

Internal Inconsistencies in “Liposuction for Lipedema Significantly Reduces Benzodiazepine Dependence: A Prospective Cohort Study”

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Abstract

This Letter to the Editor documents several verifiable internal inconsistencies in the article by Bruno and D'Antimi, including contradictory statements on study design, a level-of-evidence rating incompatible with the stated methods, contradictory informed-consent statements, and references to a procedure and outcome domain that do not correspond to the study performed. A correction or clarification is requested.

Level of Evidence V This journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors www.springer.com/00266.

To the Editor,

I read this article with interest, as the relationship between lipedema and psychological burden is clinically important. However, the published text contains several internal inconsistencies that undermine its interpretation. They are listed below with the corresponding wording from the article so that each point can be verified against the published version.

1. **The study design is labeled both prospective and retrospective.** The title states “A Prospective Cohort Study,” whereas the Abstract states “We conducted a retrospective observational study,” the Introduction refers to “this retrospective study,” and the Methods state “This retrospective observational cohort study was conducted on patients operated between January 2019 and December 2024.” These are opposing designs with different susceptibilities to bias.
2. **The assigned level of evidence is incompatible with the stated design.** The article assigns “Level of Evidence I—Level I, therapeutic study using a properly randomized controlled trial.” The study is observational and non-randomized, and the Limitations acknowledge the “Lack of control group.” An uncontrolled retrospective observational study cannot be a Level I randomized controlled trial.
3. **The informed-consent statements are contradictory.** The Methods state that “all participants provided written informed consent prior to enrollment,” while the Declarations state “For this type of study, informed consent is not required.” The repeated use of “enrollment” and prospective written consent is difficult to reconcile with a retrospective, records-based design.
4. **The proposed mechanism refers to a procedure that was not performed.** The Discussion states: “A plausible mechanism underlying this effect is the improvement in somatic health and physical symptomatology following abdominoplasty.” No abdominoplasty was part of this study, which concerns limb liposuction for lipedema. Reference [1] concerns lipoabdominoplasty.
5. **The body-image outcome uses an anatomically inappropriate instrument domain.** Body image is reported using the “BODY-Q Abdomen Domain” (Table 3 and Results). Lipedema, and the liposuction performed in this cohort, involve the limbs rather than the abdomen; the abdomen-specific domain is not the appropriate measure for this population and again suggests reuse of material from an abdominoplasty study.
6. **The causal claim in the Discussion is retracted by the Limitations.** The Discussion states that “the postoperative reduction is closely related to the surgical intervention rather than external or unrelated factors,” whereas the Limitations state that “the absence of a non-surgical comparison group limits the ability to attribute observed changes solely to the surgical intervention.” The Discussion asserts precisely the attribution that the Limitations disclaim.

These are verifiable inconsistencies within the published text, several of which suggest material adapted from an abdominoplasty study without full revision. The combination of an uncontrolled design, self-reported medication data with acknowledged recall bias, a six-month horizon, and no comparison group does not support the causal language used in the title, abstract, and conclusion. Clarification regarding the correct study design, the basis for the Level I rating, the informed-consent status, and the abdominoplasty and BODY-Q references, and consideration of whether a correction is appropriate, would be welcome.

Thank you for your attention to these concerns.

Declarations

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Conflict of interest The author is a vascular surgeon with clinical and academic activity in lipedema and serves as President of the Brazilian Association of Lipedema (Associação Brasileira de Lipedema), an unpaid position. The author has no financial interest in the subject of this correspondence, which concerns solely the internal consistency of the published text.

Human and animal rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent For this type of study, informed consent is not required.

References

1. Bruno A, D'Antimi A. Liposuction for lipedema significantly reduces benzodiazepine dependence: a prospective cohort study. *Aesthetic Plast Surg*. 2026. <https://doi.org/10.1007/s00266-026-06116-3>