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CORRIGENDUM

This corrigendum lists the corrections for Letter to the Editor titled, *Puboplasty as an integral step in massive weight loss abdominal contouring: a retrospective assessment of results, stability, and patients' satisfaction*, written by Pierfranco Simone, Luca Savani, Paolo Marchica, Paolo Persichetti (2022). Published in Journal of Plastic Surgery and Hand Surgery, Volume 56, NO.6, 387–395, DOI: https://doi.org/10.1080/2000656X.2022.2061500

	Location	Error	Correction
1.	p. 1, Title section	Title: Puboplasty as an integral step in massive weight loss abdominal contouring: a retrospective assessment of results, stability, and patients' satisfaction	Publoplasty as an integral step in massive weight loss abdominal contouring: a retrospective assessment of results, stability, and patient satisfaction
2.	p.1, Abstract	Ex-obese patients complain about abdomen and pubis deformities following massive weight loss	Ex-obese patients complain of abdomen and pubis deformities following massive weight loss
3.	p.1, Abstract	Sixty patients were treated by the same surgeon between 2008 and 2018, 30 of them receiving only standard umbilical transposition abdominoplasty (A group), and 30 having concurrent monsplasty (AM group)	Sixty patients were treated by the same surgeon between 2008 and 2018, 30 of them receiving only standard umbilical transposition abdominoplasty (the A group), and 30 having concurrent monsplasty (the AM group)
4.	p.1, Abstract	Four minor complications were recorded: 1 wound dehiscence in A group, 3 seromas in AM group. All measured outcomes were higher in AM group, with statistically significant difference ($p<0.05$) in almost all the questionnaire and BODY-Q™ items, and the photographic assessment confirmed higher degree of mons pubis suspension and superior result stability in AM group.	Four minor complications were recorded: 1 wound dehiscence in the A group, 3 seromas in the AM group. All measured outcomes were higher in the AM group, with statistically significant difference ($p<0.05$) in almost all the questionnaire and BODY-Q™ items, and the photographic assessment confirmed higher degree of mons pubis suspension and superior result stability in the AM group.
5.	p.1, Introduction	Alter [8] advocated the undermining of the mons pubis up to the pubic symphysis and its suspension to the rectus fascia, associated with liposuction or open fat excision.	Alter [8] advocated undermining of the mons pubis down to the pubic symphysis and its suspension to the rectus fascia, associated with liposuction or open fat excision.
6.	p.2, Materials and methods – The sample	A total of 69 patients received abdominoplasty only up to the end of 2013	A total of 69 patients received abdominoplasty only till to the end of 2013
7.	p.2, Materials and methods – The sample	Inclusion criteria in the study were represented by: BMI 30 Kg/m^2	Inclusion criteria in the study were represented by: BMI<30 Kg/m^2
8.	p.2, Materials and methods – The sample	The selection process was conducted as follows: to be enrolled in the study, each patient must have had a complete clinical chart with all data to perform the study, at least 1 year follow- up with standardized photographs, and all the questionnaires filled with the answers.	The selection process was conducted as follows: to be enrolled in the study it was necessary for each patient to have a complete chart with all data to perform the study, at least 1 year follow- up with standardized photographs, and all completed questionnaires.
9.	p.2, Materials and methods – The sample	Hence, as regards AM group, we decided to take randomly six patients per year, for a total of 30 patients in five years in order to consider two samples of the same size.	Hence, as regards the AM group, we decided to take six patients per year randomly, for a total of 30 patients in five years, in order to consider two samples of the same size.
10.	p.2, Materials and methods – Operative technique	If pubic and/or abdominal liposuction was planned, this procedure was performed as first surgical step, preferring a wet (1:1 ratio) technique.	If pubic and/or abdominal liposuction was planned, this procedure was performed initially, preferring a wet (1:1 ratio) technique.
11.	p.2, Materials and methods – Operative technique	The skin was incised along the preoperative markings and a beveled dissection of the subcutaneous tissue was performed, reaching the rectus fascia roughly 5 cm above the skin incision.	The skin was incised along the preoperative marking and a beveled dissection of the subcutaneous tissue was performed, reaching the rectus fascia roughly 5 cm above the skin incision.

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12.	p.2, Table 1, caption	Patients' demographics. No statistically significant differences were found between groups as regards distribution of demographics data (p>0.05), as gender, age, BMI, weight reduction, weight loss modality, and comorbidities (diabetes mellitus and smoking habit).	Patient demographics. No statistically significant differences were found between groups as regards distribution of demographic data (p>0.05), as gender, age, BMI, weight reduction, weight loss modality, and comorbidities (diabetes mellitus and smoking habit).
