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LETTER TO EDITOR

Kalórexia and the role of the clinical radiologists in esthetic evaluation

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Dear Editor,

Cultural pressure to maintain a perpetually youthful and flawless appearance has a growing influence on the use of diagnostic imaging. The concept of *kalórexia*—from the Greek *kalós* (beautiful) and *órexis* (desire)—recently introduced by Giudice, defines a compulsive pursuit of beauty that drives individuals to undergo repeated radiological examinations after esthetic procedures, especially high-resolution ultrasound and breast magnetic resonance imaging (MRI). Once a neutral diagnostic tool, radiology now risks becoming complicit in a cycle of obsessive self-monitoring. Throughout history, the idea of beauty has profoundly evolved, shaping body perception and social identity.[1,2] As Khalil Gibran wrote, "Beauty shines brighter in the heart of him who longs for it than in the eyes of him who sees it." From the harmony of Leonardo's *Vitruvian Man* to today's filtered self-images, beauty has shifted from balance to perfection.[3-5] Yet, self-perception can be distorted by depression, social media, or cultural pressure, leading to chronic dissatisfaction and continuous physical modification.[6,7] In this context, *kalórexia* describes an endless pursuit of esthetic optimization, often disconnected from real clinical needs.[8] The mirror is no longer sufficient—radiology becomes the new instrument of reassurance and control. Patients request imaging not to confirm disease, but to confirm beauty: To verify the symmetry of fillers, the regularity of lipofilling, or the integrity of implants. The most frequent examinations include high-resolution ultrasound for fillers, lipofilling, and botulinum toxin injections, assessing migration, complications, or asymmetries;[9,10] breast MRI for implants, reconstructive surgery, or reduction mammoplasty, which is useful for detecting rupture, malposition, or vascular complications;[11,12] and conventional and historical radiographs related to esthetic interventions, such as free silicone injections or post-rhinoplasty evaluation.[8]

In this letter, we present two cases concerning *kalórexia*. Case 1 exemplifies how radiological imaging can document the unintended consequences of unregulated esthetic practices. The patient shown in Figure 1 presents a clinical picture of morphological alteration secondary to a self-administered cosmetic procedure, performed with the aim of achieving a more striking appearance. The self-injection of free silicone resulted in radiological findings consistent with tissue deformity, clearly visible on imaging. It is well known that the use of free silicone—an unregulated and potentially hazardous practice—has historically been associated with non-professional cosmetic procedures.

Radiology is right now operating within a delicate ethical realm. Its clinical precision risks being redirected toward esthetic reassurance, a field where diagnostic necessity becomes secondary to emotional need. The radiologist must be able to recognize when

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an imaging request is medically indicated and when it is merely an expression of *kalórexic* anxiety—the compulsion to visualize and verify one's own esthetic state. Radiologists are increasingly central in esthetic medicine. Ultrasound supports pre-operative planning and follow-up, allowing detailed assessment of soft tissues and vascular structures, filler mapping, and guidance during rejuvenation procedures.[9,10] It provides real-time visualization of filler distribution and enables early detection of granulomas, necrosis, or vascular compromise. Similarly, breast MRI has become essential in esthetic and reconstructive surgery, offering high-resolution assessment of implant integrity, detection of silent ruptures, and evaluation of post-operative changes.[11,12] However, technological advancement must be balanced by clinical awareness.[8,9]

