

mentation mastoplasty is well established, as this technique is not invasive, is rapidly performed with a good rate of reliability, and is not so expensive. Yet, when an alteration of the mammary prosthesis or another abnormal condition of the breast containing the prosthesis is suspected, the degree of reliability of the ultrasound method is no longer satisfactory; thus, it is necessary to resort to a nuclear magnetic resonance examination, which guarantees greater reliability. A nuclear magnetic resonance examination is, in fact, a useful method that, though limited, provides greater reliability when compared with other methods. Moreover, a further guarantee is the fact that the operator's skill is not directly proportional to the method's reliability, which is not the case in an ultrasound examination.

The purpose of our letter, therefore, was exactly that of highlighting a further possible limit of this methodology. The case proposed by us was that of a patient with submuscularly placed, textured mammary prostheses who, a few months after the operation, suddenly had an effusion around one of the prostheses that was diagnosed at the nuclear magnetic resonance examination as a seroma but in actuality was discovered to be a milk effusion after surgical exploration. This should be remembered and suspected in cases demonstrating similar characteristics.

Regarding the method proposed by Dr. Zimman of using needle aspiration under ultrasound control for the diagnosis, due to its invasiveness and danger, I firmly believe it should be reserved for special cases and only applied by expert medical personnel.

Fabio Massimo Abenavoli, M.D.
Via Savoia 72
Rome 00198, Italy

REFERENCE

1. Abenavoli, F. M., Corelli, R., and Giordano, L. Breast implant evaluation: Pitfall of magnetic resonance imaging. *Plast. Reconstr. Surg.* 111: 507, 2003.

THE ELECTROCARDIOGRAPHY DOT AS A PREOPERATIVE MARKER FOR NIPPLE-AREOLA COMPLEX RECONSTRUCTION

Sir:

We read with interest the letter by Mahajan et al. entitled "The Electrocardiography Dot as a Preoperative Marker for Nipple-Areola Complex Reconstruction" (*Plast. Reconstr. Surg.* 111: 955, 2003). We congratulate the authors on drawing attention to this use of the electrocardiography dot, which we, too, have found extremely useful in determining the ideal position for the future nipple-areola complex. We would like to point out, however, that despite the authors stating that this technique has not been previously published, we reported this use along with our technique for nipple-areola reconstruction in 1997.¹

According to our experience, the main advantages of the use of the electrocardiography dot are as follows. First, the future position of the nipple-areola complex can be visualized in three dimensions, meaning that symmetry can be checked from the sides as well as from the front. Second, the patient is actively involved in the decision-making process, ensuring

long-term patient satisfaction.

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G. J. Zambacos, M.D.
A. D. Mandrekas, M.D.
Artion Plastic Surgery Center
Athens, Greece

Correspondence to Dr. Zambacos
Artion Plastic Surgery Center
11 D. Vassiliou Street
N. Psyhiko
Athens 15451, Greece
gzambacos@artion-plasticsurgery.com

REFERENCE

1. Mandrekas, A. D., and Zambacos, G. J. Modified quadrupod flap. *Ann. Plast. Surg.* 38: 195, 1997.

MEASURING OUTCOMES IN AESTHETIC SURGERY

Sir:

"Measuring Outcomes in Aesthetic Surgery: A Comprehensive Review of the Literature" by Ching et al. (*Plast. Reconstr. Surg.* 111: 469, 2003) is a provocative article exploring a topic important to all plastic surgeons. The question is not whether to evaluate our results but *how*.^{1,2} I offer the following views with the hope of expanding our perspective on the subject.

The authors have identified body image and quality-of-life measures to be of greatest use in determining aesthetic surgery outcomes. These measurements are subjective, based on the objective observation of the cosmetic surgical result. An objective evaluation is essential, because the quality of the result will profoundly influence the subjective impression the patient derives.

The authors state, "the creation of beauty is subjective and eludes clear definition." True, but understanding beauty is not beyond our capacity. When toddlers are shown photographs of an attractive face and a less attractive face, they spend more time looking at the attractive face. Young students rate better-looking teachers as better teachers. Good-looking people are perceived as healthier than their homely counterparts. We have an innate appreciation for beauty in the human form.

It is true that neoclassical Greek and present-day ideals do not show a correlation. It shows that our perceptions of beauty are colored by environmental influences, cultural transmission, and social biases. Consider how the media influence styles, trends, and promote fads.

Beauty is the subjective impression of an objective object. In the human form, beauty requires symmetry (an objective observation) of average parts (that which we consider normal, affected by environmental and cultural differences and biases) and harmony (that the parts fit together in an expected way). This "normal" framework is necessary, as it defines our expectations of what is beautiful in the human form.

The authors contend, "There is likely to be little consensus between surgeons in the types of measurements that are considered important in grading cosmetic surgery results." But plastic surgeons agree on the principles that form the foundation of our specialty. This provides agreements upon