13.	p.3, Materials and methods – Postoperative care	Antibiotics were administered until two days after the drains' removal, and painkillers were routinely prescribed.	Antibiotics were administered until two days after drain removal, and painkillers were routinely prescribed.
14.	p.3, Materials and methods – Postoperative care	A compressive garment, covering the abdomen and suspending the pubis and the thighs, was applied before the discharge and worn day and night for at least two months after the operation.	An abdominal compressive garment, which also suspended pubis and thighs, was applied on discharge and worn day and night for at least two months after the operation.
15.	p.3, Materials and methods – Postoperative care	Drains were normally removed in 4–6 days, and wounds were checked at 1 and 2 weeks postoperatively.	Drains were normally removed in 4–6 days, and wounds were checked 1 and 2 weeks postoperatively.
16.	p.3, Materials and methods – Postoperative care	Patients were instructed to use scar tape over the scars for three months following the surgery and, after that period, silicone gel was applied till full scar maturation.	Patients were instructed to use paper tape over the scars for three months following the surgery and, after that period, silicone gel was applied till full scar maturation.
17.	p.3, Materials and methods – Postoperative care	All patients were reviewed at 1, 3, 6, 12 months postoperatively and, at each visit, standardized pictures were taken (Figures 1 and 2).	All patients were reviewed 1, 3, 6, 12 months postoperatively and, at each visit, standardized pictures were taken (Figures 1 and 2).
18.	p.3, Materials and methods – Patients' assessment, title of the section	Patients' assessment	Patient assessment
19.	p.3, Materials and methods – Patients' assessment	Patients' assessment was conducted through review of clinical charts, administration of questionnaires and comparison of preoperative, 1-month and 12-months postoperative frontal view photographs.	Patient assessment was conducted through review of clinical charts, administration of questionnaires and comparison of preoperative, 1-month and 12-months postoperative frontal view photographs.
20.	p.3, Figure 1, caption	preoperative and 12-months postoperative frontal view photographs after abdominoplasty and monsplasty in male patient.	preoperative and 12-month postoperative frontal view photographs after abdominoplasty and monsplasty in a male patient.
21.	p.3, Figure 2, caption	preoperative and 12-months postoperative frontal view photographs after abdominoplasty and monsplasty in female patient.	preoperative and 12-month postoperative frontal view photographs after abdominoplasty and monsplasty in a female patient.
22.	p.4, Figure 3, caption	Mons suspension and stability are demonstrated by maintenance of the same height of the B line at 1-month and 12-months postoperative	Mons suspension and stability are demonstrated by maintenance of the same position of the B line 1-month and 12-months postoperatively
23.	p.4, Materials and methods – Patients' assessment	Furthermore, loss of mons suspension at 12 months postoperative was calculated to demonstrate stability over time, as [(AB'- AB")/AB"] and described as loss of mons suspension at 12 months postoperative percentage (Figure 3).	Furthermore, loss of mons suspension 12 months postoperatively was calculated to demonstrate stability over time, as [(AB'- AB")/AB"] and described as loss of mons suspension in percentage 12 months postoperatively (Figure 3).
24.	p.4, Results	We reported a total of 4 patients presenting postoperative complications among the groups (Table 2A).	We observed a total of 4 patients with postoperative complications in the two groups (Table 2A).
25.	p.4, Results	No major complications were reported and no scars displacement or asymmetry, genitalia distortion or recurrent ptosis of the mons were registered.	No major complications were reported and no scar displacement or asymmetry, genitalia distortion or recurrent ptosis of the mons were registered.
26.	p.4, Results	aesthetics of the mons pubis in frontal and side-view, ease in finding suitable clothes and how the clothes fit on one's pubis,	aesthetics of the mons pubis in frontal and side-view, ease in finding suitable clothes and how clothes fit on the pubis,
27.	p.4, Results	Sex stratification investigation showed no statistically significant difference (p>0.05) between females and males as regards the questionnaires BODY-Q™ (Table 2B) and the authors' 11-items survey (Table 2C), except for a borderline p-value (p>0.05, but p<0.1) in the AM group concerning physical function in BODYQ™ questionnaire and sexual activity in the 11-items survey, both perceived better in males.	Sex stratification investigation showed no statistically significant difference (p>0.05) between females and males in the BODY-Q™ questionnaires (Table 2B) and the authors' 11-items survey (Table 2C), except for a borderline p-value (p>0.05, but p<0.1) in the AM group concerning physical function in the BODY-Q™ questionnaire and sexual activity in the 11-items survey, both perceived better in males.

