RESPONSE LETTER

Response to: Parasacral Perforator Flaps for Buttock Enhancement

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We would like to thank our colleagues for sharing their experiences in response to our recent article in Aesthetic Surgery Journal. We welcome others in the field to join this discussion around this anatomical study allowing the evident individualization of the superior gluteal artery perforator (SGAP) and the parasacral artery perforator (PSAP) flap.

First of all, we agree that gluteal flap augmentations are less and less requested by the patients but also less proposed by the surgeons because of the frequent complications. However, the shifting technique, although less invasive, brings, in our experience, very little results in the medium and long term. Thus, PSAP flaps represent an alternative to be explored that is not negligible on the aesthetic level. On the one hand, they can fill up all the quadrants...
vertically with a voluminous flap shaped like a gluteal anatomic implant. Although PSAP flaps major utility remains the coverage of skin defects for reconstruction, buttock enhancement remains an important demand in some countries where standards vary from the Occident, and any reliable innovation should therefore not be excluded.

For the points discussed later, it is essential to remember that our study was primarily anatomical and in particular, to map the perforators of the PSAP flap. The cited clinical application remains a suggestion that we use and have published, but it is not really the purpose of this research. Furthermore, we were unaware of - but were interested - in learning more about these micro titanium clip techniques. We are mindful, however, that it is very likely that long-term sitting would cause flap fades over time.

Third, of course, SGAP allows larger flap because perforators are bigger. Confusion persists for some plastic surgeons, and our study has allowed us to objectify these various sources of cutaneous vascularization of the lumbosacral region. We congratulate our colleagues on this very useful diagram that illustrates these different flaps. Our study on the perfusion and dimensions of the PSAP flaps is in progress, despite the difficulties related to the catheterization of perforators which are of tiny caliber. Finally, the data that we could obtain will remain indicative, the preoperative (ultrasound and/or Doppler) and per operative (pulsatility and perforator caliber) considerations remaining the key to avoiding complications during the harvesting of perforator flaps.

Finally, we would also not consider using this flap in its free form in routine practice. Indeed, the harvesting would be technically difficult due to the short length of the vascular pedicle. Moreover, this flap is often thick and fatty, which would further limit its indications.

REFERENCES