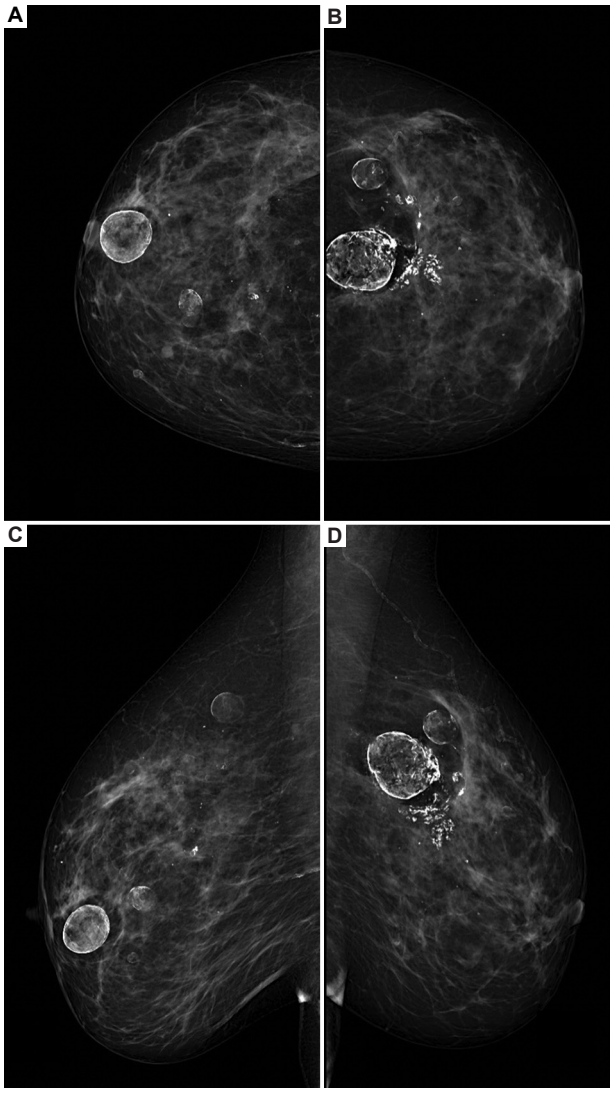

Figure 1. Bilateral mammography in a healthy *kalórexic* woman. (A) Right breast craniocaudal (CC) projection; (B) Left breast CC projection; (C) Right breast mediolateral oblique (MLO) projection; (D) Left breast MLO projection. Breasts are categorized as ACR density class D, with coarse "eggshell" macrocalcifications observed after free silicone injection.

In Case 2, we highlight the clinical and imaging complexity of post-mastectomy esthetic reconstruction. The patient depicted in Figure 2 presents a complex clinical history. She previously underwent mastectomy for breast carcinoma and subsequently initiated a prosthetic reconstruction that, although technically successful from a clinical standpoint, did not meet the patient's subjective esthetic expectations, leading to the need for further corrective procedures.

Together, these cases underscore how multimodal imaging supports both diagnostic evaluation and esthetic follow-up. From an iconographic standpoint, the figures illustrate a multimodal approach: In the first patient, a mammogram is available, while in the second, two MRI scans were performed at different time points, along with ultrasound and computed tomography.

Overuse of imaging—driven by esthetic concerns rather than clinical indications—may subject patients to unnecessary anxiety and, in some cases, incidental findings that trigger a cascade of further tests.[6,7,11] This trend transforms radiology into a mirror for cultural insecurity rather than a tool for health.[1,5,8] The radiologist's role is to mediate between patient expectation and medical appropriateness, guiding imaging toward rational, evidence-based practice.[9-12] From an ethical standpoint, *kalórexia* raises new questions about the boundaries of diagnostic medicine. The estheticization of the body challenges the neutrality of medical imaging, transforming

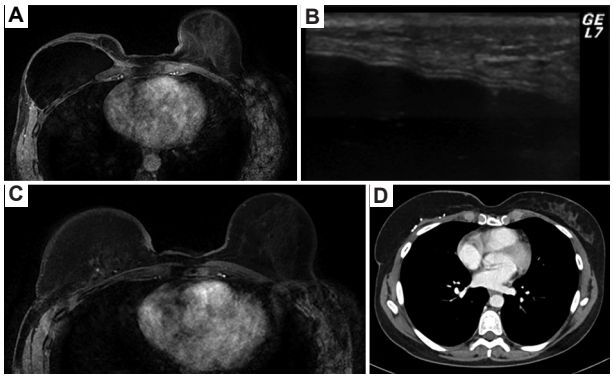

Figure 2. Imaging follow-up after esthetic breast reconstruction post-mastectomy. (A) Breast MRI showing post-mastectomy prosthesis (using dynamic T1-weighted post-contrast sequence); (B) Ultrasound evaluation of the prosthesis; (C) Breast MRI after autologous fat graft reconstruction (using T1-weighted post-contrast sequence); (D) Thoracic CT scan showing reconstruction clips, which was performed during oncological follow-up for breast carcinoma.
Abbreviations: CT: Computed tomography; MRI: Magnetic resonance imaging.

