Abstract: Crowdsourcing the Natural Breast in Ethnically-Diverse Women: Population Preferences

The Harvard community has made this article openly available. Please share how this access benefits you. Your story matters.

Citation

Published Version
doi:10.1097/01.GOX.0000526282.73031.9c

Accessed
December 12, 2017 5:25:11 PM EST

Citable Link
http://nrs.harvard.edu/urn-3:HUL.InstRepos:34492337

Terms of Use
This article was downloaded from Harvard University's DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA

(Article begins on next page)
SUNDAY, OCTOBER 8, 2017

AESTHETIC SESSION 2

Crowdsourcing the Natural Breast in Ethnically-Diverse Women: Population Preferences

Presenter: Alexandra Bucknor, MBBS, MRCS, MSc

Co-Authors: Austin D. Chen, BS; Parisa Kamali, MD; Anmol S. Chattha, BA; Charlotte van Veldhuisen, BSc; Olivier Alexandre Branford, MA, MBBS, PhD, FRCS(Plast); David Chi, BS; Winona Wu, BSc; Bernard T. Lee, MD, MBA, MPH, FACS; Samuel J. Lin, MD, MBA

Affiliation: Beth Israel Deaconess Medical Center / Harvard Medical School, Boston, MA

INTRODUCTION: In 2014, a population analysis of the ‘perfect breast’ identified that an upper-to-lower pole ratio of 45:55 was deemed the most attractive of four Caucasian women’s breast proportions, as ranked by 1,315 members of the public.1 However, no other studies to date have confirmed these findings; furthermore, we do not know to what extent this may extend to women of other ethnicities. The aim of this study is to analyze preferred breast proportions in a larger, more ethnically-diverse panel of women, to inform the definition of an aesthetic ideal breast and aid surgical planning.

METHODS: In January 2017, a survey was distributed via a Crowdsourcing platform to members of the general population, who were asked to rank the attractiveness of images of fifteen women’s breasts (three Caucasian, three Black, three South Asian, three East Asian and three Hispanic). The right breast was changed into four different upper-to-lower pole ratios (35:65, 45:55, 55:45 and 55:45, as per previous study), creating one panel. Photographs were standardized (angle, background, left breast obscured) and panels displayed in random sequence within the survey. Respondent demographics were also collected.

RESULTS: There were 407 respondents. The majority of respondents were male (63.1%) and Caucasian (48.9%), with a mean age of 34.7 years. The majority were from North America (56.3%), followed by Asia (34.6%). Overall, the majority of respondents (33.9%) expressed preference for an upper-to-lower pole ratio of 50:50; this was followed by 55:45 (26.4%), 45:55 (24.9%) and 35:55 (14.8%). When subcategorized by ethnicity of women in the panel, the preference for 50:50 persisted in the South Asian and Black panels; but was 55:45 in the Caucasian and Hispanic panels, 45:55 in the East Asian panel.

CONCLUSION: These results do not support previous literature suggesting a preference for 45:55 breast proportions; the next most popular choice in the previous study was 50:50, which our results highlight as being overall preference in the present study cohort.1 Surgical planning should maintain a flexible approach when considering aesthetic ideals.

Reference Citations:

Analysis of Upper Eyelid Contour Change in Asians By Fixation Count of Levator Plication Advancement

Presenter: Sang Yoon Kang, MD, PhD

Co-Author: Young Hun Chung, MD

Affiliation: Kyung Hee University, Seoul

INTRODUCTION: Previous studies have reported that the vertical length of an eye tends to decrease with age among Asians which affects not only the function but also the appearance. In levator plication advancement, suture is performed between levator aponeurosis and tarsal plate, but there is no sufficient data on how the count of this suture affects the upper eyelid contour. In this study, we examined how the count of suture affects the change in upper eyelid contour in Asians.

METHODS: Patient’s pupil center was determined before surgery, then, we measured the length between the pupil center and upper eyelid contour at every 15 degrees starting at the nasal side moving parallel to the pupil. After the