
Letters to the Editor

Ricardo Baroudi,
Senior Editor
Revista Brasileira de Cirurgia Plástica/ Brazilian Journal of Plastic Surgery

Dear Dr. Baroudi,

I would like to discuss some topics from the paper entitled "Thighs augmentation with silicone implants,"¹ by Nicola Menichelli Neto, published in issue 26-2 of the **Revista Brasileira de Cirurgia Plástica/ Brazilian Journal of Plastic Surgery (RBCP)**. The theme, which is rarely discussed in plastic surgery, started to arouse greater interest after the dissemination of silicone implants used in the leg and gluteal regions. Consequently, I conducted a bibliographic survey, primarily using the descriptors suggested by the author, and I found only 2 papers in MEDLINE.

In the first paper published in 1995, Kon et al.² report a case in which a pre-molded prosthesis was used in the lateral face of the thigh right below the *fascia lata*, which is quite similar to the technique employed by Menichelli, although only 2 longitudinal access routes were used.

The second paper, written by me and published in 2005, refers to the placement of a silicone gel prosthesis in the medial region of the thigh in a submuscular plane³. The initial part of the paper described the anatomical dissection of a cadaver along the longitudinal plane between the gracilis, adductor magnus, and adductor longus muscles and suggests the placement of the silicone prosthesis in this space. The migration of this prosthesis, especially in the downward direction, would be difficult. The posterior surgical access route was used for insertion, located at the medial portion of the posterior gluteal fold; the patient was positioned in the horizontal prone position.

Therefore, I was very surprised that these papers were not cited despite the fact that they have been published in journals indexed in MEDLINE, allowing easy access to their abstracts and citations. The surgical techniques, especially the differences in the employed techniques, described in these pioneering papers could add to the knowledge of the author and readers.

One of the reasons for not quoting these papers could be the limitation on the number of references imposed by

RBCP; however, there was room for their inclusion in this case. Moreover, the author included references that do not meet the necessary requirements (reference number 5).

Bibliographic references are quotations of major research studies, the reading of which shall provide the reader with the opportunity to follow the intellectual processes of the author, and also enable the repetition of the experiment or, in this specific case, the implementation of a surgical technique. Reference 5 refers to the participation of the author at the round table of a medical congress held in 2002, which did not result in a written document; therefore, it should not have been cited.

The paper approaches the aesthetic treatment of the lateral and medial faces of the thigh. In the medial face of the thigh, the submuscular placement of an implant via the anterior route is described for which the anatomical principle is illustrated in Figure 8. In this figure, subdivided into parts A, B, and C, the author describes a muscle as the median adductor muscle, although this denomination does not exist in the current *Nomina Anatomica*. In part B, the author indicates (by means of arrows) what he denominates as the median adductor muscle, although the upper and lower parts of the drawing correspond to the long adductor and vastus medialis muscles, respectively^{4,5}.

In the Methods section, under the heading "Types of prosthesis and retractors", the author indicates "The implants used are of silicone elastomers. These are different, however, from the gelatinous implants used in breasts. The expression "silicone elastomer" refers to vulcanized silicone. In this state, it can be used to compose the envelope of a breast prosthesis containing silicone gel in order to form a tube or a completely solid prosthesis. Therefore, simply mentioning "silicone elastomer" does not define the type of implant used because solid silicone implants should be classified by their consistency, since both their malleability and consistency may interfere with the surgical technique and outcome⁶.

In the Results section, the author mentions 2 cases of gelatinous implant rupture and emphasizes (in the Discussion) that 10 years earlier, a change was implemented and solid implants composed of silicone elastomers started to be used – a fact not mentioned in the Methods section.

I hope my remarks enrich the published paper and promote discussion of the techniques described.

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