it into an instrument of cultural validation.[3,4,6] As radiologists, we must maintain our focus on pathology, anatomy, and prevention—not perfection. To achieve this, the principles of justification and optimization, fundamental to radiological practice, should extend beyond radiation dose and image quality to include the psychological and social relevance of each examination.[1,4,8] The rise of *kalórexia* mirrors broader sociocultural shifts. Beauty, once associated with proportion and health, is now linked to visibility and control. Social media filters, augmented reality, and esthetic surgery normalize constant self-surveillance. In this environment, diagnostic imaging becomes another step in the quest for the "ideal self," an external validation of inner insecurity.[6,7] This phenomenon resonates with body dysmorphic tendencies, where perceived imperfections drive excessive medical or esthetic interventions.[2,6,7] Radiologists, often unaware of these psychological dynamics, may unintentionally reinforce obsessive behavior by confirming trivial findings. Awareness of *kalórexia* thus becomes essential for maintaining both medical integrity and patient well-being.[8] Clinical radiology, by its nature, lies at the intersection of visibility and truth.[1,3] Every image reveals—and conceals—something. Recognizing *kalórexia* means understanding that not all visible deviations are pathological and not all symmetry is health.[4,5] The ethical challenge is to preserve radiology as a discipline of care, not of compliance with cultural ideals. *Kalórexia* highlights how the pursuit of esthetic perfection influences radiological demand, transforming imaging into a clinical mirror of beauty.[8] Radiologists must reflect on what—and why—they image, balancing clinical necessity with ethical responsibility and cultural awareness.[6-8] The combined use of ultrasound and MRI provides precise tools to address esthetic complications and ensure patient safety.[9-12] Yet, the radiologist's mission must remain clinical, not cosmetic. Recognizing *kalórexia* as a behavioral and cultural phenomenon allows radiologists to act consciously, ensuring rational evaluation, appropriate imaging, and ethical stewardship of diagnostic technology.[1,8,11] In doing so, radiology can reclaim its role as both science and conscience—able to visualize not only anatomy, but the values that shape how we see ourselves.[3-5]

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References

1. Dimitrov D, Kroumpouzos G. Beauty perception: A historical and contemporary review. *Clin Dermatol*. 2023;41(1):33-40.

   doi: 10.1016/j.clindermatol.2023.02.006

2. Merino M, Tornero-Aguilera JF, Rubio-Zarapuz A, Villanueva-Tobaldo CV, Martín-Rodríguez A, Clemente-Suárez VJ. Body perceptions and psychological well-being: A review of the impact of social media and physical measurements on self-esteem and mental health with a focus on body image satisfaction and its relationship with cultural and gender factors. *Healthcare (Basel)*. 2024;12(14):1396.

   doi: 10.3390/healthcare12141396

3. Brielmann AA, Nuzzo A, Pelli DG. Beauty, the feeling. *Acta Psychol (Amst)*. 2021;219:103365.

   doi: 10.1016/j.actpsy.2021.103365

4. Delle Fave A, Wissing MP, Brdar I. Beyond polarization towards dynamic balance: Harmony as the core of mental health. *Front Psychol*. 2023;14:1177657.

   doi: 10.3389/fpsyg.2023.1177657

5. Kaziga R, Muchunguzi C, Achen D, Kools S. Beauty is skin deep; The self-perception of adolescents and young women in construction of body image within the ankole society. *Int J Environ Res Public Health*. 2021;18(15):7840.

   doi: 10.3390/ijerph18157840

6. MacCallum F, Widdows H. Altered images: Understanding the influence of unrealistic images and beauty aspirations. *Health Care Anal*. 2018;26(3):235-245.

   doi: 10.1007/s10728-016-0327-1

7. Mironica A, Popescu CA, George D, Tegzeşiu AM, Gherman CD. Social media influence on body image and cosmetic surgery considerations: A systematic review.

Cureus. 2024;16(7):e65626.

doi: 10.7759/cureus.65626

8. Giudice V, Di Grezia G, Iannaccone T. *Kalórexia: An Aesthetic Dysmorphism with Radiological and Psychiatric Echos*. Geneva: Zenodo; 2025.

doi: 10.5281/zenodo.17161553.

9. Schelke L, Lowrey N, Mojallal A, *et al*. Post-treatment displacement of facial soft tissue fillers-A retrospective ultrasound-based investigation of 382 zygomatic regions. *Dermatol Surg*. 2024;50(10):946-952.

doi: 10.1097/dss.0000000000004257

10. Fontan CB, Fagundes VCM, de Rezende JP, Zattar LC, Maricevich P, Maricevich ACRC. The role of high-frequency ultrasound for preoperative management of neck rejuvenation surgery. *J Ultrasound Med*. 2025.

doi: 10.1002/jum.70061

11. Kanavou T, Mastorakos DP, Mastorakos PD, Faliakou EC, Athanasiou A. Imaging of the reconstructed breast. *Diagnostics (Basel)*. 2023;13(20):3186.

doi: 10.3390/diagnostics13203186

12. Derebaşıoğlu H, Karaca SN. The importance of preoperative imaging methods in reduction mammoplasty. *J Plast Reconstr Aesthet Surg*. 2022;75(4):1424-1430.

doi: 10.1016/j.bjps.2021.11.073