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	Location	Error	Correction
28.	p.4, Results	Finally, sex stratification applied to photographic assessment (Table 2D) showed a statistically significant difference ($p<0.05$) between female and male patients, as regards the 1-month and 12-month mons suspension (%) in patients performing abdominoplasty and monsplasty (AM group).	Finally, sex stratification applied to photographic assessment (Table 2D) showed a statistically significant difference ($p<0.05$) between female and male patients, as regards the 1-month and 12-month mons suspension (%) in patients with abdominoplasty and monsplasty (AM group).
29.	p.4, Discussion	MWL patients complain about trunk deformities involving both the abdomen and the mons pubis, due to skin and soft tissue redundancy.	MWL patients complain of trunk deformities involving both the abdomen and the mons pubis, due to skin and soft tissue redundancy.
30.	p.4, Discussion	The assessment of the questionnaires in the two cohorts, A group and AM group, showed statistically significant higher scores in the concurrent procedure group.	The assessment of the questionnaires in the two cohorts, the A group and the AM group, showed statistically significant higher scores in the concurrent procedure group.
31.	p.5, Discussion	On the other hand, the patients who underwent abdominoplasty only (rated pubic improvement between 'slight improvement' and 'good improvement' for all the items (average of the mean scores of the 11 items: 2.87 ± 0.80 out of 4). A statistically significant difference was found among the group ($p<0.05$).	On the other hand, patients who underwent abdominoplasty only rated pubic improvement between 'slight' and 'good' for all the items (average of the mean scores of the 11 items: 2.87 ± 0.80 out of 4). A statistically significant difference was found between the groups ($p<0.05$).
32.	p.5, Discussion	Finally, both groups showed a very high degree of overall satisfaction with their abdominal contouring surgery and, even though the difference was not statistically significant between the two, the patients who received concomitant monsplasty reported higher scores.	Finally, both groups showed a very high degree of overall satisfaction with their abdominal contouring surgery and, even though the difference was not statistically significant between the two, patients who received concomitant monsplasty reported higher scores.
33.	p.5, Discussion	The analysis of the percentage elevation of the pubis in the two groups showed a considerable suspension of the pubis when monsplasty was performed, in conversely to the patients who received abdominoplasty only. Furthermore, in the group with combined procedures, the comparison of the pictures at 1 and 12 months postoperatively showed consistently stable results, with minimum ptosis recurrence at 12 months.	The analysis of the percentage elevation of the pubis in the two groups showed considerable suspension of the pubis when monsplasty was performed, in contradistinction to patients who received abdominoplasty only. Furthermore, in the group with combined procedures, the comparison of the pictures 1 and 12 months postoperatively showed consistently stable results, with minimum ptosis recurrence at 12 months.
34.	p.5, Discussion	Despite both male and female patients presented comparable percentage mons suspension at 1 and 12 months postoperatively in the A group, the percentage pubic uplift appeared different in the 2 genders in the AM group.	Despite both male and female patients presented comparable percentage mons suspension 1 and 12 months postoperatively in the A group, the percentage pubic uplift appeared different in the 2 genders in the AM group.
35.	p.6, Discussion	Puboplasty technique developed over the years since the contribution of wedge resection technique described by Matarasso3 . Progressive introduction of liposuction of the pubis [5,7,10,11], recti muscle fascia suspension and mons pubis undermining [8], recycling of deepithelialized pubic skin as pubic brace to the recti muscles fascia [9] and resection-based monsplasty [4,12], represent different solutions identified by the various authors to address such a complex area as the mons pubis. In fact, a standard technique capable of providing a solution to all the deformities of the pubis cannot be identified.	Puboplasty technique have been developed over the years since the contribution of the wedge resection technique described by Matarasso[3]. Progressive introduction of liposuction to the pubis [5,7,10,11], recti muscle fascia suspension and mons pubis undermining [8], usage of deepithelialized pubic skin as pubic brace to the recti muscles fascia [9] and resection-based monsplasty [4,12], represent different solutions identified by the various authors to address such a complex area as the mons pubis. In fact, a standard for all pubic deformities cannot be identified.
36.	p.7, Discussion	It is noteworthy that we always perform a superficial fascial suspension laterally to the pubis, to further redistribute the skin properly.	It is noteworthy that we always perform superficial fascial suspension laterally to the pubis, to further redistribute the skin properly.
37.	p.7, Discussion	The compression garment has a suspension function of the thighs and pubis and contributes to the stabilization.	The compression garment lifts the thighs and pubis and contributes to their stabilization.
38.	p.7, Discussion	The abovementioned puboplasty technique is easily integrated into an abdominoplasty, as the suspension is performed at the end of the recti muscles' aponeurosis plication, using the same sutures, and it may be considered an additional step to the rectus fascia plication [21].	The abovementioned puboplasty technique is easily integrated into an abdominoplasty, as the suspension is performed at the end of the recti muscles' aponeurosis plication, and it may be considered an additional step to the rectus fascia plication [21].

