Lifting reverso do seio mamário para tratamento de simastia congênita

ABSTRACT

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RESUMO

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INTRODUCTION

Breasts are directly associated with a feeling of beauty, self-esteem and female sexuality. Symmastia is an unaesthetic breast condition, characterized by the confluence of both breasts in the pre-sternal region. First described by Spence et al. in 1984, symmastia may be classified as congenital, or acquired, the latter caused by trauma, burns and infection, or following breast augmentation.

The etiology of congenital symmastia is unknown. On physical examination, a bridge joining the two breasts in the pre-sternal region is observed, caused by accumulation of the skin, fat, and gland, associated with tissue laxity in this region. Acquired symmastia after breast augmentation is classified as monocapsular, when there is a connection between the capsules in the pre-sternal region, and bicapsular, when there is no communication between the capsules.

OBJECTIVE

The author reports the treatment of a case of congenital symmastia, in which resection of the loose intermammary tissue, and a reverse lifting of the area was performed with an upper abdominal advancement flap. This provided a better anchor to the breasts and maintained the scar in the intermammary sulcus.

METHODS

A female patient, aged 28 years, without comorbidities, presented with a history of breast hypertrophy associated with symmastia. She underwent two previous mammoplasties, at 18 and 23 years of age, and was satisfied with the volume of her breasts, but not with the persistent symmastia (Figures 1 and 2). She underwent a liposuction with breast enlargement at 24 years, but the symmastia persisted.

Figure 1. Pre-operative view.

Figure 2. Pre-operative period - left oblique view.

Figure 3. Marking of resection.

We did not change the shape of the areolas as desired by the patient. We did not use any type of breast pocket or breast brace to deviate the breasts, except the conventional postoperative bra. The surgery was...
RESULTS

There were no complications in the postoperative period. The shape of the breasts was aesthetic and satisfactory, with resolution of symmastia (Figures 6 and 7).

DISCUSSION

The treatment of congenital symmastia is poorly described in the literature and the condition is difficult to treat, as described by Spence in 1984, who used a “V-Y” flap. Mc Kissock described an M-shaped flap, in contrast with Salgado and Mardini who, in 2014, treated a case using a periareolar approach, associated with liposuction. On the other hand, the treatment of acquired symmastia after breast implantation has been demonstrated to be simpler by Spear et al. and Parsa et al.

The reverse lifting of the breast with an upper abdominal advancement flap is another surgical option for the treatment of this difficult aesthetic breast condition. It is easy to execute, is safe, and preserves the scar in the intermammary sulcus. We believe in its effectiveness both when used alone, without the need to reduce the breast volume, and in association with reduction mammoplasties.

CONCLUSION

The treatment proposed by the author is just a first step and another safe therapeutic option for mammoplasties.
COLLABORATIONS

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REFERENCES

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