

immunosuppressive capacities compared to cultivated adipose-derived stem cells isolated with enzymatic digestion. Therefore, the dissociation procedure could be considered as a fast and reliable alternative method to obtain enough cultivated adipose-derived stem cells to use for laboratory experiments and for stem cell therapy. Moreover, the dissociation by intersyringe processing allows a rapid extraction of adipose-derived stem cell-enriched stromal vascular fraction (close to 40 percent of adipose-derived stem cells) containing a small proportion of contaminating cells. Therefore, the improvement of cell viability and adipose-derived stem cell yield could allow the development of an innovative stromal vascular fraction and adipose-derived stem cell isolation process that could be an efficient alternative to enzymatic digestion and that can meet the strict criteria within the regulatory framework for use in regenerative medicine. We are pleased that our article raises the interest of the scientific and medical communities and that our work can contribute to increased knowledge in the field of stromal cell therapy.

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Benoit Chaput, M.D.

Department of Plastic, Reconstructive, Aesthetic, and Burns Surgery
University Hospital Rangueil, and STROMALab (Team 2)
Université de Toulouse
EFS, INP-ENVT
Inserm U1031, UPS
Toulouse, France

Nicolas Bertheuil, M.D.

Department of Plastic, Reconstructive, and Aesthetic Surgery
Hospital Sud, and SITI Laboratory and INSERM U917
University of Rennes 1
Rennes, France

Jean-Louis Grolleau, M.D.

Ignacio Garrido, M.D., Ph.D.

Department of Plastic, Reconstructive, Aesthetic, and Burns Surgery
University Hospital Rangueil
Toulouse, France

Jerome Laloze, M.D.

STROMALab (Team 2)
Université de Toulouse
EFS, INP-ENVT
Inserm U1031, UPS
Toulouse, France
Department of Maxillofacial Surgery
University Hospital Limoges
Limoges, France

Audrey Varin, Ph.D.

STROMALab (Team 2)
Université de Toulouse

EFS, INP-ENVT
Inserm U1031, UPS
Toulouse, France

Correspondence to Dr. Chaput
Department of Plastic and Reconstructive Surgery
Rangueil University Hospital
Avenue du Professeur Jean Poulhes
31 000 Toulouse, France
benoitchaput31@gmail.com

DISCLOSURE

The authors declare no conflicts of interest concerning this communication.

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Delayed Innovations in Keloid Reconstruction

Sir:

In the July of 2016 issue of *Plastic and Reconstructive Surgery*, I was drawn to the Ideas and Innovations section with “A Novel Approach to Keloid Reconstruction with Bilaminar Dermal Substitute and Epidermal Skin Grafting.”¹ It was gratifying to see that my 2004 article “Keloid Pathogenesis and Treatment”² was the first cited reference; however, a more recent publication, “Use of a Collagen-Glycosaminoglycan Copolymer (Integra) in Combination with Adjuvant Treatments for Reconstructions of Severe Chest Keloids”³ published in the *Journal of Drugs in Dermatology* is conspicuously missing. As this article is an Ideas and Innovations article, it is imperative that if an idea has been tried before, it is given credit. The 2010 article uses almost identical methods and even has the same number of patients. Differences in the absence of adjacent therapy could have been elaborated, but to completely miss this article, which is the first result displayed in a search engine lookup of “Integra keloid,” is unfortunate.

The reviewer process is equally disappointing. As a *Plastic and Reconstructive Surgery* reviewer, there is a mechanism to check for other *Plastic and Reconstructive Surgery* or peer-reviewed journal articles of a similar narrative. It would seem to be particularly important for an Ideas and Innovations article—in fact, essential. The fact that this original 2010 work was shopped to the plastic surgery literature journals and rejected 6 years ago only adds irony.

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Steven P. Davison, D.D.S., M.D.

Georgetown University School of Medicine
Washington, D.C.

Kylie Hayes, B.S.

DAVinci Plastic Surgery
Washington, D.C.
University of Arkansas School of
Medical Sciences College of Medicine
Arkansas

Correspondence to Dr. Davison
3301 New Mexico Avenue, Suite 236
Washington, D.C. 20016
spdplastic@gmail.com

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Reply: A Novel Approach to Keloid Reconstruction with Bilaminar Dermal Substitute and Epidermal Skin Grafting

Sir:

We are pleased to see that our article in the July of 2016 issue of *Plastic and Reconstructive Surgery* entitled “A Novel Approach to Keloid Reconstruction with Bilaminar Dermal Substitute and Epidermal Skin Grafting”¹ has generated such interest. We thank Dr. Davison for his response to our report, but we respectfully wish to address some points raised in his letter.

We readily admit that we overlooked Dr. Davison’s 2010 report among our citations.² Although this is an

unfortunate occurrence, we also contend that there are several critical differences between our methodology and that reported by Dr. Davison and colleagues.

First, our technique describes the novel use of epidermal grafting for reconstruction of keloids. We specifically postulate that this technique limits donor-site morbidity because it does not violate the dermis and decreases the risk of additional keloid formation at the donor site. We note that Dr. Davison and colleagues describe a methodology using split-thickness skin grafting. Although these techniques may appear similar, split-thickness grafting derives its name from its inclusion of a subtotal dermal element.

Second, we describe a technique with a low recurrence rate that does not require adjuvant treatments, such as intralesional chemotherapy or radiation therapy, which can be painful and lead to unknown consequences for younger patients. We believe that this is an advantage to our methodology. We would also like to point out that the patients described by Dr. Davison and colleagues all underwent adjuvant therapies. In a limited series, such as ours and that presented by Dr. Davison and colleagues, the inclusion of patients who have undergone adjuvant therapies without appropriate controls ultimately confounds evaluation of the true efficacy of any surgical technique.

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Khang T. Nguyen, M.D.

Nicholas Bastidas, M.D.

Division of Plastic and Reconstructive Surgery
Northwell Health System
New Hyde Park, N.Y.

Correspondence to Dr. Bastidas
Division of Plastic and Reconstructive Surgery
Northwell Health System
1991 Marcus Avenue, Suite 102
New Hyde Park, N.Y. 11042

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Anterolateral Thigh Flap: The Superficial-Fascia Flap or the Fascia-Sparing Technique?

Sir:

We read with great interest the article entitled “Suprafascial Anterolateral Thigh Flap Harvest: A Better Way to Minimize Donor-Site Morbidity in

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