I would like to address in this editorial a personal reflection on the appreciation of the aesthetics of the female breast. We, plastic surgeons, perform very often aesthetic mammoplasties, in fact is one of the most common surgeries performed in the world, together with liposuction according to the surveys published by ISAPS. However there are different opinions regarding the ideal shape of this organ. Probably the author, who has written more about this subject is Patrick Mallucci’s [1], one of his articles based on the result of a questionnaire sent to surgeons and general public, he concluded that the more accepted shape was a proportion of 45% in upper pole and 55% in the lower pole taking as a reference the position of the NAC, other authors refer that few woman prefer a more fuller appearance on the upper quadrants. My personal preference would be based, on Mallucci’s conclusions, I believe that a round upper pole is more artificial and, most of the time, this appearance is given by the “push” of the bra. A big high profile implant will give as a result a round upper profile in the breast, which is rather unnatural.

I personally have reviewed several hundreds of paintings and sculptures (using an Internet site called My studios) showing a nude female breast and my conclusion is that more than 95% of the artists, from the classics to the XIXth century, and some of the XXth will represent an small breast and a shape with a flat or slight descent upper pole.

I also strongly believe that the mammary proportions should fall somehow within the golden ratio (1 to 0.618) in relation to the thorax and abdomen and within the breast diameters itself. The NAC position transversely is more attractively located in the union of the outer third with the middle one. The breast also keeps this ratio on the vertical aspect, considering the relation with the umbilicus and the total vertical dimension’s from the pubis to the suprasternal notch (this material has been sent for publication elsewhere).

The inframammary fold plays also a very important role in the aesthetics of the breast and should be carefully evaluated specially when planning a breast augmentation, in order to properly locate it, and in the adequate selection of the shape and volume of the implant.

In my personal view, the lateral and medial contours have to be taken into consideration very seriously as well. For example breasts with wide bases are not aesthetic, so in reduction mammoplasties, if possible, one must try to reduce this diameter. The lateral shape ideally should form a delicate “S” on the left breast and inverted one on the right. In the frontal view in most women, the lateral mammary border do not ever over pass the lateral wall of the chest more than 2 cm. The medial cleavage must be attractive not exaggerated; in breast augmentation a special care need to be observed to avoid a dreadful deformity called symmastia.

It is been said that beauty stands in the eye of the beholder but I believe that some aesthetic principles must prevail in the female breast.

Reference