November 9<sup>th</sup>, 2006

Editor

Dermatología Cosmética, Médica y Quirúrgica

Dear Mr. Editor:

Re.: 1) Submental fat and inadequate removal and 2) Place and specialties involved in total labiectomy

I write regarding two publications in the October-November 2006 issue.

The first article, on facial rejuvenation with laser Derma K combined with facelift<sup>1</sup>, I wish to draw particular and sole attention to the persistence of submental fat in 5 of the 7 patients (other than those presented in fotos 6 and 7). The amount of submental fat still present makes inquiry of the exact methods used to remove it mandatory. I do not believe the article mentions same, and it therefore does not affirm if tumescent suctioned lipectomy occurred. If not, the surgeon should have included this approach. And if such was performed, one must ask through what approaches. If a single submandibular mid-line approach was utilized (to me, an inadequate method), the undersigned strongly believes a multi-directional approach (infra-mandibular and dual infra-auricular) would allow significantly better cleansing of the submental, submandibular, and jowl fat deposits. Regardless, this observer has not seen so much adipose tissue left behind in many, many years. The techniques should be reviewed, and changed. The journal should be appraised, in writing, of the evolved status.

In the second article, an extensive dissection of the perineal area was accomplished for extra mammary Paget's<sup>2</sup>. My Spanish does not allow me to know where the surgery was done, nor by whom and of what specialty. There may well be different standards of care in México and the USA regarding office/clinic/surgicenter, and hospital regulation of cases as to who can do what, and where. At the University of California, San Francisco, the Mohs unit would possibly do this case in the OP clinic surgery with tumescent anesthesia, but only with urology (the catheter), and gynecology also present. Transfer from the OP clinic and its cryostat / staining facilities to gynecology would almost certainly follow. Or, and perhaps preferable to some, would be the participation of the Mohs surgeons in the hospital OP surgery, clearing the tumor, and leaving the post-operative care to the other named services. Since no mention is made of any other specialties than dermatology in the credits, this commentary is worthy of note and the authors of clarification.

Respectfully submitted, Prof. Dr. Lawrence M. Field, MD, FIACS

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- ▶ International Traveling Chair of Dermatologic Surgery (International Society of Dermatologic Surgery)
- University of California, San Francisco (Dermatologic Surgery), Emeritus 2006
- Stanford University Medical School, Dept. of Dermatology, Emeritus 2006
- Presidential Citation
   International Society for Dermatologic Surgery, Amsterdam,
   Netherlands 1997
- Outstanding Achievement Award
  American Society for Dermatologic Surgery, Portland, Oregon 1998 &
  Presidential Award; Atlanta, Georgia 2005
- Emeritus Fellow and Examiner
  American Board of Cosmetic Surgery
- Senior Consulting and Contributing Editor Dermatologic Surgery
- Dermatologic and Liposuction Surgery, Derma Clinic, Riyadh, Jeddah, el Khobar, Saudi Arabia and Derma Clinic, Dubai Medical Center, Dubai, UAE

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## To the Cosmetic Dermatology editor:

I am writing in response to Dr. Larry Fiel's comments and his insistence that I answer his out of context comments. I want to inform you that every result can be proved and as an experienced surgeon, Dr Field knows this. Therefore, invite him to use the face lift and skin resurfacing technique in the same surgical procedure, publish his results and demonstrate that they are superior.

I wish to let you know that I will not provide any other explanation until Dr. Field carries out the afore mentioned invitation with better results.

Sincerly

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