Updates in Reduction Mammoplasty

Essay
Submitted for the partial fulfillment of master degree in General
Surgery

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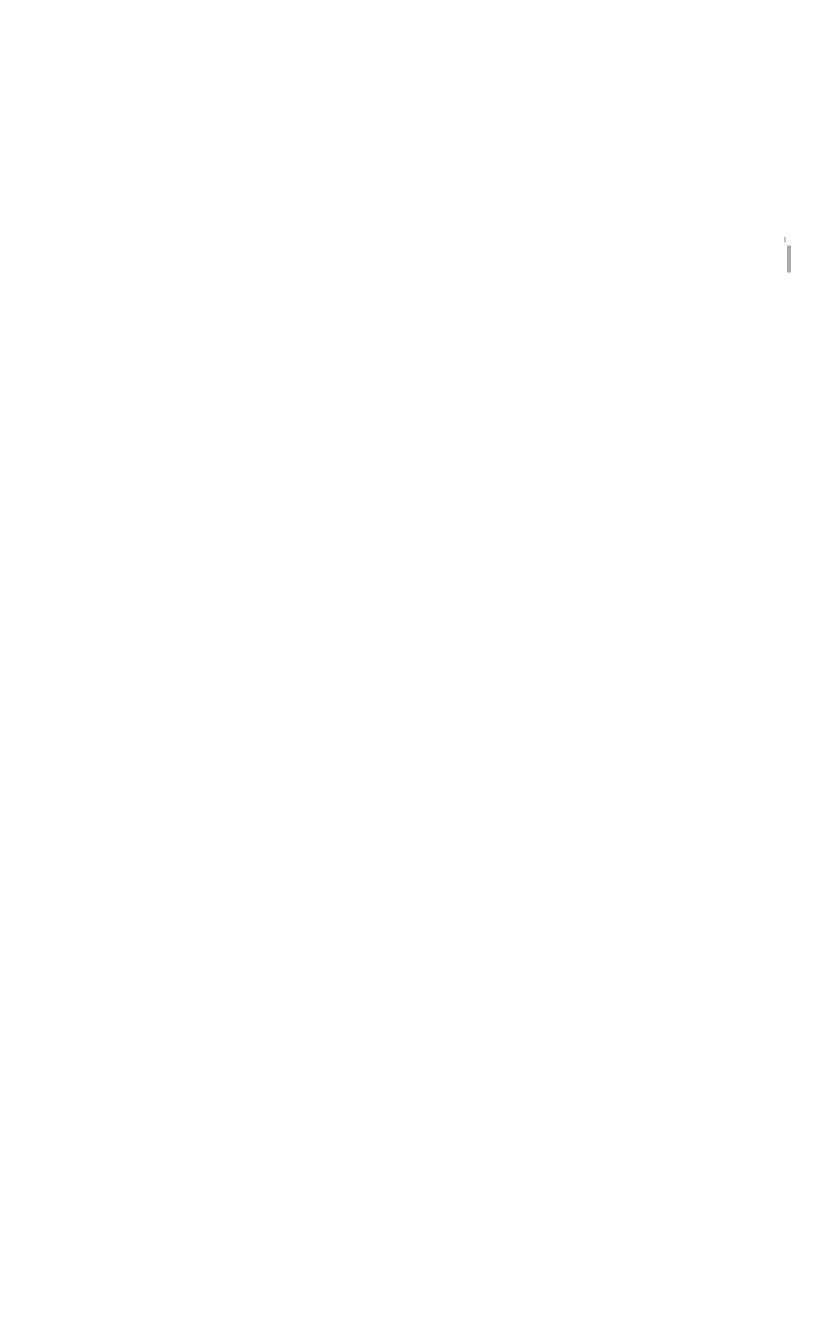
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List of Abbreviations

1.tv(F : Infra Mammary Fold

1.Bk.Liposuction Breast Reduction

1vfCP: Mid Clavicular Point

1'\AC: Nipple Areola Complex

1\-!Tvlf: Nipple to Infra Mammary Fold

SN-::\ : Sternal Notch to nipple distance

SPA1R: Short scar Peri Areolar Inferior Pedicle

SSN: Supra Sternal Notch

UJ\L: Ultrasound Assisted Liposuction

INTRODUCTION

The normal appearance of the breast is a vital aspect of the female form. Development of breast shape is dependent on many factors, including fat content, volume, muscular and skeletal contour and skin and connective tissue compliment. In particular, the Cooper's ligaments provide structural support for the breast parenchyma. These structures combine to provide the final breast shape. (**De La Torre and Davis, 2013**)

The pathophysiology of mammary hypertrophy is thought to be the result of an abnormal response of the breast to circulating estrogens, causing breast proliferation which is predominantly fibrous tissue, fat, and to a lesser degree, glandular tissue. Most women with mammary hypertrophy have normal circulating levels of estrogen as well as normal numbers of estrogen receptors in the breast tissue. (Fisher and Higdon 2013)

Despite an extensive search for underlying metabolic causes of breast hypertrophy and gigantomastia, these conditions remain poorly understood phenomena, the products of end-organ hormonal sensitivity, genetic background, and overall body weight. (SPEAR 2014)

Patients with mammary hypertrophy can present with a variety of symptoms. Typical complaints include neck and back pain, shoulder grooving from bra-straps indenting the skin, headaches, difficulty finding well fitted clothes and limited ability to exercise. Psychosocial issues surrounding excessively large breasts also exist

creating a focal point for embarrassment for women especially teenagers and elderly women. Often, women with mammary hypertrophy experience intertriginous skin maceration and other rashes, as well as infections. (Fisher and Higdon 2013)

The main purpose of breast reduction is to address these symptoms and, in doing so, improve the quality of life of the women who suffer from mammary hypertrophy. (Fisher and Higdon 2013)

Reduction mammoplasty is a clear example of the interface between reconstructive and aesthetic plastic surgery. The goals of the procedure are weight and volume reduction of the breast, but aesthetic enhancement is also an important goal, particularly in some women.

Excellent procedures have been described and emphasis has shifted to technical refinements for improved safety and predictable aesthetic results. At the same time, greater importance has been placed on preservation of both sensation and physiologic function. (SPEAR 2014)

Recently many procedures have been developed to reduce scar length and enhance breast shape. (Fisher 2013)

Aim of the work

The aim of this work is to review the literature and discuss different updates in reduction mammoplasty.