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Re: Reply: The Poly Implant Prothèse Debacle

Sir:

We welcome Maijers and Neissen drawing attention to the nonsurgical issues surrounding Poly Implant Prothèse implants.[1] Although initially unsettled in the United Kingdom, fortunately, last week's report from the Medicines and Healthcare Products Regulatory Agency[2] has again failed to evidence any harmful issues with constituent products. Although it is surprising that any breast-augmented women continue to decline follow-up given the global health scare, it is reassuring to have comparable figures using different tools of measurement from both Britain and Holland.

Although not wishing to prolong debate unnecessarily, there is a major error in the above-mentioned reply,[1] which mandates correction because of a complete inversion of our data.[3] Perhaps linguistic misapprehension is at fault, but Figure 2 clearly displays device durability according to year of implantation and *not* duration of implantation (that is Figure 3). To clarify, we documented median time to rupture for implants implanted in the year 2000 to be 10.5 years. The same measure from 2005 was 5.8 years, with the intervening years declining in a broadly linear fashion. It is obvious that implant integrity decreases with time; however, we have documented something entirely different with Poly Implant Prothèse devices, and this runs counter to any previously published data. As a smaller point, with our original article being received for publication on December 30, 2011, and that by Maijers and Neissen being received on January 8, 2012, the claim of primacy is factually incorrect.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this communication.

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Facial Changes Caused by Smoking: A Comparison between Smoking and Nonsmoking Identical Twins

Sir:

I wish to acknowledge the article entitled, "Facial Changes Caused by Smoking: A Comparison between Smoking and Nonsmoking Identical Twins," by Okada et al.[1] The authors' creative use of photographic facial contrasts between smoking and nonsmoking twins identified specific features of facial aging consequent to tobacco use.

However, a serious methodologic flaw is the investigators' failure to document the procedures by which the zygosity of the twin pairs was determined; the only mention of the twins' zygosity (identical) occurs in the title. Accurate assessment of twins as monozygotic (identical) or dizygotic (fraternal) is crucial to the design of any twin study and to the interpretation of the data. The identification of smoking-discordant monozygotic twins constitutes a naturally occurring co-twin control study, which I believe the investigators had in mind.[2] Specifically, the nonsmoking twin provides the perfect genetic control against which to assess the effects of smoking on the part of the co-twin. In the event that dizygotic twins were included in the sample, the basic logic of the co-twin control study would have been violated. More importantly, the conclusions from the study would have been misleading. That is because the differential aging of smoking-discordant dizygotic co-twins could be associated with both genetic and experiential factors, thereby confounding these sources of explanation.

Accurate diagnosis of zygosity requires DNA testing for approximately 15 short tandem repeat markers that can be easily obtained from buccal smears (cheek swabs).[3] Standard physical resemblance questionnaires developed to show excellent agreement with results from DNA testing or blood group analysis can be substituted when necessary. Possibly, a description of the zygosity testing for the twins in this study will be forthcoming. This information will greatly increase readers' confidence in such important findings.

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