Reply of Esthetic and functional surgery of the umbilicus: a transumbilicous plication technique. Published in volume: 2018;33(1):145-146

Resposta à Carta: Cirurgia Estética e funcional do umbigo: técnica de plicatura transumbilical. Publicada no volume: 2018;33(1):145-146

DIOGO BORGES PEDROSO [1]*

Dear Dr. Chang Yung Chia,

I would like to thank you for your comments regarding the article that we published in the last RBCP. To clarify the doubts on the conceptual differences of our techniques, the following points should be carefully considered:

1 - The objective of your article was based on the description that "a simple technique of functional and aesthetic correction of the umbilicus includes transumbilical plicature suture of the aponeurosis, 'invagination' of the center of the umbilicus, narrowing the umbilicus, and closing the umbilical ring."

Our article aimed "to describe a vertical omphaloplasty technique without vertical removal of the skin spindle and to present the results obtained using this technique, as well as the patients' satisfaction with this procedure."

2 - The vertical omphaloplasty technique is not "novel" in your article and much less in ours. In 1931, Flesch, Thebesius, and Weisheimer described non-circular forms of omphaloplasty, and several other authors followed the "Y-," "lozenge-," and "diamond"-shaped techniques, among others. What most recent publications suggest are nuances, i.e., differences with the objective to enhance and improve results. Thus, your article suggested the resection of an abdominal skin spindle at 2 cm in the longitudinal direction and 2–3 mm wide, while in our case, only a vertical incision at 1.5 cm has been suggested, which results in a smaller and narrower umbilicus, based on our opinion. In your letter to the editor, you already suggest performing this technique, without success; however, no previous publication was available regarding this, and I have no knowledge about it either.

3 - In your description of umbilical fixation, you inspiringly described your U-shaped suture with nylon 2.0, which has been cited in our article as we performed it similarly; however, you did not mention the remaining skin of the umbilicus and neither go into detail on the procedure performed on the remaining skin spindle. In our article, this was described in detail, including the importance of having different sizes based on the thickness of the abdominal panniculus.

4 - The remainder of the umbilicus in your technique is bigger than ours, because the umbilical suture in your description is made with Gillies sutures, i.e., 5.0 nylon, to improve the appearance of the apparent umbilical scar. In our description, this remnant is smaller, which is similar to that described by Daher in 2011; however, it was different, not circular, which, together with non-withdrawal of the

[1] Sociedade Brasileira de Cirurgia Plástica, São Paulo, SP, Brazil.

abdominal skin, allows a built-in scar. Thus, the scar was not observed because of increased tension of the suture, which requires the use of nylon 4.0 with simple suture, unlike your Gillies sutures.

5 - You describe the limited removal of adipose tissue from the abdominal flap, which together with the U-shaped suture, would make an umbilicus with adequate depth. We agree and added the absence of fat removal from the flap, and, as previously stated, a small skin spindle from the umbilicus was retained, and the skin from the flap was not removed and "firmly" sutured with nylon 4.0 to embed and hide the scar.

I end by recalling that all authors referred to in our article, including yourself, have inspired our work and should receive due merit and respect that I hope to have demonstrated with this response letter. Congratulations on your work and scientific query.

***Corresponding author:** **Diogo Borges Pedroso**
SEPS 709/909, Centro Médico Julio Adnet, Clínica S-20 - Asa Sul, Brasília, DF, Brazil
Zip Code 70390-095
E-mail: dpedroso@gmail.com