I would like to thank Dr Hunter for his thoughtful comments on our paper “Labia minora reduction techniques: a comprehensive literature review.” Dr Hunter’s commentary centers on the aspects related to the everyday practice of a labiaplasty surgeon, appropriately, as a veteran in this field, and in doing so, examines outcomes and complications reported with the different techniques included in our review. He further brings to our attention the motivations of the patients seeking labia minora reduction. Dr Hunter states that the vast majority of women seeking this surgery do so for aesthetic reasons.

Interestingly, after reviewing the literature by performing a search on PubMed/Medline, I found five clinical studies reporting the motivations of patients requesting labia minora reduction. I included all the papers dealing with the reasons for seeking labiaplasty and excluded the papers dealing with labiaplasty in combination with other female genital plastic surgery procedures. Overall, 735 patients were considered.

Although not all the authors adopted this classification, the patients requesting labiaplasty can be divided into three groups: (1) patients with aesthetic concerns only; (2) patients with functional concerns only; and (3) patients with both aesthetic and functional concerns. I observed that the number of patients indicating aesthetic concerns only was consistently higher than in the other two groups, while the medical reasons were always less represented. However, four of the five studies indicated a combination between aesthetic and functional concerns as the most represented motivation for seeking labiaplasty, as significantly reported by Alter and Rouzier et al. Indeed, these authors presented the two series with greatest number of patients described so far, emphasizing the aesthetic motivations.

On the 407 patients evaluated by Alter, 348 patients (85.5%) underwent surgery for aesthetic reasons plus some discomfort with clothing, exercise, or sexual intercourse; 54 patients (13.3%) underwent surgery for aesthetics only and had no discomfort; and five patients (1.2%) had no aesthetic concerns but underwent surgery only for medical reasons such as discomfort, carcinoma in situ, or hemangiomas.

Similar results were observed by Rouzier et al, who reviewed the records of 163 patients who underwent reduction of the labia minora during a 9-year period. Motives for requesting surgery were aesthetic concerns in 87% of the cases, discomfort in clothing in 64%, discomfort with exercise in 26%, and entry dyspareunia in 43%.

However, Miklos and Moore gave greater emphasis to the functional motivations in their review of 131 patients. In their study, assessment of indications for surgery was performed using standardized questionnaires during the patients’ initial history and physical examination. Patients were divided into three groups based on the questionnaire. Group I (those who received labia reduction surgery for strictly aesthetic reasons) equaled 37% (49/131); Group II (those seeking the surgery strictly for functional impairment) equaled 32% (42/131); and Group III (those seeking the surgery for both functional and aesthetic reasons) equaled 31% (40/131).

I believe that the overall high rate of patients indicating aesthetic concerns, as reported by all the authors, represents a clear indication about the motivations, especially if we consider that the mentioned reports come from the experience of surgeons directly involved in performing labiaplasty.

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Indeed, in my opinion, these outcomes are even more reliable if we consider that the data were collected in Western countries, where the functional reasons can be emphasized by patients wishing to obtain insurance coverage. These considerations confirm the initial statement of Dr Hunter, and support his everyday surgeon’s experience with the evidence of the existent literature, although based on few papers.

Disclosures
The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

Funding
The author received no financial support for the research, authorship, and publication of this article.

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