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Autologous Buttocks Augmentation with Fat Grafting: A Systematic Review of the Literature and Meta-Analysis

Alexandra Condé-Green, MD; Vasanth S. Kotamarti, BS; Kevin T. Nini, MD; Philip D. Wey, MD; Naveen K. Ahuja, MD; Mark S. Granick, MD; Edward S. Lee, MD

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INTRODUCTION: Throughout the years, many plastic surgeons have published their techniques for achieving a larger gluteal contour. Still, there’s no consensus on the best and safest way to perform fat grafting to the gluteal region. Due to the recent reported fatalities related to fat grafting to the gluteal region, we reviewed the techniques described in the literature in order to analyze and compare the different steps of the procedure, and identify those that could potentially be of concern.

METHODS: We performed a systematic review of the literature in December 2015, with a search of 21 terms related to gluteal fat augmentation in 3 databases. Nineteen articles meeting our predetermined criteria were analyzed allowing evaluation and comparison of techniques. Independent-samples t-test and one-way ANOVA were used for statistical analysis.

RESULTS: Seventeen case series and two retrospective studies were selected, mostly from Mexico, Columbia and Brazil. A total of 4,105 patients composed of 98.2% women and 1.8% men with a mean age of 33.6 years and mean BMI of 24.3 were reported. Most patients received general anesthesia. The thighs and trochanteric regions were the most common donor sites. Harvesting was most often performed with vacuum and syringe-assisted liposuction, and processing was most commonly decantation or centrifugation. A mean of 400 ml of lipoaspirate was injected per gluteal region, in intramuscular and subcutaneous planes with 60 ml syringes. Results were evaluated mainly with pre and postoperative photographs. Most patients rated their results as excellent. The mean complication rate was 7%, consisting mainly of seroma (2.4%), erythema (1.3%) with no significant relation to the planes of injection. Note that one study, which reported 13 deaths, was not included in our data to reduce selection bias.

CONCLUSION: Fat grafting is an effective and predictable way to remodel the gluteal region, however the procedure is not without risks. Avoiding gluteal vessel damage may prevent most feared complications, such as fat embolism. Accurate analysis, systematization of the procedure and reporting cases in the fat grafting registry may provide the foundation for optimization of outcomes.

Our Clinical Approaches to Different Types of Secondary Abdominal Contour Deformities after Body Contouring Surgeries

Hasan Alim, MD; Sadri O. Sozer, MD

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INTRODUCTION: Since the first description of an abdominoplasty was published more than a century ago, many surgical techniques in abdominoplasty have been developed. Abdominal contour surgery has also gained popularity with that development. Today, abdominoplasty is one of the most common aesthetic surgical procedures in the world. And the growing number of surgical operations performed in improper hands has brought in increasing complication rates and dissatisfied patients. In our practice we encountered many different types of deformities from skin irregularities to skin necrosis and from scar visibility to high-riding scar. Our surgical approach to each problem was in a different way. Our problem solving types extended minor scar revisions to redoing the abdominoplasty or to reconstruction of the abdominal area with using tissue expanders. In this study, we’d like to share with you our experiences and approaches to different variety of secondary abdominal deformities after liposuction and body contouring surgeries.

PATIENTS AND METHODS: Between 2007 and 2015, 800 body contouring procedures were performed in our