrancesco A, Montemurro P, Hedén P. Threedimensional simulated images in breast augmentation surgery: an investigation of patients' satisfaction and the correlation between prediction and actual outcome. *Plast Reconstr Surg*. 2013;132:810–822; discussion 823–825. Promotional and commercial use of the material in print, digital or mobile device format is prohibited without the permission from the publisher Wolters Kluwer Health. Please contact healthpermissions@wolterskluwer.com for further information.

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Scientific Company, Fairfield, N.J.) program,⁴ which is not at our disposal so far. And it has come as a great surprise for us to learn from one of the most respected breast surgeons in the United States that he uses that very software just to download the photographs from the camera, but not for matching the pre- and postoperative views. One cannot help but begin to suspect the deliberate avoidance of a strict comparison of photographs, the more so that this surgeon has authored yet another “algorithm” for BA planning, based on anticipated nipple elevation. This suspicion grows when you read the article⁵ coauthored by another world renowned surgeon who has proposed the “Akademikliniken algorithm.” In this article, the 3-D simulation images obtained preoperatively were compared with the real-outcome photographs.⁵ Correlation between predicted and real outcome was the goal of these investigators, but still they managed to avoid matching for size although they had also used Canfield software. Had they matched their pre- and postoperative images, they would have had to admit that the nipple does not elevate with BA (Fig. 1), rendering the “Akademikliniken” system, planning nipple elevation, invalid.

It looks amazing that this misconception perpetuates no matter how easily it can be disproved.

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DISCLOSURE

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