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	Location	Error	Correction
39.	p.7, Discussion	It is noteworthy that puboplasty allows to correct the hooding of both female and male external genitalia. In selected cases, further procedures are required to correct hidden penis and labia majora enlargement [8,22,23]. Finally, puboplasty should be performed before a thigh lift, as the correction of the skin overhang in the groin area eliminates the skin fold at the site of the thigh lift incisions. In fact, exposed wounds are less prone to infection and maceration.	It is noteworthy that puboplasty allows to correct hooding of both female and male external genitalia, but in selected cases, further procedures are required to correct hidden penis and labia majora enlargement [8,22,23]. Finally, puboplasty should be performed before a thigh lift, as correction of the skin overhang in the groin area eliminates the skin fold at the site of the thigh lift incisions. In fact, exposed wounds are less prone to infection and maceration.
40.	p.7, Discussion	The retrospective nature of the study may be considered the main limitation of our research.	The retrospective nature of this study may be considered the main limitation of our research.
41.	p.7, Discussion	This lack of data, mostly affecting the patients undergoing abdominoplasty only, led us to randomly select a part of the patients undergoing abdominoplasty and monsplasy, in order to create two groups of equal size, even if smaller.	This lack of data, mostly affecting patients undergoing abdominoplasty only, led us to randomly select a part of the patients undergoing abdominoplasty and monsplasty, in order to create two groups of equal size, even if smaller.
42.	p.7, Discussion	Even if the senior author has maintained the same abdominoplasty surgical technique, his expertise has grown up over the years, and the residents assisting him have been several and changed over the years. These may be considered as confounding factors.	Even if the senior author maintained the same abdominoplasty surgical technique, his expertise grew over the years, and the residents assisting him were several and changed over the years. These may be considered as confounding factors.
43.	p.8, Discussion	The fact that a single surgeon experience is reported may be a drawback, as it implies to generalize the results and does not allow to analyze the outcomes of this technique in the hands of other surgeons. Nevertheless, our technique consists in a simple and standardized approach that, in our opinion, may be easily reproducible with a fast learning curve.	The fact that a single surgeon experience is reported may be a drawback, as it does not allow to analyze the outcomes of this technique in the hands of other surgeons. Nevertheless, our technique consists of a simple and standardized approach that, in our opinion, may be easily reproducible with a fast learning curve.
44.		this is certainly a limitation because the patients of the two groups underwent surgery at different times, with several variables and factors occurring and impacting in the filling of questionnaires, such as aging, recurrence, degree of scars maturation, swelling, etc.	this is certainly a limitation because patients in the two groups underwent surgery at different times, with several variables and factors occurring and influencing the questionnaires, such as aging, recurrence, degree of scars maturation, swelling, etc.
45.	p.8, Discussion	Since patients requesting this kind of surgery are mostly females, the number of males in our sample was limited. Hence, sex stratification analysis can only be taken into consideration, aware of this limitation.	Since patients requesting this kind of surgery are mostly females, the number of males in our sample was limited. Hence, sex stratification analysis was performed with this limitation.
46.	p.8, Discussion	Despite these issues were encountered in the drafting of the article, to the best of our knowledge this is the only study assessing the effectiveness of the monsplasty as an integral part of the abdominal contouring in MWL patients from both a subjective and an objective perspective. Indeed, we investigated both the surgeon and the patient's point of view.	Despite these issues were encountered in the drafting of the article, to the best of our knowledge this is the only study assessing the effectiveness of monsplasty as an integral part of abdominal contouring in MWL patients from both a subjective and an objective perspective. Indeed, we investigated both the surgeon's and the patient's point of view.
47.	p.8, Discussion	In our opinion, this modality of photographic comparison may be useful for surgeons to assess the results of the abdominal contouring surgery and their stability, achieving a reasonable degree of accuracy. Furthermore, we proposed a comprehensive surgical approach to the mons pubis, which is standardized and easily reproducible by any plastic surgeon who wants to approach body remodeling, considering together the need of correcting both the abdomen and the pubis.	In our opinion, this modality of photographic comparison may be useful for surgeons to assess the results of abdominal contouring surgery and their stability, achieving a reasonable degree of accuracy.
48.	p.8, Discussion	Furthermore, we proposed a comprehensive surgical approach to the mons pubis, which is standardized and easily reproducible by any plastic surgeon who wants to approach body remodeling, considering together the need of correcting both the abdomen and the pubis.	DELETED